

\*\*TGLN DONOR # \_\_\_\_\_

## Echocardiogram WORKSHEET

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
DD/MM/YYYYY HH:MM

<b>Inotropes (During the Exam) (mcg/kg/min):</b>			
Levophed	_____	Vasopressin	_____
Dobutamine	_____	Epinephrine	_____
Dopamine	_____	Other	_____

Pulmonary Pressure: \_\_\_\_\_ mmHg      T4 Given:  Yes    No  
 CVP \_\_\_\_\_ mmHg      If yes, amount \_\_\_\_\_ Time: \_\_\_\_\_  
HH:MM

<b>Atrium:</b>	
LA Dimension _____ cm <sup>2</sup>	RA Dimension _____ cm <sup>2</sup>
ASD <input type="checkbox"/> Present <input type="checkbox"/> Absent	
PFO <input type="checkbox"/> Present <input type="checkbox"/> Absent	

<b>Right Ventricle:</b>		
Contractility	<input type="checkbox"/> Normal <input type="checkbox"/> Moderate Hypokinesis <input type="checkbox"/> Severe Hypokinesis	
Tricuspid Regurgitation	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
RVSP/Pulmonary Pressure:	_____ mmHg	

<b>Left Ventricle:</b>		
Ejection Fraction	_____ %	
Shortening Fraction	_____ %	
Contractility	<input type="checkbox"/> Normal <input type="checkbox"/> Moderate Hypokinesis <input type="checkbox"/> Severe Hypokinesis	
Regional WMA	<input type="checkbox"/> anterior <input type="checkbox"/> apical <input type="checkbox"/> lateral <input type="checkbox"/> inferior <input type="checkbox"/> posterior <input type="checkbox"/> septal	
LVEDD	_____ mm	
LVESD	_____ mm	
Septal Thickness	_____ mm	
Post Wall Thickness	_____ mm	
Left Ventricular Hypertrophy	<input type="checkbox"/> Present <input type="checkbox"/> Absent	

<b>Aortic Valve:</b>	
<input type="checkbox"/> Normal <input type="checkbox"/> Sclerotic <input type="checkbox"/> Stenosis <input type="checkbox"/> Bicuspid	
Aortic Valve gradient _____	AVA _____
Aortic Regurgitation	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV

<b>Mitral Valve:</b>	
<input type="checkbox"/> Normal <input type="checkbox"/> Sclerotic <input type="checkbox"/> Stenosis <input type="checkbox"/> Bicuspid	
Mitral Regurgitation	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
Mitral Annular Calcification	<input type="checkbox"/> mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Any Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name:** \_\_\_\_\_ **Status:** \_\_\_\_\_ **Affiliation:** \_\_\_\_\_ **Signature:** \_\_\_\_\_