Overall result: reassuring

The most important sentence is:

> **Your heart is pumping normally, no clot was found, and there are no major valve problems.**

The cardiologist specifically says to **continue your medication, particularly apixaban or another DOAC blood thinner**.

The suspected clot

Your earlier CT scan appeared to show a small clot in the **left atrial appendage**, or **LAA**—a small pouch attached to the upper-left chamber of the heart.

The TOE found:

- **No evidence of an LAA thrombus**
- Blood moving relatively slowly within the appendage
- **Spontaneous echo contrast**, abbreviated to **SEC**

SEC is sometimes described as a smoke-like appearance on ultrasound. It is not a solid clot, but it indicates that blood is moving sluggishly and swirling rather than clearing quickly. The report concludes that this slow flow probably produced the clot-like appearance on the CT scan.

Therefore, either the suspected clot has disappeared while you have been taking apixaban, or—perhaps more likely from the wording—it was slow-moving blood rather than a true clot in the first place. The test cannot establish with certainty which explanation applies.

However, slow flow and SEC mean that the area remains capable of developing a clot, especially because you have atrial fibrillation. That explains why the cardiologist emphatically says to continue the anticoagulant. Anticoagulants reduce the risk of AF-related clots and stroke.

The other findings

“Normal LV size and function with no regional hypokinesis”

The left ventricle—the heart’s principal pumping chamber—is normal in size and pumping well. All areas of the heart muscle appear to be contracting properly. That is very good news.

Mild mitral regurgitation

The mitral valve is slightly thickened with a **small backward leak**. Mild valve leakage is common and generally requires observation rather than treatment when the heart is functioning normally and there are no significant symptoms.

Dilated left and right atria

Both upper chambers of the heart are enlarged. This is unsurprising in someone with longstanding permanent AF. Importantly, the lower pumping chambers remain normal.

The “cauliflower” appendage

This simply describes the multi-lobed anatomical shape of your left atrial appendage. It is not a growth, tumour or abnormal mass.

Aortic valve

The aortic valve is mildly thickened, but:

- It opens normally
- It is not significantly narrowed
- It does not leak

Therefore, it is essentially functioning normally.

Mild-to-moderate tricuspid regurgitation

There is some backward leakage through the valve on the right side of the heart. The right ventricle is nevertheless normal in size and pumping ability, and the report does not classify this as a major valve problem.

PAP 22 mmHg plus RAP

This is an estimate of pressure in the pulmonary artery after adding the estimated right-atrial pressure. The cardiologist has not highlighted pulmonary hypertension or any pressure-related concern.

Non-mobile atheroma in the descending aorta

This is a fixed patch of fatty plaque in the wall of the main artery running down through the chest. “Non-mobile” means it was not seen flapping or moving freely. It is another indication of underlying atherosclerosis, consistent with the coronary calcification already shown on your CT. Atheroma is the medical name for fatty plaque within an artery wall.

Other normal findings

- No hole between the upper heart chambers
- Normal pulmonary valve
- Normal aortic root and upper aorta
- No fluid around the heart

Bottom line

This result is **substantially better than feared**:

- **No heart clot was found**
- **Heart pumping function is normal**
- **No serious valve abnormality**
- The previous CT appearance was probably caused by **slow blood flow associated with AF**
- You still need **apixaban**, because the sluggish flow and AF mean the future clot risk has not disappeared
- The mild valve leaks and enlarged atria are likely to be monitored, rather than requiring any immediate intervention

The report gives no indication that you need to change from apixaban to warfarin solely to treat an existing clot, because **there is no clot demonstrated on the TOE**. Any final medication decision should, of course, come from Dr Fox.