

## Focused Echocardiography Report Form

**Patient and Scan Details:**

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospital No.: \_\_\_\_\_

Please use patient label if available

**Clinical indication:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parasternal Long Axis:**

LV: normal  small  enlarged

LA: normal  small  enlarged

RV: normal  small  enlarged

Significant MV abnormality: MS  MR

Significant AV abnormality: AS  AR

Aortic dissection

Pericardial effusion

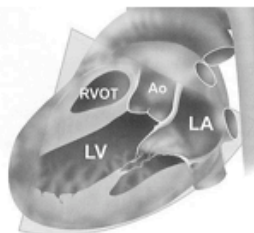
Comments:

\_\_\_\_\_

\_\_\_\_\_

Please shade areas of hypo-/akinesia on diagram

view fully achieved? yes  no



**Parasternal Short Axis:**

LV: normal  small  enlarged

RV: normal  small  enlarged  RV>LV

Aortic dissection

Pericardial effusion  RA/RV collapse

Significant MV abnormality: MS  MR

Significant AV abnormality: AS  AR

Significant TV abnormality: TS  TR

Significant PV abnormality: PS  PR

PA dilated  Evidence of PE

Comments:

\_\_\_\_\_

\_\_\_\_\_

Please shade areas of hypo-/akinesia on diagram

view fully achieved? yes  no

