

Echocardiogram Report

PET NAME _____ Hospital _____ Date _____

- *Include any dimensions of importance when available*

a. Evidence of Effusions.

- Pericardial
- Pleural

b. Evidence of any masses at the base of the heart

- Hilar LN's
- Heart base masses

c. Evidence of any masses in anterior mediastinal

- Sternal LN's
- Anterior mediastinal LN's

d. Wall thickness

- IVS
- RV Free wall
- LV Free wall

e. Chamber Sizes

- LV
- RV
- LA
- RA

f. LV Contractility

- Fractional shortening

g. Valves

▪ **Mitral valve**

- Thickness
- Motion
- Flail or prolapsed

▪ **Tricuspid valve**

- Thickness
- Motion
- Flail or prolapsed

▪ **Aortic Valve**

- Any thickening
- Excursion

▪ **Pulmonic Valve**

- Any thickening
- Excursion

h. Doppler

- Mitral Regurgitation
- Tricuspid Regurgitation
- Aortic Velocities increase
- Aortic Insufficiency
- Pulmonic velocities increased
- Pulmonic insufficiency

i. Outflow Tracts

- LVOT narrowing
- Aortic dilation
- Pulmonary trunk dilation

j. Heart Rate Irregularities

COMMENTS: