ECHOCARDIOGRAPHY

TO BE COMPLETED BY TECHNICIAN	A. M-Mode Echocardiography	B. Doppler Echocardiography
1. Person completing procedure (Name):		
2. Date of procedure (Month, Day, Year):	____/____/____	____/____/____
3. Department film number:		

TO BE COMPLETED BY DATA COORDINATOR

4. Date ECHO form and strip chart recordings or page print sent to CSSCD Cardiac Study Chairperson (Month, Day, Year): ____/____/____

TO BE COMPLETED BY CARDIAC STUDY CHAIRPERSON

5. Signature of Cardiac Study Chairperson: _____

6. **M-MODE ECHOCARDIOGRAPHY**

6.1 Date reviewed (Month, Day, Year): ____/____/____

6.2 All requirements received:

- 1. NO → 6.3 List missing requirements: _____
- 2. YES → 6.4 Requirements were: (CHECK ONE)
  - a. ACCEPTABLE
  - b. NOT ACCEPTABLE → SPECIFY REASON: _____

7. **DOPPLER ECHOCARDIOGRAPHY**

7.1 Date reviewed (Month, Day, Year): ____/____/____

7.2 All requirements received:

- 1. NO → 7.3 List missing requirements: _____
- 2. YES → 7.4 Requirements were: (CHECK ONE)
  - a. ACCEPTABLE
  - b. NOT ACCEPTABLE → SPECIFY REASON: _____

☐ Mail Log ☐ Data Entry

8. HEMOGLOBIN (gm/dl) ___ . ___

a. Date of hemoglobin (Month, Day, Year): ___ ___ ___

9. M-MODE ECHOCARDIOGRAPHY

9.1 Septal motion: 1. NORMAL 2. FLAT 3. PARADOXICAL

9.2 Pericardial effusion: 1. NO 2. YES

9.3 **Measurements:**

	Values
A. Right ventricular end-diastolic dimension (RVED) (cm)	___ . ___
B. Right ventricular wall thickness (RVWT) (cm)	___ . ___
C. Right ventricular Pre-ejection time (RV-PET) (ms)	___
D. Right ventricular ejection time (RVET) (ms)	___
E. Left ventricular end-diastolic dimension (LVED) (cm)	___ . ___
F. Left ventricular end-systolic dimension (LVES) (cm)	___ . ___
G. Left ventricular pre-ejection time (LV-PET) (ms)	___
H. Left ventricular ejection time (LVET) (ms)	___
I. Ventricular septal thickness in diastole (VS_D) (cm)	___ . ___
J. Ventricular septal thickness in systole (VS_S) (cm)	___ . ___
K. Posterior free wall thickness in diastole (PW_D) (cm)	___ . ___
L. Posterior free wall thickness in systole (PW_S) (cm)	___ . ___
M. Left atrial dimension (LA) (cm)	___ . ___
N. Aortic root dimension (AO) (cm)	___ . ___

9.4 Quality: _____

9.5 Interpretation: 1. NORMAL 2. ABNORMAL → Diagnosis: a. _____ b. _____ c. _____ d. _____

9.6 Interpreted by (Name): _____ (Initials): ___

COMMENTS: _____

10. DOPPLER ECHOCARDIOGRAPHY

10.1 R-R interval (ms) ____

10.2 Measurements of flow-velocity waveforms

Mitral

A. Peak E (cm/s) ____
B. Velocity integral E (cm) ____.__
C. Peak A (cm/s) ____
D. Velocity integral A (cm) ____.__

LV Outflow

E. Peak velocity (cm/s) ____
F. LV pre-ejection time (ms) ____
G. LV ejection time (ms) ____
H. Acceleration time (ms) ____

Pulmonary

I. Peak velocity (cm/s) ____
J. RV pre-ejection time (ms) ____
K. RV ejection time (ms) ____
L. Acceleration time (ms) ____

Tricuspid (Regurgitant jet)

M. Peak velocity (m/s) ____.__

10.3 Quality: _____

10.4 Interpretation: [1. NORMAL] [2. ABNORMAL] →

Diagnosis: a. _____
b. _____
c. _____
d. _____

10.5 Interpreted by (Name): _____ (Initials): ____

COMMENTS: _____

Name of Data Coordinator: _____

Signature: _____

Date (Month, Day, Year): ____/____/____

*****ATTACH INSTITUTIONAL REPORT*****

WHITE copy:	Forward to SCC with a copy of the institutional report
GOLD copy:	Data Coordinator's copy
GREEN copy:	Forward to CARDIAC STUDY CHAIRPERSON with copy of institutional report and ECHO strip chart recordings or page print
BLUE copy:	Cardiology department copy