

2019 Adult Congenital Heart Disease Sounds

Free MP3 versions of accurate live recordings of normal and abnormal heart sounds teach auscultation skill and the relation of heart sounds to common cardiac diagnoses.

<https://teachingheartauscultation.com/heart-sounds-mp3-downloads>

Adult Case 1 – Normal sounds

22 year old male. Pre military assessment. Previously played hockey at school, now less active but no symptoms during occasional hikes or mowing lawns. Never any cardiovascular symptoms. Family history unremarkable. On examination mildly overweight, BMI 28, heart rate 70 and regular, BP 122/80. Heart action and pulses are normal. You listen to the chest in the usual locations. This recording is at the left upper sternal edge.

Adult Case 2 – Innocent or functional murmur

20 year old female, having a routine assessment for work. She is active, cycles and jogs frequently and with no symptoms. No cardiovascular risk factors known. Past history is unremarkable but she thinks she may have been told when she was in elementary school she had an extra sound from her heart but not to worry about it. Her cardiovascular family history is apparently normal. On examination she looks healthy and fit, with a BMI of 23, heart rate 60 and regular, BP 112/75. Her heart action and pulses are normal. You listen to the chest in the usual areas, particularly at the apical area, with the bell of the stethoscope.

Adult Case 3 – Mitral valve stenosis

50 year old woman, episode of possible rheumatic fever with rash and arthralgia when she was a teenager. Used to be a jogger; now an active walker but is mildly short of breath going up hills. This appears to be a bit more noticeable in the last year. No other cardiac symptoms. On examination she appears well and weighs about 50 Kg for a BMI of 24. You find her heart action normal and apex beat not displaced. BP 125/80. Pulses are normal. You listen to her heart at the apex.

⇒ Case 3 includes 4 extra recordings that have the same diagnoses

Adult Case 4 – Bicuspid aortic valve with aortic stenosis and insufficiency

40 year old male, works on a lobster fishing boat. Generally fit but noticed a bit more fatigue in the last year. Mild breathlessness when pulling 75 Kg lobster pots aboard. No chest pain, palpitations or dizziness. Followed from early childhood for a murmur. No family history of heart disease but has two young children, one of whom has a murmur but is healthy. On examination this man looks healthy and muscular, BMI 24. BP 125/75. Heart rate is 60 and regular. Breath sounds are normal. Apex beat is not displaced but appears a bit increased although he is slim. There is a suprasternal notch thrill and a thrill at the right upper sternal edge. Pulses are a bit increased. You listen in the left and right upper sternal edges as well as the apex. This recording was made at the left sternal border, 3rd interspace.

⇒ Case 4 includes 3 extra recordings that have the same diagnoses

Adult Case 5 – Ventricular septal defect

26 year old male reviewed for police service. Very healthy, walks and jogs regularly. Absolutely no symptoms with vigorous exercise. Mildly overweight, BMI 29. Has been diagnosed with a heart murmur since he was a young child but no treatment was recommended by pediatric cardiology. No family history of cardiovascular disease or diabetes. Nonsmoker. On examination he appears healthy. BP 122/82, pulses are normal. The heart action is normal with no apical displacement. No thrills are felt. You listen especially at the left lower sternal edge and apical areas.

Adult Case 6 – Mitral valve insufficiency with mitral valve prolapse

30 year old female. Referred for assessment of heart murmur, recently discovered. She is generally well but not particularly active. No symptoms climbing stairs or walking up hills. No regular exercise. She occasionally feels brief episodes of palpitations for a few seconds which are noticeable but only on two occasions did she feel a bit dizzy. She can identify no triggers for these. She only drinks one cup of coffee daily and does not use energy drinks. Alcohol consumption is limited to a glass of wine maybe once a week. She uses no regular medication. She has a female partner with whom she has a very good relationship for over six years. She works as a secretary in a corporate office which is occasionally stressful. Family cardiovascular history is negative.

On examination she appears healthy and quite slim with a BMI of 20. There are no dysmorphic features. Her heart action is easily felt, but the apex is not displaced. Peripheral pulses are normal. BP 110/80. You listen carefully throughout the precordium and especially at the apex.

⇒ Case 6 includes 1 extra recording that has the same diagnoses

Adult Case 7 – Patent ductus arteriosus

30 year old male referred with a murmur. Has recently immigrated from the middle East. He has always been well and moderately active, walking and doing moderate physical work without symptoms. Past history reveals no health problems or cardiovascular symptoms. Family cardiovascular history is unknown. On examination he is slim, BMI 24, and looks healthy. BP 125/70 and pulses quite easy to feel, possibly increased. On examination the heart action is not increased.

Have a question or a comment? Email teachingheartauscultation@gmail.com

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