

Apical 4 chamber view
<b>Left ventricular ejection fraction (eye balling)</b> <ul style="list-style-type: none"> <li>• Normal (<math>52\% \leq EF \leq 72\%</math>)</li> <li>• Mildly impaired (<math>41\% \leq EF \leq 51\%</math>)</li> <li>• Moderately impaired (<math>40\% \leq EF \leq 30\%</math>)</li> <li>• Severely impaired (<math>EF &lt; 30\%</math>)</li> <li>• Hyperkinetic (<math>EF &lt; 73\%</math>)</li> </ul>
<b>Obvious left ventricular dyskinesia (yes/no)</b>
<b>Left atrial area (cm<sup>2</sup>) (ECG end-T wave)</b>
<b>Mitral valve (grey scale morphology)</b> <ul style="list-style-type: none"> <li>• Normal</li> <li>• Possible mitral valve stenosis (leaflets are calcified and restricted in movement)</li> <li>• Possible mitral valve insufficiency (leaflets do not co-adapt)</li> <li>• Possible combination of mitral valve stenosis and insufficiency</li> </ul>
<b>Right ventricle: TAPSE (mm)</b> <ul style="list-style-type: none"> <li>• TAPSE is ____mm</li> <li>• TAPSE cannot be quantified but is eyeballed to be NORMAL (<math>\geq 17\text{mm}</math>) or above</li> <li>• TAPSE cannot be quantified but is eyeballed to be LOW (<math>&lt; 17\text{mm}</math>)</li> </ul>
<b>Right ventricular end-diastolic dimension (mm) (ECG R wave)</b>

Apical 5 chamber view
<b>Aortic valve (grey scale morphology)</b> <ul style="list-style-type: none"> <li>• Normal</li> <li>• Possible aortic valve stenosis (leaflets are calcified and restricted in movement)</li> <li>• Possible aortic valve insufficiency (leaflets do not co-adapt)</li> <li>• Possible combination of aortic valve stenosis and insufficiency</li> </ul>

Parasternal long-axis view
<b>Left ventricular ejection fraction (eye balling)</b> <ul style="list-style-type: none"> <li>• Normal (<math>52\% \leq EF \leq 72\%</math>)</li> <li>• Mildly impaired (<math>41\% \leq EF \leq 51\%</math>)</li> <li>• Moderately impaired (<math>40\% \leq EF \leq 30\%</math>)</li> <li>• Severely impaired (<math>EF &lt; 30\%</math>)</li> <li>• Hyperkinetic (<math>EF &lt; 73\%</math>)</li> </ul>
<b>Obvious left ventricular dyskinesia (yes/no)</b>
<b>Left ventricular end-diastolic diameter (ECG R wave)</b>
<b>Left ventricular posterior wall thickness (ECG R wave)</b>
<b>Ventricular septum thickness (ECG R wave)</b>
<b>Left atrial antero-posterior diameter (mm) (ECG end-T wave)</b> <b>ONLY if left atrial area not quantified in apical 4 chamber view</b>
<b>Aortic valve (grey scale morphology)</b> <ul style="list-style-type: none"> <li>• Normal</li> <li>• Possible aortic valve stenosis (leaflets are calcified and restricted in movement)</li> <li>• Possible aortic valve insufficiency (leaflets do not co-adapt)</li> <li>• Possible combination of aortic valve stenosis and insufficiency</li> </ul>
<b>Mitral valve (grey scale morphology)</b> <ul style="list-style-type: none"> <li>• Normal</li> <li>• Possible mitral valve stenosis (leaflets are calcified and restricted in movement)</li> <li>• Possible mitral valve insufficiency (leaflets do not co-adapt)</li> <li>• Possible combination of mitral valve stenosis and insufficiency</li> </ul>



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Parasternal short-axis view
Obvious left ventricular dyskinesia (yes/no)
D-shaping of the left ventricle (yes/no)

Subcostal view
Left ventricular ejection fraction (eye balling)
<ul style="list-style-type: none"> <li>• Normal (<math>52\% \leq EF \leq 72\%</math>)</li> <li>• Mildly impaired (<math>41\% \leq EF \leq 51\%</math>)</li> <li>• Moderately impaired (<math>40\% \leq EF \leq 30\%</math>)</li> <li>• Severely impaired (<math>EF &lt; 30\%</math>)</li> <li>• Hyperkinetic (<math>EF &lt; 73\%</math>)</li> </ul>
Pericardial effusion (yes/no)
Inferior vena cava
<ul style="list-style-type: none"> <li>• No collapse of the inferior vena cava with respiration</li> <li>• Total collapse of the inferior vena cava with respiration</li> <li>• Neither no collapse or total collapse of the inferior vena cava with respiration</li> </ul>

Pleural views
Pleural effusion (yes/no)
If yes: Estimated pleural parieto-visceral distance on left side (mm)
If yes: Estimated pleural parieto-visceral distance on left side (mm)

All views
Pericardial effusion (yes/no)
If pericardial effusion present: Echocardiographic (non-clinical) signs of potentially haemodynamically important pericardial effusion (impression of right or left side cavities, distention of the inferior vena cava) (yes/no)
Obvious pathology present, but not described above _____
Other comments

Remember to save files!  
All information in REDCap must be documented

Last name: Last name      ID: Record ID (not CPR)  
(eks. 570-1)

First name: First name

