Clinical picture
The clinical picture will be according the severity of disease.

Symptom
In mild to moderate aortic regurgitation: Often asymptomatic. Some time patients experience palpitations.

Signs

1) Pulse
- **Large volume or collapsing pulse/water hammer pulse**: Is pulse that rapidly rise and subsequently collapses. The mechanism is during systole blood which ejected from left ventricle rapidly coming backwardly to left ventricle due to aortic valve incompetence. So in diastole of left ventricle will have blood from left atrium and which blood came back to left ventricle during systole. So both will together make large amount of blood in left ventricle. So during systole left ventricle need big pressure to push large amount of blood than normal. The high pressure and rapid withdrawal of blood from arteries only feeling as collapsing pulse.
  
  **How to check**: Raises the patient’s arm vertically upwards. And grasps the muscular part of patient’s forearm. A water hammer pulse is felt as tapping impulse which transmitted through bulk of muscle.
- **Low diastolic and increased pulse pressure**: The pulse pressure is difference between Systolic pressure and Diastolic pressure.
- **Bounding peripheral pulse**: Feels strong pulse as heart pounding.
- **Quincke’s sign**: Its capillary pulsation, as shown reddening and blanching during each heart beat. In aortic regurgitation we can see because of strong pulsation.
  
  **How to check in**: In patient nail bed press by edge of your one finger nail you can see capillary pulsation.
- **Duroziez’s sign**: Its femoral bruit (pistol shot)
- **De musset’s sign**: head nodding with pulse

2) Murmurs
- Early diastolic murmur.
- Systolic murmur (increased stroke volume)
- Austin flint murmur (mid diastolic murmur)

3) Other signs
- Displaced, heaving apex beat (due to volume overload)
- Pre systolic impulse
- 4th heart sound.

Diagnosis

5) Marfan syndrome
6) Osteogenesis imperfecta
7) Bicuspid valve (congenital)