



ECHOCARDIOGRAM REQUISITION & REPORT

KAWARTHA CARDIOLOGY CLINIC

327 CHARLOTTE ST.

PETERBOROUGH, ON K9J 0B2

Tel: (705) 740-6888 Fax: (705) 749-9611

NAME _____

Address _____

Postal Code _____ Phone _____

Date of Birth _____ Age _____

Health Number _____

Ref. Physician _____

Requisition Date _____

Service Date _____ Time _____

PATIENT'S HT. _____ cm. WT _____ Kg. BSA _____ (sq.m.)
PREVIOUS ECHOCARDIOGRAM AT THIS LAB Yes No
(Body Surface Area)

**TO BE ORDERED
BY CARDIOLOGIST**

TRANSESOPHAGEAL

WHAT IS THE QUESTION? (M MODE + 2 D ECHO + CARDIAC DOPPLER)

- CAUSE OF CHF
- SOURCE OF EMBOLUS
- VALVULAR DISEASE
- PROSTHETIC VALVES
- SYNCOPE
- CARDIOMEGALY
- CARDIOMYOP/IHSS
- SYSTOLIC/DIASTOLIC FUNCTION
- CONGENITAL/SHUNT LESIONS
- MURMURS
- HYPERTENSIVE HEART DISEASE
- PULMONARY HYP./COR PULMONALE
- ENDOCARDITIS

WHAT IS THE QUESTION? (M MODE + 2 D ECHO ONLY)

- SYSTOLIC FUNCTION
- PERICARDIAL EFFUSION/TAMPONADE
- CHAMBER SIZE
- IF THE SUPERVISING CARDIOLOGIST DETERMINES THAT THE ADDITION OF CARDIAC DOPPLER WOULD BETTER ANSWER THE QUESTION PLEASE PROCEED.

WHAT IS THE QUESTION? _____

CLINICAL CARDIAC DIAGNOSIS? _____

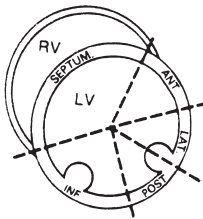
IS THERE A HISTORY OF HYPERTENSION? YES NO

DATE _____ REQUESTED BY _____ M.D.

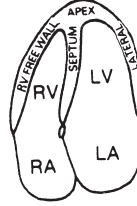
INTERPRETATION L.V. ESTIMATED EJECTION FRACTION Grade 1 $\geq 60\%$ Grade 2 40-59% Grade 3 20-39% Grade 4 $\leq 20\%$

LVDD 5.7	RVD ≤ 3.0 cm	IVS THICK	IVS AMP. $0.3-1.0$ cm
LVSD	PA ≤ 30	IVS THICK	PW AMP. $0.5-1.3$ cm
LA DIM. ≤ 4.0 cm	A ROOT DIM.	LVP WALL THICK	RVDD
MVA	AV OPENING	AO GRAD	AOV ₁
% FS 28-42	AV OPENING 1.8-2.6 cm	AVA	DIAM

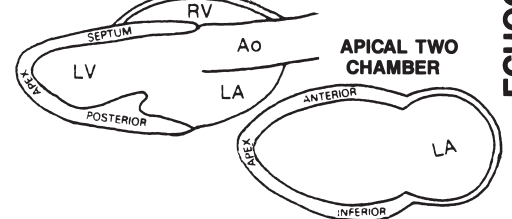
**PARASTERNAL
SHORT AXIS**



**APICAL FOUR
CHAMBER**



**PARASTERNAL
LONG AXIS**



**APICAL TWO
CHAMBER**

