**Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_**

**Referring Physician:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Study:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tech: \_\_\_\_\_\_\_\_\_\_\_**

**AORTA:**

**Aortic Root Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visible Plaque: No ☐ Yes ☐**

**Dissection: No ☐ Yes ☐**

**VALVES:**

**AORTIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MITRAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRICUSPID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PULMONARY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAEDP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg**

**LEFT ATRIUM:**

**LA Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wall Motion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thrombus: No ☐ Yes ☐**

**Mass: No ☐ Yes ☐**

**ASD: No ☐ Yes ☐**

**RIGHT ATRIUM:**

**RA Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wall Motion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thrombus: No ☐ Yes ☐**

**Mass: No ☐ Yes ☐**

**LEFT VENTRICLE:**

**LV Size (Diastole): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LV Size (Systole): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LV Wall Thickness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LV Wall Motion:**

 **Nml Hypo Akin Dysk Hyper**

 **Septum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Apex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Anterior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Posterior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Inferior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LV Systolic Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LV Diastolic Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E/A Ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diastolic Dysfunction: No ☐ Yes ☐**

**Septal Wall Thickness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ventricular Septal Defect: No ☐ Yes ☐**

**Thrombus: No ☐ Yes ☐**

**Cardiomyopathy: No ☐ Dilated ☐ Hypertrophic ☐**

**Pericardial Effusion: No ☐ Mild ☐ Moderate ☐ Severe ☐**

**Fractional Shortening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ejection Fraction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Thrombus: No ☐ Yes ☐**

 **Pacemaker Lead: No ☐ Yes ☐**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Name: MR#: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Sex: M☐ F☐ Age: \_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_**

**Patient History:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult Echocardiography**

**Worksheet**

**RIGHT VENTRICLE:**

**RV Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wall Motion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RVSP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mmHg**

**Thrombus: No ☐ Yes ☐**

**Pacemaker Lead: No ☐ Yes ☐**