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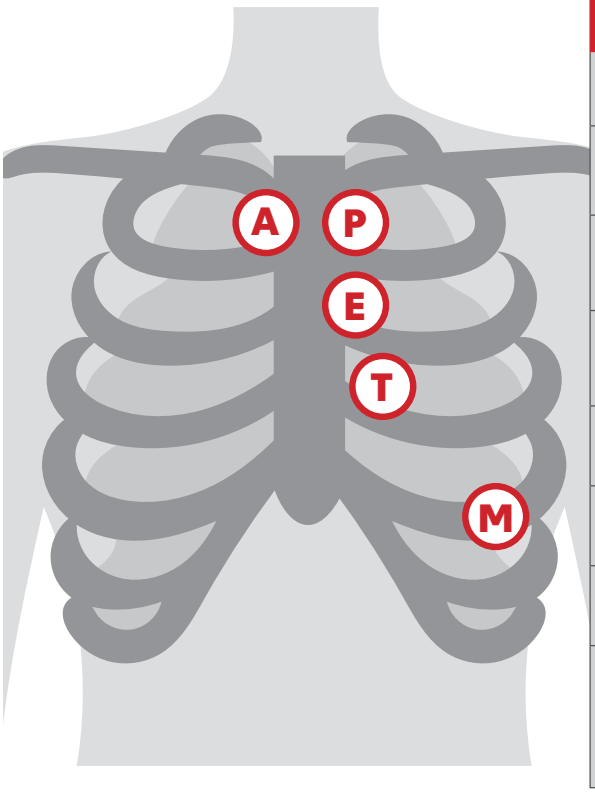


Auscultation Guide

Cardiac auscultation is a valuable first step in cardiovascular assessment.

When performed comprehensively, it provides immediate, low-cost insight into cardiac structure and hemodynamics at the point of care.

Early identification of abnormal heart sounds—particularly murmurs—can prompt timely evaluation, guide appropriate diagnostic testing and reduce preventable morbidity and mortality.



VALVE PATHOLOGY	MURMUR TYPE	PITCH/PROFILE	LOCATION
Aortic Stenosis	Systolic	Crescendo-decrescendo	A Right upper sternal border
Aortic Insufficiency	Early Diastolic	High-pitched blowing, decrescendo	E Left lower sternal border
Mitral Stenosis	Mid-diastolic + opening snap	Low-pitched rumble	M 5th left midclavicular line
Mitral Regurgitation	Pansystolic	High-pitched blowing	M 5th left midclavicular line
Tricuspid Stenosis	Mid-diastolic	Rumbling best heard with inspiration	T Left lower sternal border
Tricuspid Regurgitation	Pansystolic	High-pitched, best heard with inspiration	T Left lower sternal border
Pulmonic Stenosis	Systolic	Crescendo-decrescendo ejection	P Left upper sternal border
Pulmonic Insufficiency	Diastolic	With pulmonary HTN: *high-pitched* Without pulmonary HTN: *Low-pitched*	P Left upper sternal border

Grade I	Grade II	Grade III	Grade IV	Grade V	Grade IV
faint murmur, barely audible	soft murmur	easily audible murmur without a palpable thrill	easily audible murmur with a palpable thrill	loud murmur, audible with stethoscope lightly touching the chest	loudest murmur, audible with stethoscope not touching the chest

Scan the code to access audio of murmurs.

**This guide is a simplified educational reference and does not include all clinical variations. Murmur characteristics may vary based on patient factors and disease severity. It is intended to supplement formal clinical training, diagnostic evaluation and professional medical judgment.*

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