

Section A: KEY IDENTIFYING INFORMATION

- A1. Tape Identification Number ___ - ___ - ___ - ___ - ___ - ___
- A2. Measurer Identification Number ___ - ___
- A3. Date of echocardiogram ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y
- A4. Date of central reading ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y
- A5. Acceptable YES 1 NO 2 **(END)**
- a. Image quality EXCELLENT.....1 GOOD.....2 FAIR..... 3
- A6. Height or Length at echocardiogram ___ ___ ___ . ___ cm
- A7. Weight at echocardiogram ___ ___ ___ . ___ ___ kg

Section B: ECHO DATA INFORMATION

Artery	a. Visualized		b. Peripheral-Vascular Brightness		c. Maximum Dimension
	YES	NO	YES	NO	
B1. Left Main CA	1	2 (B2)	1	2	___ . ___ ___ cm
B2. Proximal LAD	1	2 (B3)	1	2	___ . ___ ___ cm
B3. Distal LAD	1	2 (B4)	1	2	___ . ___ ___ cm
B4. Proximal RCA	1	2 (B5)	1	2	___ . ___ ___ cm
B5. Distal RCA	1	2 (B6)	1	2	___ . ___ ___ cm
B6. Circumflex	1	2 (B7)	1	2	___ . ___ ___ cm
B7. Posterior Descending	1	2 (B8)	1	2	___ . ___ ___ cm

- B8. Aortic Root Dimension done YES 1 NO 2 **(B9)**
 a. Size ____ . ____ ____ cm
- B9. Left ventricular end-diastolic dimension ____ . ____ ____ cm
- B10. Left ventricular end-systolic dimension ____ . ____ ____ cm
- B11. Mitral valve regurgitation YES 1
 NO 2 **(B12)**
 INDETERMINATE -8 **(B12)**
 a. Severity MILD 1
 MODERATE 2
 SEVERE 3
 b. Proximal jet width ____ . ____ ____ cm
- B12. Aortic valve regurgitation YES 1
 NO 2 **(C1)**
 INDETERMINATE -8 **(C1)**
 a. Severity MILD 1
 MODERATE 2
 SEVERE 3
 b. Proximal jet width ____ . ____ ____ cm

Section C: OTHER CARDIAC INFORMATION

- C1. Pericardial Effusion YES 1 NO 2
- C2. Coronary Thrombus YES 1 NO 2
- C3. Regional Wall Motion Abnormality YES 1 NO 2
- C4. Comments _____