Appendix

- :Data collecting sheet

<table>
<thead>
<tr>
<th>no</th>
<th>Age</th>
<th>Gender</th>
<th>Duration of Hypertention</th>
<th>Echocardiography findings</th>
<th>Indication</th>
<th>Other investigations</th>
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Image No (1) Transgastric transesophageal view 66 years old male, showing left ventricular hypertrophy and abnormal contour of the interventricular septum.
Image No (2) Tran thoracic echocardiogram, apical four-chamber view. LV, left ventricle; RV, right ventricle. 54 years female showing left ventricular hypertrophy.
(3) Short axis transthoracic male
hied & left ventricle.
hy of the right can also be
seen.s
A 56-year-old male, normal LV cavity size (LVDD 4.5 cm, septum 1.5 cm, posterior wall 1.5 cm) with severe left ventricular hypertrophy and severe systolic dysfunction (LVEF 40%).
Image No (5) The echo on the right indicates LVH and some form of filling abnormality and diastolic failure is certain.
Image No (6) Mid-cavity para-sternal short axis views (diastole and systole) in an international cyclist (top) and a 52 yearsold female patient with morphologically mild hypertrophic cardiomyopathy (bottom). Showing a left
ventricular wall thickness of 13 mm (arrows) in both individuals. However, note the athlete has an enlarged left ventricular cavity (60 mm) when compared with the patient with HCM (44 mm).

Image No (7) 66 years old male: measure the left ventricle walls thickness in parasternal long axis, at end-diastole, at the same time than you are measuring the left ventricle end-diastolic diameter (LVED) posterior wall (.PW).
Modern echocardiography machine **esaote** -ITALY

with Doppler and M-mode capability is used