

North Bay Regional Health Centre

50 College Drive
North Bay, Ontario P1B 0A4

Adult Transthoracic Echo Final Report

705-474-8600 ext. 2820

Study Date:

Account #:

Name:

MR#:

DOB:

Age:

Referring Provider:

Other Provider(s):

BP _____ mmHg HR _____ BPM Rhythm: _____ Sex: M F HT _____ cm WT _____ kg BSA _____

Indication:

Inpatient Outpatient Echo lab CCU ED

Study Technical Quality: Good Fair Poor Complete Incomplete Tech ID: _____

Comparison: _____

CARDIAC DIMENSIONS

	Female	Male
RA Area	<18 cm ²	<18 cm ²
LA Area	<20 cm ²	<20 cm ²
LA-Vol Index	≤34 ml/m ²	≤34 ml/m ²
Rt. Ventricle	≤41 mm	≤41 mm
LV diastole	≤52 mm	≤58 mm
LV systole	≤35 mm	≤40 mm
Septal Wall	≤9 mm	≤10 mm
Post Wall	≤9 mm	≤10 mm
LV MMI	≤95 g/m ²	≤115 g/m ²
LV Mass	≤162 gm	≤224 gm
RWT	≤0.42	≤0.42

DIASTOLIC FUNCTION

e' Lateral _____ (≥10 cm/s) DT _____ (160-220 m/s)
 E/e' Lateral _____ (≤13) E/A _____ (0.8-2.0)
 e' Septal _____ (≥7 cm/s) AWR _____ cm/s
 E/e' Septal _____ (≤15) IVRT _____ ms
 E/e' avg. _____ (≤14) E vel. _____ (<120 cm/s)
 TR vel. _____ (<2.8 m/s)

EFFUSION

Pericardial Yes No
 Pleural Yes No
 IAS shunt Yes No
 IVS shunt Yes No

SYSTOLIC FUNCTION

Simpson's LVEF: _____% (F 54-74% M 52-72%)
 Approximation: _____%
 T.A.P.S.E. _____ (≥17 mm)
 RV S' _____ (≥9.5 cm/s)

AORTA

(mm) (mm/m²) F / M F / M
 Ann. _____ ≤27 / 32 ≤15 / 15
 SOV _____ ≤36 / 40 ≤22 / 21
 STJ _____ ≤32 / 35 ≤19 / 19
 Asc. _____ ≤35 / 38 ≤22 / 19
 Arch _____
 Des. _____
 Coarctation Yes No

AFI Global Strain Average (GE) _____ %(< -16%)

AORTIC VALVE

Regurgitation _____
 A.I. PHT _____
 Vena contracta _____
 Area (>2.5 cm²) _____
 Vmax (0.9-1.7 m/s) _____
Gradients (mmHg)
 P- _____ M- _____ (view) _____
 Cusps _____
 Sclerosis _____
 Prosthetic Mech Tissue

LVOT

LVOT velocity (m/s) _____
 LVOT gradient (mmHg) _____
 LVOT diam (mm) _____
 SAM Yes No

PULMONARY VALVE

Regurgitation _____
 Gradient (mmHg) _____
 E.D.PAP(<14 mmHg) _____

MITRAL VALVE

Regurgitation _____
 PISA r (mm) _____
 PISA EROA (mm²) _____
 Area (>2.5cm²) _____
Gradients (mmHg)
 P- _____ M- _____
 MVP Yes No
 MAC Yes No
 Prosthetic: Mech Tissue

TRICUSPID VALVE

Regurgitation _____
 IVC Exp (mm) _____
 IVC Insp (mm) _____
 RVSP (<40mmHg) _____
 (view) _____
 View reliable Yes No

CONCLUSION

- (1) LV –
- (2) RV –
- (3) Valves –
- (4)

Comparison:

RIGHT ATRIUM

LEFT ATRIUM

RIGHT VENTRICLE

LEFT VENTRICLE

AORTIC VALVE

PULMONARY VALVE

MITRAL VALVE

TRICUSPID VALVE

AORTA

PERICARDIUM

SHUNT

IVC

MASS

Technical Limitations: Yes No if yes, _____

Interpreting Physician:

Interpreted:

Transcribed:

Amendment:

Date of Amendment: