CVS EXAMINATION

INSPECTION

Patient undressed upto waist, should be relaxed in supine position or at 45° to the horizontal.

1. Shape of precordium.
   Bulging, retraction.
2. Apex Beat
3. Visible pulsations: Look for pulsation at supraclavicular, suprasternal, 2nd intercostal space, other areas of precordium & in epigastric region.
4. Visible scars -
   Midline sternotomy, lateral thoracotomy.

PALPATION.

1. Apex beat: It is the lowermost and outermost point of definite cardiac impulse. Pulsation should be elicited from the axilla using whole of palm

Once a precordial pulse is felt, the apex should be located with index finger.

2. Left Parasternal Heave.

• Due to RV ventricular hypertrophy with patient in supine position, palpate pulsations with three borders in left parasternal region over the lower costal cartilage: Then press firmly with the proximal part & try to obliterate the pulsations.

Grade 1 : Pulsations are just felt.

Grade 2 : Systolic elevation of costochondral junctions obliterated by pressure.

Grade 3 : Systolic elevation of costochondral junctions not obliterated by pressure. may be due to left atrial enlargement.

3. Epigastric Pulsations.

This is done with extended index finger kept at epigastrium and patient is asked to take a deep inspiration. In right ventricular hypertrophy, the impulse will strike your

fingers tips while aortic pulsations will be felt on pulp of the fingers

4. Palpable P_2.

Firm palpation with index finger over 2nd left intercostal space is required. Pulsations as well as palpable P_2 may be

5. Other ~~pulsations~~.

6. Thrill.

They are palpable murmurs. They are felt using base of fingers.

(3) ~~Peru~~

PERCUSSION

Percussion is started ~~effort~~ from left mid axillary line and carried out medially along 4th and 5th intercostal space to reach apex. The upper border of liver is then percussed out Percussion of rt border of heart is then carried out from rt midclavicular line medially, one space

above liver dullness or along the 3rd/4th intercostal space. Percussion of great arteries should be carried out medially from midclavicular line on either side along the IInd intercostals.

AUSCULTATION

Mitral area : area overlying apex

Tricuspid area : lower end of sternum on Lt side;

Pulmonary area : 2nd Lt intercostal space close to sternum.

Aortic area : 2nd rt intercostal space close to sternum.

S_1 ⟶ Apex

S_2 : A_2 ⟶ Aortic area

P_2 ⟶ Pulm. area

Murmurs

Grade 1 : Murmurs which isn't heard immediately on auscultation requires quite swerving and an experienced listeners & repeated auscultation

Grade 2. Soft murmur immediately
audible in quiet surroundings

Grade 3 : A prominent murmur

Grade 4 A loud murmur with a thrill

Grade 5 : A still louder murmur can be
heard with edge of stet touching
the chest

Grade 6 : A murmur audible even when
held off the chest / without the stet

Conduction

Selective propagation of murmur along
a long so that is ~~heard~~ of is heard with
same / greater intensity

Radiation.

A murmur is heard with lesser intensity
than the original states.