TTE/TEE Report Template \*

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| **Critical Care Echocardiography Report** | **Report No:** |
| **Name of patient [do not upload]** | **Hospital ID [do not upload]** |
| **Gender: M □ F □** | **DOB** | **Age** yrs |
| **Indication for echocardiography** | **TTE / TEE** |
| **Date**  | **Weight Kg** |
| **Time** | **Height m** |
| **Name of ICU Echocardiographer**  |
| **History** | **Vasoactive drugs** |
| **Ventilation mode & pressures** |
| **Left Ventricle:****LVEDD mm EF % estimate Simpsons 4C Simpsons biplane E’ S’** |
| **Aortic Valve:****LVOT mm LVOT VTI cm Stroke volume CO respiratory variation %** |
| **Mitral Valve:****E velocity cm/s A velocity cm/s E/A ratio E/E’** |
| **Right Ventricle:****RV basal diameter mm TAPSE mm RV/LV basal diameter ratio RV area** |
| **IVC:****Diameter mm respiratory variation %** |

\* (this is not exhaustive and can be expanded as needed)

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| **Other Findings:** |
| **Main Diagnosis:** |
| **Response to therapy:** |
| **Follow up study required: Yes □ No □**  |
| **Suggested change of management Yes □ No □**  |
| **Transferred to archive Yes □ No □**  |
| **Report in notes Yes □ No □**  |
| **Technically adequate study Yes □ No □**  |
| **Name and signature of EDEC student** |
| **Name and signature of EDEC mentor** |