

FINISHING YOUR TTE

Creating an exemplary report

Demographics and identifiers

- □ Patient name and other identifiers (e.g., hospital number, date of birth, address)
- □ Referrer's name, reason for echo
- Date of study, where performed, archive location
- Age, gender, heart rate, rhythm, height weight, body surface area, blood pressure
- □ Name and professional affiliation of who performed, reported, verified the study

Measurements

- □ 2D, M-mode, Doppler
- Include indices used to assess severity.

Observations

- Based on the systematic study performed, describe each structure imaged.
- Mention structures not seen.
- □ Include severity assessments.
- □ Include minor abnormalities and normal variants.

Summary or conclusion

- □ Integrate and summarise the measurements and observations. Answer the clinical question.
- □ Must be understood by non-echocardiographer.
- □ Flag abnormalities, exclude minor or normal findings, compare with previous studies if relevant.

References and further reading:

- Gardin JM, Adams DB, Douglas PS, et al. 2002. Recommendations for a standardized report for adult transthoracic echocardiography: A report from the American Society of Echocardiography's Nomenclature and Standards Committee and Task Force for a Standardized Echocardiography Report. J Am Soc Echocardiogr. 15:275–90.
- Evangelista A, Flachskampf F, Lancellotti P, et al. 2008. European Association of Echocardiography recommendations for standardization of performance, digital storage and reporting of echocardiographic studies. *Eur J Echocardiogr.* 9:438–48.



Janet Patient 47 Main Road XX99

Ward: Devonshire Referring consultant: Dr James Smith Care of the Elderly Team

Reason for request: recent myocardial infarction with heart failure, in AF

Performed by Anna Greenaway BSE accredited sonographer Reported by Anna Greenaway BSE accredited sonographer Reviewed by Dr Sam Jones, Consultant Cardiologist

Recorded: on ward Machine: mob3

Studied in AF 85 bpm , BP 100/68 mmHg

Imaging

Aortic root 3.4 cm Left atrium 5.5 cm Left ventricular diastolic diameter 5.7 cm Left ventricular systolic diameter 4.6 cm

Doppler

LVOT vti 12 cm MV E 0.6 m/s MV E/A 0.7 LV Lateral S 7 cm/s AV Vmax 1.0 m/s MV A 0.9 m/s

LV Lateral E/E' 5

Left ventricle

Mildly dilated with extensive anterolateral akinesis and apical dyskinesis. Anteroseptal hyokinesis. The inferior wall is hyperkinetic. Simpson's not performed due to inadequate endocardial definition. Visually estimated ejection fraction 30– 35%. Septum appears intact.

Right ventricle

Normal diameter with normal free wall motion.

Left atrium Moderately dilated. Right atrium

Moderately dilated.

IVC 2.0 cm with ~50% reactivity.

Aortic arch Not seen.

Aortic valve

Normal appearance. Three cusps noted. Good mobility. Trivial regurgitation.

Mitral valve

Thin mobile leaflets, mild regurgitation.

Hospital number 123456 Procedure date 06/11/07

Date of birth 23/07/30 Age 77 Female

Image quality: fair Archive: main server

Ventricular septum 1.0 cm Left ventricular posterior wall 0.7 cm RV1 3.7 cm RV TAPSE 17 mm

PV Vmax 0.9 m/s MV Edec 170 ms

Pulmonary valve

Thin mobile cusps and forward Doppler velocities.

Tricuspid valve

Normal structure and function, trivial regurgitation noted but waveform too faint to measure peak velocity.

Study comment

Small pericardial effusion noted, 0.9 cm circumferentially. No echo signs of haemodynamic compromise.

Mildly dilated left ventricle with regional wall abnormalities and moderate systolic impairment. Visually estimated ejection fraction 30–35%. Moderately dilated atria. Small pericardial effusion.