



PROJECT I-A
HF13- Viability Report - Cardiac MR

UNIVERSITY OF OTTAWA
 HEART INSTITUTE
 INSTITUT DE CARDIOLOGIE
 DE L'UNIVERSITÉ D'OTTAWA

Patient ID #:

Randomization #:
 - -

Project Site Number



Date of CMR Exam: / /

Year Month Day

Height: in Weight: lbs
 cm kg

BP: / mmHg N/A

HR: bpm N/A

Gadolinium dose: mmol/kg

Technical factors

Image quality Cine: Excellent Good Fair Poor N/A

Image quality Late Gadolinium Enhancement (LGE): Excellent Good Fair Poor N/A

Comments: N/A Artifact Missing view Other _____

Scanner Make/Model/Field Strength: _____

Software (choose one) cmr42 N/A Other (specify): _____

LV structure

IVS (mm): N/A LVSD (mm): N/A Indexed LV Mass (g/m²): N/A
 LVDD (mm): N/A LVEF (%): N/A Indexed LVEDV (ml/ m²): N/A
 PW (mm): N/A Indexed LVSV (ml/ m²): N/A

RV Structure and Function

Indexed RVEDV (ml/ m²): N/A RVEF (%): N/A
 Indexed RVSV (ml/ m²): N/A Qp/Qs (optional): N/A
 Max. RV wall thickness (mm): N/A RV aneurysm/akinesis: Yes No N/A

Left Atrial Structure N/A

Indexed LA volume (ml/m²) (A-L biplane formula):

Regurgitation (check all that apply)

	None	Noted	Significant	N/A
Mitral:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aortic:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tricuspid:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonic:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pericardium

Effusion: None Small Moderate Large N/A
 Pericardial thickness (mm): N/A
 Constrictive physiology: Yes No N/A





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Myocardial Edema

N/A

Myocardial muscle SI:

Skeletal muscle SI:

Myocardial:Skeletal SI ratio: .

Regional edema:

Yes No

Myocardial T2 relaxation time(ms) (optional):

N/A

Myocardial hyperaemia

N/A

Post Gd myocardial muscle SI:

Post Gd skeletal muscle SI:

Post Gd Myocardial:Skeletal SI ratio: .

Iron overload (optional)

N/A

Myocardial T2* relaxation time (ms):

Myocardial Tissue Characterization

Complete scar scores in box 1

Complete pattern scores in box 2

LGE Scar (17 segment scores Box 1):

- 1 = No LGE
- 2 = < 25% LGE
- 3 = 26-50% LGE
- 4 = 51 - 75% LGE
- 5 > 75% LGE

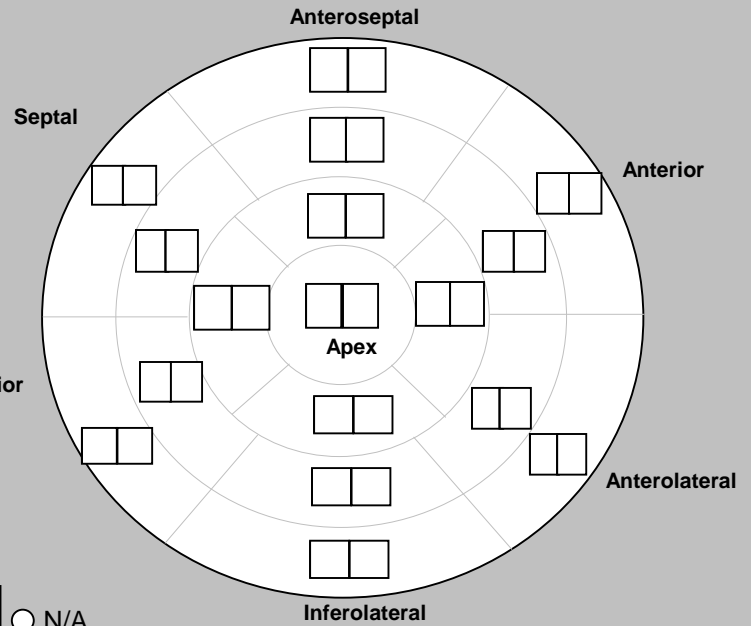
% LV scar (optional)

N/A

LGE Pattern (17 segment scores Box 2):

- (I) infarct
- (A) atypical - subepicardial or midwall

T1 mapping - relaxation time (ms) (optional):



Regional Wall Motion

Wall motion (complete all 17 segment scores)

- 1 =Normal (default)
- 2 =Hypokinesis
- 3 =Akinesis
- 4 =Dyskinesi
- 5 =Aneursym

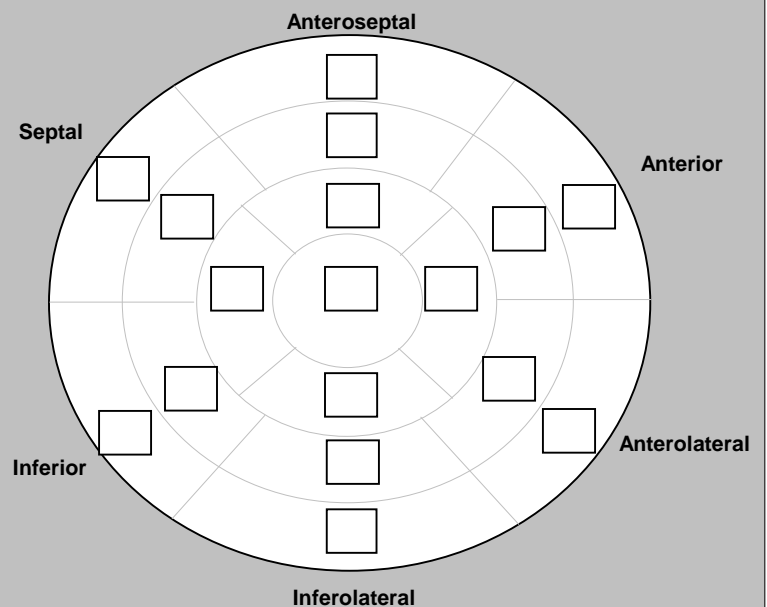
OR

All Hypokinetic(diffuse)

OR

All Normal

N/A





Randomization #:

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[] [] - [] [] - [] [] [] []



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INTERPRETATION (To be completed by the interpreting physician)

Qualitative Interpretation (check one box per region)

Extent of hibernation <input type="radio"/> N/A	Normal (<5%)	Mild (5-10%)	Moderate (11-20%)	Severe (>20%)
Whole Heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RCA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LCx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extent of scar <input type="radio"/> N/A				
Whole Heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RCA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LCx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RECOMMENDATION (Mark only one) * *May use Guidance Algorithm for Viability Page 4 if needed.*

- Patient LIKELY to benefit from revascularization or angiography
- Patient MAY benefit from revascularization or angiography
- Patient UNLIKELY to benefit from revascularization
- Patient UNCERTAIN to benefit from revascularization, recommend further evaluation
- Other : PLEASE PRINT IN BLOCK LETTERS

[]

COMMUNICATION

- I have interpreted the clinical report for this CMR viability scan Yes No
- The **best recommendation** for management is included in the clinical report. Yes No
- The referring MD was contacted directly with the recommendations Yes No

COMMENTS (Please print in block letters)

[]

Date of interpretation: [] [] [] [] / [] [] / [] []
Year Month Day

Interpretation Physicians Initials: [] [] []

FAX A COPY OF THE FINAL CLINICAL REPORT TO 613-761-5406



IMAGE-HF: GUIDANCE DOCUMENT for MRI VIABILITY and VIABILITY DEFINITIONS

This algorithm is intended to guide reporting for patients in IMAGE HF with known or suspected Ischemic Cardiomyopathy and LV dysfunction due to severe coronary artery disease (typically multivessel CAD). Individual circumstances related to clinical scenario which may include knowledge of coronary anatomy and clinical question may alter recommendation and need to be considered on a case by case basis by the interpreting MD.

Global Viability on ceMRI

≥ 10/17 segments
with ≤50% LGE

YES

NO

Likely to have LV
function or outcome
benefit with
revascularization

Not likely to have LV
function or outcome
benefit with
revascularization

Segmental Viability on ceMRI

≤ 50% LGE and
Non-LGE thickness ≥4mm

YES

NO

Likely to have
segmental LV function
benefit with
revascularization

Not likely to have
segmental LVfunction
benefit with
revascularization