|  |
| --- |
| **L e v e l 1 E c h o c a r d i o g r a m R e p o r t** |
| Patient name: |  | MRN: |  | DOB: |  |
| Sonographer’s name: |  | Date of scan: |  | Log #: |  |

(studies submitted to the BSE must not include patient identifiers: name; MRN; DOB)

**Patient details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age: |  | Sex: |  | Background and clinical question: |
| Location: |  |  |
| Rhythm: |  | Rate: |  |
| Systemic BP: |  | CVP: |  |
| CVS support: |  |
|  |
|  |
| Ventilation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LVIDd (mm):** |  | **TAPSE (mm):** |  |

**Focused findings**

(select one option per row)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LV wall thickness** | Normal | Abnormal |  | U/A |
| **LV cavity size** | Normal cavity size | Small | Dilated | U/A |
| **LV systolic function** | Normal or borderline low | Impaired | Severely impaired | U/A |
| **RV wall thickness** | Normal | Abnormal |  | U/A |
| **RV cavity size** | Normal | Small | Dilated | U/A |
| **RV systolic function** | Normal | Impaired |  | U/A |
| **IAS position** | Normal (mid-position) | Fixed from the lefttowards the right | Fixed from the righttowards the left | U/A |
| **Aortic root** | Normal | Dilated |  | U/A |
| **AoV morphology** | Normal | Abnormal |  | U/A |
| **AoV structure** | Normal or mild thickening | Heavily thickened or calcified (unrestricted opening) | Heavily thickened or calcified (restricted opening) | U/A |
| **AoV competence** | Normal (no regurgitation) | Regurgitation present(not significant) | Significant regurgitation | U/A |
| **MV structure** | Normal or mild thickening | Heavily thickened or calcified (unrestricted opening) | Heavily thickened or calcified (restricted opening) | U/A |
| **MV competence** | Normal (no regurgitation) | Regurgitation present(not significant) | Significant regurgitation | U/A |
| **TV structure** | Normal or mild thickening | Heavily thickened or calcified (unrestricted opening) | Heavily thickened or calcified (restricted opening) | U/A |
| **TV competence** | Normal (no regurgitation) | Regurgitation present(not significant) | Significant regurgitation | U/A |
| **IVC size** | Normal IVC size | Small | Dilated | U/A |
| **IVC variability** | Normal variation with patient’s respiration/ventilation | Excessive respiratory variation(collapse or distension) | Reduced respiratory variation(collapse or distension) | U/A |
| **Pericardial fluid** | Normal(none or physiological) | Small volume(and tamponade not suspected) | Significant volume(and/or tamponade suspected) | U/A |
| **Right pleural fluid** | Normal (no fluid) | Small volume | Significant volume | U/A |
| **Left pleural fluid** | Normal (no fluid) | Small volume | Significant volume | U/A |
| **Additional Findings:**(important findings not covered within the reporting matrix) |  |
| **Conclusions:**(including reference to the clinical question) |  |
|  | Does the patient require referral for Level 2 study? Yes No(presence of findings in red usually warrant immediate expert help) |
| Sonographer’s signature: |  |

**Reviewer’s comments** (must always be completed)

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewers name:(mandatory) |  | Date of review:(mandatory) |  |
| Level of supervision:(mandatory) | Directly supervised Face-to-face review Remote review |
| Comments regarding image acquisition:(optional)Comments may be completed by the reviewer, or alternatively by the sonographer following the reviewer’s verbal feedback (please specify) |  |
|  | Comments completed by: Reviewer Sonographer |
| Comments regarding image interpretation:(optional)Comments may be completed by the reviewer, or alternatively by the sonographer following the reviewer’s verbal feedback (please specify) |  |
|  | Comments completed by: Reviewer Sonographer |
| Reviewer’s signature: (mandatory) |  |