

Video Clip legends:**Clip 1**

Optimised parasternal short-axis (PSSAX) view at the mitral valve tips, demonstrating examples of ISS involving the P2 and P2/P3 segment respectively.

Clip 2

Optimised PSSAX view with focused colour Doppler over the MV of the case demonstrated in Clip 1. An MR jet is seen to originate in a focal area around the P2/P3 ISS, typical of ISS-related MR.

Clip 3

Parasternal-long axis (PSLAX) view of a screened case of mitral valve prolapse spectrum. There is no associated PMVL restriction, nor is the valve seen to prolapse >2mm beyond the annular plane in a long axis orientation.

Clip 4

Optimised PSSAX view with focused colour Doppler over the MV of the case demonstrated in Clip 3. Here, the MR jet is seen to emanate across the line of valvular coaptation, exhibiting a broad colour Doppler jet.

Clip 5

PSLAX view of a rheumatic mitral valve with suggestive RHD-related restriction of the AMVL and PMVL. The A2 segment of the AMVL is seen to 'prolapse' past the P2 segment of the PMVL. This mechanism is more correctly termed 'pseudoprolapse' as the AMVL is in its normal position at end systole. The impression of A2 prolapse is related to PMVL systolic restriction with resultant malcoaptation of the PMVL and AMVL during systole, generating the characteristic posteriorly-directed jet of rheumatic MR.

Clip 6

PSLAX view with focused colour Doppler over the MV of the case presented in Clip 5. This clip demonstrates the characteristic posterior MR jet encountered in chronic rheumatic MR

Clip 7

Optimised PSSAX with focused colour Doppler over the MV of the case presented in Clip 5. Here, the MR jet is seen to emanate across the line of valvular coaptation, exhibiting a broad colour Doppler jet similar to that seen in mitral valve prolapse and prolapse spectrum.