

Date:

Hospital Name

Hosp: East/West

Name:

PreopDx:

Room#:

Ht: ___in/cm Wt: ___lbs/kg

PostopDx:

Tape#:

Surgeon:

Indication:

Exam Type: Focused Complete

MD:




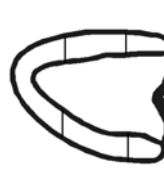






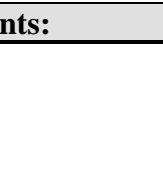


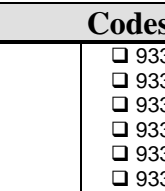
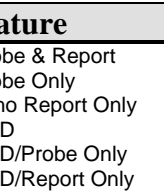
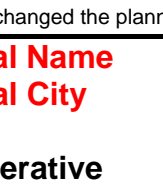
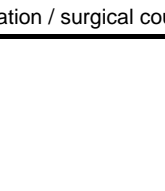
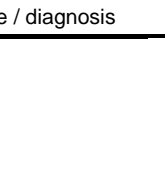
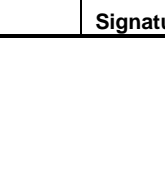

EchoType: TEE EPI TTE

Quality: Excellent Good Poor

Left Ventricle	Mitral Valve	Leaflets	Doppler	Aortic Valve	Doppler
Ejection Fraction ___% (>50)	___ Stenotic	Anterior Leaflet	Stenosis:	___ Normal	Stenosis:
LVID (Diastole) ___cm (3.5-6.0)	___ Prolapse	___ Normal	Peak Vel ___m/s	___ Not Imaged	Peak Vel ___m/s
LVID (Systole) ___cm (2.1-4.0)	___ Repaired	___ Not Imaged	PHT ___msec	___ Prolapse	Peak Gradient ___mmHg
IVS ___cm (0.7-1.1)	___ Prosthetic	___ Flail	MVA ___cm ²	___ Bicuspid	Mean Gradient ___mmHg
Posterior Wall ___cm (0.7-1.1)		___ Calcified		___ Sclerotic	AVA ___cm ²
LVOT ___cm	Annulus:	___ Redundant	Regurgitation:	___ Stenotic	Regurgitation:
LVA: ___Ant ___Post ___Inf ___Sept	___ Normal	___ Thickened	___ 0+	___ Vegetation	___ 0+
HOCM: ___I ___II ___III ___IV	___ Thickened	___ Vegetation	___ 1+	___ Prosthetic	___ 1+
Other:	___ Calcified	Post Leaflet	___ 2+	___ Repaired	___ 2+
RV EF ___cm (>50%)	___ Dilated	___ Normal	___ 3+	___ Subaortic	___ 3+
Left Atrium ___cm (1.9-4.0)	Chordae:	___ Not Imaged	___ 4+	___ Membrane	___ 4+
Aortic Root ___cm (2.0-3.7)	___ SAM	___ Flail	___ Central		___ Central
RVID ___cm (1.9-3.8)	___ Calcified	___ Calcified	___ Eccentric		___ Eccentric
	___ Thickened	___ Redundant			
	___ Torn	___ Thickened			
		___ Vegetation			

Tricuspid Valve	Doppler	PV Valve	Doppler	Aorta	Diastolic Parameters
___ Normal		___ Normal	Peak Vel ___m/s	Grade:	E/A ___ (>1)
___ Not Imaged	Peak Vel ___m/s	___ Not Imaged	Peak Grad ___mmHg	___ Asc 0 1 2 3 4 5	IVRT ___ms (55-90)
___ Thickened	PHT ___msec	___ Thickened	PVA ___cm ²	___ Arch 0 1 2 3 4 5	DT ___ms (160-224)
___ Vegetation	TVA ___cm ²	___ Vegetation	Regurgitation:	___ Desc 0 1 2 3 4 5	CMMVp ___cm/sec
___ Stenotic		___ Stenotic	___ 0+	Dissection	Pericardium
___ Repaired	Regurgitation:	___ Prosthetic	___ 1+	___ I ___ II ___ III	Effusion: ___0 ___1 ___2 ___3
___ Prosthetic	___ 0+		___ 2+	___ A ___ B	___ Post ___ Ant ___ Global
___ Flail	___ 1+		___ 3+	Aneurysm/Size	Shunt
___ Redundant	___ 2+		___ 4+	___ Asc: ___cm	___ No
___ Ebstein's Anomaly	___ 3+		___ Central	___ Arch: ___cm	___ Yes: Qp/Qs: _____
	___ 4+		___ Eccentric	___ Desc: ___cm	Location: _____
	___ Central				Dir: ___L=>R ___R=>L
	___ Eccentric				

Wall Motion: RWM Key: 0 = No Score 1 = NK 2 = HK 3 = AK 4 = DK 5 = Aneurysmal

P r e						Preop: Score: _____ Segments: _____ Index: _____
						
P o s t						Postop: Score: _____ Segments: _____ Index: _____
						

Comments:	Codes/Signature
Operation: Findings: <input type="checkbox"/> Finding changed the planned operation / surgical course / diagnosis	<input type="checkbox"/> 93312 - Probe & Report <input type="checkbox"/> 93318 - Monitoring <input type="checkbox"/> 93313 - Probe Only <input type="checkbox"/> 93320 - Doppler <input type="checkbox"/> 93314 - Echo Report Only <input type="checkbox"/> 93321 - F/U Doppler <input type="checkbox"/> 93315 - CHD <input type="checkbox"/> 93325 - CFD <input type="checkbox"/> 93316 - CHD/Probe Only <input type="checkbox"/> 93350 - Stress TTE <input type="checkbox"/> 93317 - CHD/Report Only <input type="checkbox"/> 93308 - Limited EPI
	Signature: _____ MD

Hospital Name
Hospital City

Intraoperative
Echocardiogram Report