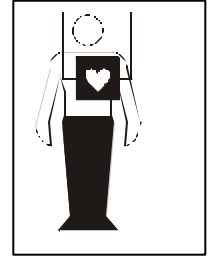




Enlarged Heart

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 x-ray 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 superior tests for assessing heart size. When available (and of a similar date), these tests will be used as the basis of the underwriting assessment. In addition to heart size, these tests provide details on chamber size, cardiac function, and wall motion, etc. that can be useful to the underwriter.

Underwriting considerations for enlarged heart absent other significant impairment:

Cardiac Enlargement on Chest X-ray with CT Ratio:

Up to 52%	No rating
53-57%	Table C
Over 57%	Decline

Thickness of left ventricular posterior wall or septum* (in diastole) on echocardiogram:

Normal	7-11 mm	No rating
Very mild hypertrophy	12 mm	No rating
Mild hypertrophy	13-14 mm	Table B-C
Moderate hypertrophy	15-16 mm	Table C-D
Severe hypertrophy	≥ 17 mm	High Substandard to Decline

*Hypertrophic cardiomyopathy will be discussed in more detail in Rx #91.

(continued on reverse)

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Left Ventricular Size and Function on Echocardiogram, MUGA or Ventriculogram:

Measurements Ejection fraction Ventricular function Wall motion LVEDP (left ventricular pressure) LVEDD (internal cavity size)	Normal $\geq 55\%$ Normal Normal ≤ 13 mmHg 38-55 mm	Mild Dysfunction 50-54% Mildly abnormal Normal ≤ 15 mmHg 55-58 mm	More severe dysfunction Involving lower ejection fractions, more severe ventricular dilatation, higher left ventricular pressures, or history of congestive heart failure
Rating	No Rating	No Rating if only one of the above, Table B if 2 or more	Individual Consideration

Other cardiovascular disease or elevated blood pressure may lead to higher ratings. Known valvular heart disease will be underwritten based on the specific disorder that exists. See prior articles on aortic *Rx #21* and mitral *Rx #22* valve disorders. Applicants with a history of valve replacement or congenital heart disease will receive individual consideration.

To get an idea of how a client with an *Enlarged Heart* would be viewed in the underwriting process, feel free to use the *Ask "Rx" pert underwriter* on the next page for an informal quote.

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Enlarged Heart - Ask "Rx" perts (ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has a diagnosis of Enlarged Heart, please answer the following:

- ① When was the condition first diagnosed? _____
- ② Have any of the following symptoms occurred?
- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| chest discomfort | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| fainting spells or dizziness | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| shortness of breath | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| palpitations (irregular heart beat) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
- ③ Please note which of the following cardiac studies have been completed?
- | | | |
|------------------------------------|-----------------------------------------|-----------------------------|
| chest x-ray | <input type="checkbox"/> yes - normal | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes - abnormal | |
| exercise treadmill or thallium | <input type="checkbox"/> yes - normal | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes - abnormal | |
| resting or exercise echocardiogram | <input type="checkbox"/> yes - normal | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes - abnormal | |
| MUGA | <input type="checkbox"/> yes - normal | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes - abnormal | |
| cardiac catheterization | <input type="checkbox"/> yes - normal | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes - abnormal | |
- ④ Is there a history of any heart disease (problems with valves, coronary artery disease, cardiomyopathy, etc.)?
- yes, please give details _____
- no
- ⑤ Is your client on any medications?
- yes, please give details _____
- no
- ⑥ Has your client smoked cigarettes in the last 12 months?
- yes
- no
- ⑦ Does your client have any other health problems? (ex: cancer, etc.)
- yes, please give details _____
- no

Please submit the results of all completed cardiac studies.

After reading the *Rx for Success* on Enlarged Heart, please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.

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