



LEFT VENTRICULOGRAPHY

Name _____

Date / / DATE09
Mo. Day Yr.

Technique: Cine Direct film Not done
 CINE09 DIRFLM09 NTDONE09

 Name of angiographer Name of angiography interpreter

Position(s): RAO09 AP09 LAO09 LAT09
 RAO AP LAO LAT

Complications: 1 Yes 2 No CMLPIC09
 If yes, complete "Complications" form.

A. Required Hemodynamic Data

1. LV pressure prior to angiography $\frac{\text{LVESP09}}{\text{systolic}} / \frac{\text{LVEDP09}}{\text{end diastolic}}$ mm/Hg.
2. LV end diastolic volume (ml) DIAVOL09
 LV end systolic volume (ml) SYSVOL09
 If volume analysis is not possible, indicate LV enlargement.
 1 None 2 Slight 3 Moderate 4 Severe 5 Unknown ENLRGT09
3. LV ejection fraction: post normal beat EJEFCR09 %

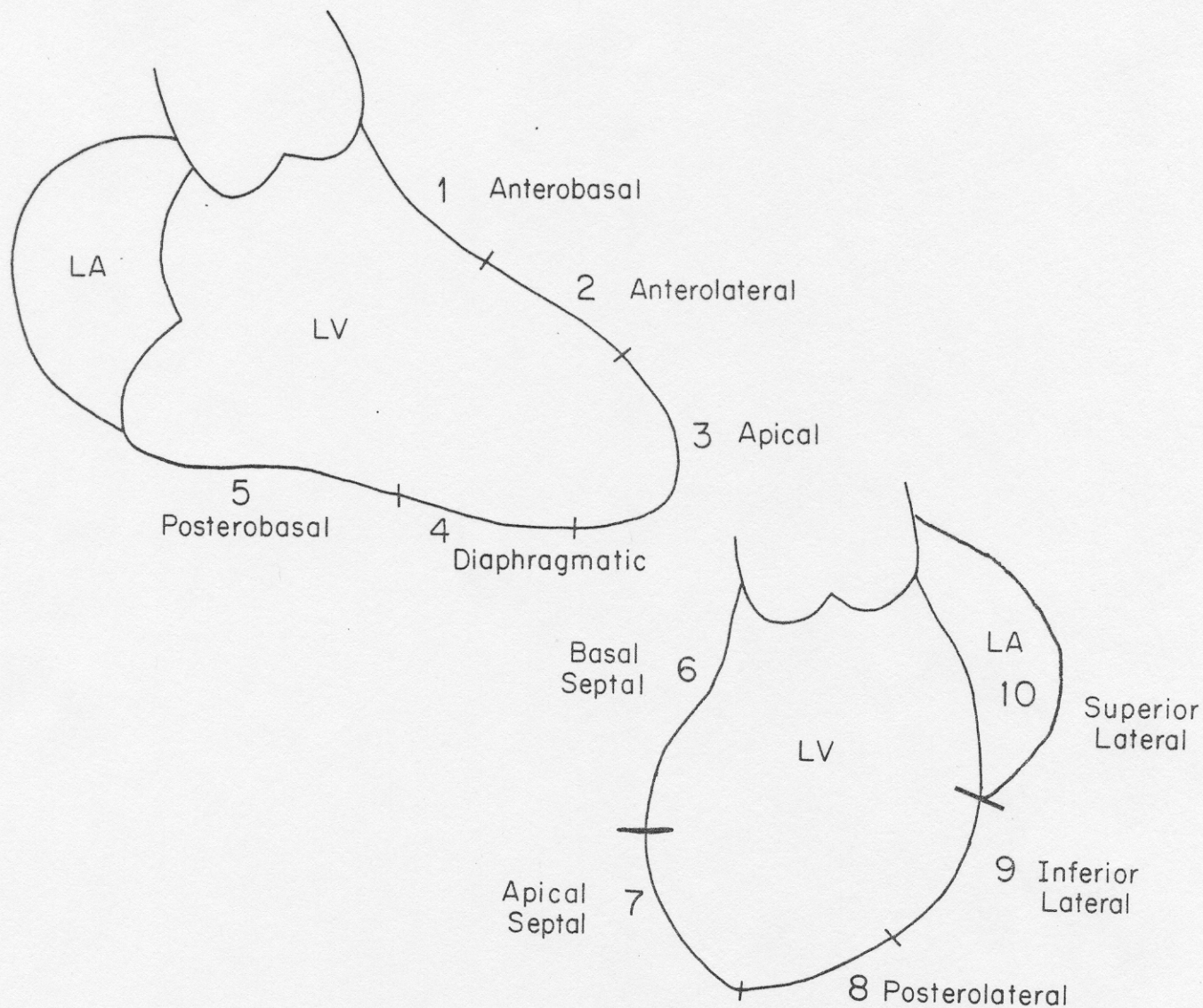
B. Optional Hemodynamic Data (raw data)

1. Ao pressure $\frac{\text{AOPRS109}}{\text{systolic}} / \frac{\text{AOPRS209}}{\text{diastolic}} / \frac{\text{AOPRS309}}{\text{mean}}$
2. PA pressure $\frac{\text{PAPRS109}}{\text{systolic}} / \frac{\text{PAPRS209}}{\text{diastolic}} / \frac{\text{PAPRS309}}{\text{mean}}$
3. Heart rate (b/min.) HRTRTE09
4. Cardiac output (L/min.) OUTPUT09 OUTDEC09
5. Stroke output (ml) STRKOP09
6. Post extra systole: ejection fraction PESEFO9 %
7. Post arteriographic LV pressure $\frac{\text{PALVE109}}{\text{systolic}} / \frac{\text{PALVE209}}{\text{end diastolic}}$ mm/Hg.
 Minutes after arteriography MINAFT09

C. Mitral Regurgitation

MTREGG09
 1 None 2 Slight 3 Moderate 4 Severe 5 Unknown

For clinic use: _____



D. Localized LV Contraction

	Unknown	Normal	Hypokinetic		Akinetic	Dys-kinetic	Aneurysm	Mural Thrombus
			Moderate	Severe				
1. Anterobasal	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Anterolateral	UNKN109	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET109	ANEUR109	THROM109
3. Apical	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Diaphragmatic	UNKN209	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET209	ANEUR209	THROM209
5. Posterobasal	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Basal Septal	UNKN309	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET309	ANEUR309	THROM309
7. Apical Septal	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Posterolateral	UNKN409	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET409	ANEUR409	THROM409
9. Inferior Lateral	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Superior Lateral	UNKN509	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET509	ANEUR509	THROM509
	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UNKN609	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET609	ANEUR609	THROM609
	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UNKN709	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET709	ANEUR709	THROM709
	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UNKN809	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET809	ANEUR809	THROM809
	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UNKN909	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET909	ANEUR909	THROM909
	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UNKN1009	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	KINET1009	ANEUR1009	THROM1009

Name of person filling out form _____

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