

<b>Time</b>	<b>Location</b>	<b>Radiation</b>	<b>Quality</b>	<b>Pitch</b>	<b>Condition</b>
<b>Midsystolic (systolic ejection)</b>	<b>Pulmonary</b>	<b>Toward left shoulder and neck</b>	<b>Harsh, rough</b>	<b>Medium to high</b>	<b>Pulmonary stenosis</b>
	<b>Aortic and suprasternal notch</b>	<b>Toward carotid arteries or apex</b>	<b>Harsh, rough</b>	<b>Medium to high</b>	<b>Aortic stenosis</b>
<b>Holosystolic or pansystolic</b>	<b>Tricuspid</b>	<b>Precordium</b>	<b>Harsh</b>	<b>High</b>	<b>Ventricular septal defect</b>
	<b>Mitral, lower left sternal border</b>	<b>Toward left axilla</b>	<b>Blowing</b>	<b>High</b>	<b>Mitral insufficiency</b>
	<b>Tricuspid</b>	<b>Toward apex</b>	<b>Blowing</b>	<b>High</b>	<b>Tricuspid insufficiency</b>
<b>Early Diastolic</b>	<b>Mid-left sternal edge (not aortic area)</b>	<b>Toward sternum</b>	<b>Blowing</b>	<b>High</b>	<b>Aortic insufficiency</b>
	<b>Pulmonary</b>	<b>Toward sternum</b>	<b>Blowing</b>	<b>High</b>	<b>Pulmonary insufficiency</b>
<b>Mid-to-late diastolic</b>	<b>Apex</b>	<b>Usually none</b>	<b>Rumbling</b>	<b>Low</b>	<b>Mitral stenosis</b>
	<b>Tricuspid, lower right sternal border</b>	<b>Usually none</b>	<b>Rumbling</b>	<b>Low</b>	<b>Tricuspid stenosis</b>

**Intensity Grades**

1. Barely audible, even to the trained ear.
2. Easily audible.
3. Equal to normal heart sound intensity.
4. Loud, with a palpable thrill.
5. Audible when stethoscope is in partial contact with the chest, and murmur has a palpable thrill.
6. Audible when stethoscope is over but not touching the chest, and murmur has a palpable thrill.

Thrill is a fine vibration caused by turmoil in the flow of blood.

Pansystolic murmurs are of equivalent intensity throughout systole, beginning with the first heart sound and ending with the second sound. It is also called a holosystolic murmur.

Precordium is the part of the front of the chest wall that overlays the heart and epigastrium.