



PROJECT I-B

HF18- Echocardiography Report Form

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

Patient ID #:

Randomization #:

- -

IMAGE-HF

Patient ID #:

Project

Site

Number

Date of Echocardiography Exam:

/ /

Year Month Day

BP / mmHg

HR bpm

Height: . in
 . cm

Weight: . lbs
 . kg

Technical factors

Echo contrast administered: Yes No

Image quality: Excellent Good Fair Poor N/A

Comments: N/A Artifact Missing view Other _____

Echo Make/Model/Probe description: _____

LV structure and systolic function

IVS (mm):

LVESV (2-D) (ml): N/A

LVDD (mm):

LVEF (2-D) (%): N/A

Cardiac output: . N/A (L/min)

PW (mm):

Index LVEDV (2-D) (ml): N/A

Peak dP/dt: N/A (mmHg/sec)

LVSD (mm):

Indexed LV Mass (linear) (g/m²): N/A

Regional Wall Motion

Wall motion (complete all 17 segment scores):

- 1=Normal
- 2=Hypokinesis
- 3=Akinesis
- 4=Dyskinesis
- 5=Aneurysm
- 6=N/A

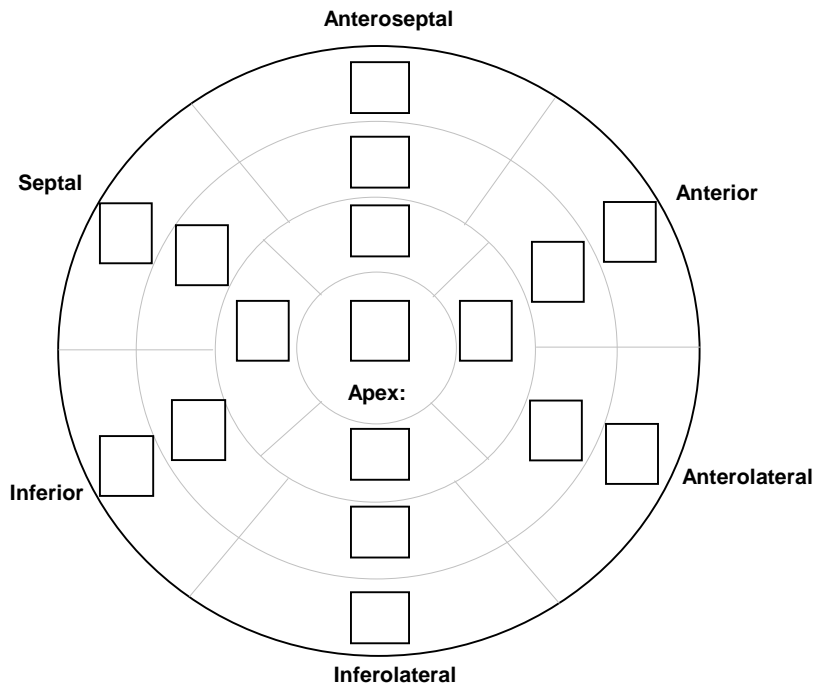
OR

All Hypokinetic(diffuse)

OR

All Normal

N/A





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LV diastolic function

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

LA end-systolic diameter (mm) N/A

Mitral E velocity (cm/s) N/A

Mitral A velocity (cm/s) N/A

MV deceleration time (ms) N/A

Estimated PCWP (mmHg) N/A

Mitral lateral annulus velocity (e') (cm/s) . N/A

Diastolic Dysfunction: None Mild Moderate Severe N/A

RV Structure

RVH: Yes No N/A

RVOT (PSAX) (mm): N/A

Dilatation: None Mild Moderate Severe N/A

RV systolic function

Dysfunction: None Mild Moderate Severe N/A

Systolic Pulmonary Arterial Pressure

Complete TR envelope? Yes No N/A

TRmax gradient (mmHg): N/A

IVC pressure (mmHg): 3 8 15 N/A

RVSP (mmHg): N/A





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Regurgitation (check all that apply)

Stenosis (check all that apply)

	None*	Mild	Moderate	Severe	N/A		None*	Mild	Moderate	Severe	N/A
	* none / trace / trivial						* none / trace / trivial				
Mitral:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mitral:	<input type="radio"/>	<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"/>	<input type="radio"/>	Aortic:	<input type="radio"/>	<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"/>	<input type="radio"/>	Tricuspid:	<input type="radio"/>	<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"/>	<input type="radio"/>	Pulmonic:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pericardium

Effusion: None Small Moderate Large N/A

Pericardial thickening/calcification: Yes No N/A

Constrictive physiology: Yes No N/A

INTERPRETATION (To be completed by the interpreting echocardiographer)

Choose the best echocardiography diagnosis based on the findings above

- Idiopathic dilated cardiomyopathy
- Heart failure with preserved systolic function
- Inflammatory disease (eg. myocarditis)
- Infiltrative disease
- Hypertrophic cardiomyopathy
- Regional abnormality consistent with ischemic cardiomyopathy
- Valvular heart disease
- Mixed disease
- Other (eg. RV failure, constriction, ACHD)
- No heart failure
- Unknown

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

COMMUNICATION

I have interpreted the clinical report for this echo Yes No

The **best echo diagnosis** has been included as the primary diagnosis on the clinical report Yes No

The referring MD was contacted directly with the diagnosis Yes No

COMMENTS (Please print in block letters)

Date of Interpretation:

/ /

Year Month Day

Initials of interpreting echocardiographer:

