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** |