

Enlarged Heart

Any of the four chambers of the heart (right atrium, right ventricle, left atrium, and left ventricle) may become dilated (enlarged) and/or the muscular wall of the heart may become thickened (hypertrophied). Measurable cardiac enlargement is a clue to significant heart disease; it rarely exists as an isolated finding. It is usually secondary to organic disease such as valve defects, congenital defects, hypertension, coronary artery disease or cardiomyopathy. The cardio-thoracic (CT) ratio as determined by chest Xray (CXR) is often used to report heart size. CT is the heart width divided by the width of the chest cavity. Normal CT ratio is under 50%. Echocardiogram, MUGA scan and ventriculogram are better than chest Xray for assessing heart size. When available (and of a similar date), these tests will be used as the basis of the underwriting assessment instead of a CXR. In addition to heart size, these tests provide details (chamber size, cardiac function, wall motion and so on) that can be useful to the underwriter.

If your client has an Enlarged Heart, please answer the following:

1. How long has this abnormality been present? _____
(years)

2. Have any of the following symptoms occurred?:

Chest discomfort	Yes or No
Fainting spells or dizziness	Yes or No
Shortness of breath	Yes or No
Palpitations (irregular heart beat)	Yes or No

3. Please note which of the following cardiac studies have been completed? Please send copies of the reports.

Chest Xray _____ normal or abnormal
Exercise treadmill or thallium _____ normal or abnormal
Resting or exercise echocardiogram _____ normal or abnormal MUGA
_____ normal or abnormal
Cardiac catheterization _____ normal or abnormal

4. Is there a history of any other heart disease (problems with valves, coronary artery disease, cardiomyopathy, etc.)?

If yes, please give details

5. Have additional studies been completed? (check all that apply)

Echocardiogram _____ (date)

Cardiac catheterization _____ (date)

None _____

6. Is your client on any medications?

If yes, please give details

7. Has your client smoked cigarettes or other form of tobacco in the last 5 years?

If yes, please give details

8. Does your client have any other health problems (ex: cancer, etc.)?

If yes, please give details
