

Table 4.16 Selected Doppler Methods for Estimation of Pulmonary Vascular Resistance

Measurements Required	Formula for PVR (WU)	r	Pt. No.	Ref.
Functional pre-ejection period [PEP] (ms): time interval between the onset of TR and pulmonary systolic flow # Acceleration time [AcT] (ms): time interval between the onset of ejection to the time of peak RVOT velocity Total systolic time [TT] (ms): summation of PEP and ejection time (ET) where ET is the time interval between the onset and end of the systolic RVOT/PV flow	$PVR = 0.156 + 1.154 \times ((PEP \div AcT) \div TT)$	0.96	63	1
RVOT VTI (cm): traced from the PW Doppler signal TRv (m/s): highest TR velocity via CW Doppler	$PVR \approx TRv \div RVOT_{VTI}^{\S}$ When ratio >0.175 & <0.275: • $PVR = (TRv \div RVOT_{VTI}) \times 10$ When ratio > 0.275: • $PVR = (TRv^2 \div RVOT_{VTI}) \times 5$	0.76	150	2
Velocity propagation [Vp] (cm/s): colour M-mode flow propagation in the main pulmonary artery during systole	$PVR \approx Vp$ Regression equation: $PVR = -1.71 \times Vp + 26$	0.90	11	3
mPAP (mm Hg): derived from the PAEDP (estimated from the PR velocity) and PASP (estimated from the TR velocity + RAP) Pulmonary capillary wedge pressure [PCWP] (mm Hg): assumed to be 9 mmHg Cardiac output [CO] (L/min): derived from the LVOT diameter (cm ²) and LVOT VTI (cm)	$PVR = (mPAP - PCWP) \div CO$	0.92 * 0.93**	52 * 15**	4
RVOT VTI (cm): traced from the PW Doppler signal PASP (mm Hg): estimated from TR velocity + RAP	$PVRI \approx (PASP \div [HR \times RVOT_{VTI}])^{\Psi}$	0.86	51	5
RVOT VTI (cm): traced from the PW Doppler signal RVSP (mm Hg): estimated from TR velocity + RAP E/e': mitral E velocity divided by the medial DTI e' velocity	$PVR = (RVSP - E/e') \div RVOT_{VTI}$	0.81 ^ 0.88 ^^	42	6

Functional PEP estimated as interval between the onset of TR and the onset of pulmonary systolic flow rather than the total duration of TR. Total duration of TR may overestimate PEP in the presence of elevated PASP and PVR, as TR may continue after the premature closure of the pulmonary valve (i.e., the premature completion of the ejection period).

§ Ratio > 0.175 PVR likely > 2 WU; ratio > 0.275 PVR likely > 6 WU

* Comparison between catheter haemodynamic assessment and non-simultaneous Doppler echo data;

** Comparison between catheter haemodynamic assessment and simultaneous Doppler echo data.

ψ PVRI (WU/m²) = PVR indexed where cardiac output indexed to body surface area; threshold >0.076 PVRI likely > 15 WU/m²

^ When PCWP ≤ 15 mm Hg; ^^ when PCWP > 15 mm Hg

References: [1] Scapellato F, Temporelli PL, Eleuteri E, et al. Accurate noninvasive estimation of pulmonary vascular resistance by Doppler echocardiography in patients with chronic heart failure. *J Am Coll Cardiol* 2001;37:1813-9; [2] Abbas AE, Franey LM, Marwick T, et al. Noninvasive assessment of pulmonary vascular resistance by Doppler echocardiography. *J Am Soc Echocardiogr*. 2013 Oct;26(10):1170-7. [3] Shandas R, Weinberg C, Ivy DD, et al. Development of a noninvasive ultrasound color M-mode means of estimating pulmonary vascular resistance in pediatric pulmonary hypertension: mathematical analysis, in vitro validation, and preliminary clinical studies. *Circulation* 2001;104: 908-13; [4] Selimovic N, Rundqvist B, Bergh CH, Andersson B, Petersson S, Johansson L, Bech-Hanssen O. Assessment of pulmonary vascular resistance by Doppler echocardiography in patients with pulmonary arterial hypertension. *J Heart Lung Transplant* 2007;26:927-34; [5] Haddad F, Zamanian R, Beraud AS, Schnittger I, Feinstein J, Peterson T, Yang P, Doyle R, Rosenthal D. A Novel Non-Invasive Method of Estimating Pulmonary Vascular Resistance in Patients With Pulmonary Arterial Hypertension. *J Am Soc Echocardiogr*. 2009; 22:523-9; [6] Dahiya A, Vollbon W, Jellis C, Prior D, Wahi S, Marwick T. Echocardiographic assessment of raised pulmonary vascular resistance: application to diagnosis and follow-up of pulmonary hypertension. *Heart*. 2010 Dec;96(24):2005-9.