findings: blood cultures positive for group D streptococcus. ECHO showed mobile vegetations on the AV (20 mm), grade II aortic regurgitation, EF 57%. Laboratory: Hb 90 g/l, erythrocytes 2.7 x 10^{12}/L, leukocytes 14 x 10^{9}/L, ESR 68 mm/h, urea 10 mmol/L, creatinine 146 µmol/L, RF negative, CRP 61 U/L. Urinalysis revealed leukocyturia, hematuria, and hyaline casts. The patient received three antimicrobial drugs at maximum doses, antifungals, low molecular weight anticoagulants.
Conclusion(s). Streptococcal infective endocarditis (caused by *Streptococcus gallolyticus*, *viridans, β-hemolytic streptococci*) may progress with septic nephritis, worsening the disease prognosis, particularly in elderly patients. Adequate infection treatment is crucial to minimizing the risk of renal impairment.
Keywords: infective endocarditis, septic nephritis, renal involvement.

ECHOCARDIOGRAPHIC FEATURES IN DIAGNOSING AORTIC STENOSIS

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Introduction. Aortic stenosis (AS) is a valvular condition that obstructs left ventricular outflow, commonly seen in the elderly and associated with increased morbidity and mortality. Echocardiography remains the standard for early diagnosis, severity assessment, monitoring, and guiding therapeutic management.
Aim of the study. Review of the literature on essential echocardiographic features for the diagnosis and staging of aortic stenosis, as well as the predictive value of parameters in therapeutic decision-making.
Materials and methods. A narrative synthesis of relevant scientific articles from the past five years was performed, using databases such as PubMed, HINARI, Scopus, and SAGE. The following main echocardiographic parameters essential for diagnosis were evaluated: aortic valve area (AVA), peak transvalvular jet velocity (Vmax), and mean pressure gradient.
Results. Research noted that mild stenosis is defined by an AVA >1.5 cm^2 and Vmax <3 m/s, moderate stenosis is characterized by an AVA between 1.0–1.5 cm^2 and Vmax 3–4 m/s, severe stenosis by an AVA <1.0 cm^2, Vmax ≥4 m/s, and a mean gradient ≥40 mmHg. In special forms such as low-flow, low-gradient AS, the AVA is <1.0 cm^2 but with a gradient <40 mmHg, observed in patients with reduced ejection fraction. In these cases, complementary methods like dobutamine stress echocardiography, a functional test for contractility assessment or CT calcium scoring, are necessary to differentiate severe from moderate forms and to guide clinical decisions.
Conclusion(s). Echocardiography enables the early diagnosis of aortic stenosis through the evaluation of AVA, Vmax, and mean gradient, thus facilitating the identification of severe or atypical forms, guiding therapeutic approaches, and supporting decisions regarding the optimal timing of interventional treatment.
Keywords: aortic stenosis, echocardiography, AVA, diagnosis.

EMPIRICAL ANTIMICROBIAN TREATMENT OF THE PATIENT WITH INFECTIOUS ENDOCARDITIS. CLINICAL CASE

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