**Critical Care Echocardiography (TTE / TEE) Report Template**

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| Initials of patient:  | Hospital ID: | Echocardiographer ID: |
| Gender: M □ F □ | **Report #** | DOB: | Age: yrs |
| Reason for echocardiography (precise clinical question(s)): |
| Date: | Weight: kg; Height: m |
| Time: | BSA: m² |
| Indication for echocardiography (specific clinical questions): | Vasoactive drugs: |
| HR: Rhythm: Ventilation mode & pressure: |
| Hemodynamics: BP S/D (M): / ( mmHg); CVP: mmHg |
| Type of examination: TTE □ TEE □ | Technically adequate study: Yes □ No □  |
| **Left Ventricle:**LVEDD: mm; EF: % estimate □ Simpsons 4C □ Simpsons biplane □; FAC: %RWMA: Yes □ No □ ; if yes, detail: LV hypertrophy: Yes □ No □; If yes, septal thickness / posterior wall: / mmE’ lateral/septal: / cm/s; S’: cm/s; MAPSE lateral/septal: / mm |
| **Aortic Valve:**LVOT: mm; LVOT VTI: cm; LV stroke volume: mL; Respiratory variations: %Aortic valvulopathy: Yes □ No □ If yes, **type and severity** (provide main quantitative parameters to grade valvulopathy): |
| **Mitral Valve:**E velocity: cm/s; A velocity: cm/s; E/A ratio: ; DTE: ms; Grade: Mitral valvulopathy: Yes □ No □If yes, **type and severity** (provide main quantitative parameters to grade valvulopathy): |
| **Left atrium & interatrial septum:**LA volume: mL/m² ; LA appendage visualized: Yes □ ; No □ ; maximal velocity : cm/sInteratrial septum: normal motion □ ; permanent bulging □ ; PFO □If PFO, revealed by: contrast study □; color Doppler □; grading of inter-atrial shunt: |
| **Pulmonary veins:**S velocity: cm/s; D velocity: cm/s; Blurred or reversed S wave: Yes □ No □ |
| **Right Ventricle:**RV/LV basal/midventricular diameter (mm): RVEDA/LVEDA ratio: / FAC (%): Paradoxical septal motion: Yes □ No □TAPSE: mm; Maximal TR velocity: m/s; PAPs: mmHg; PA acceleration time: msDicrotic knoch: Yes □ No □; marked respiratory variations: Yes □ No □RV free wall hypertrophy: Yes □ No □; If yes: mm |
| **IVC:**Maximal diameter: mm; minimal diameter: mm; Respiratory variations: % |
| **SVC:**Maximal diameter: mm; minimal diameter: mm; Respiratory variations: % |
| **Pericardial & pleural spaces:**Relevant effusion: Yes □ No □; If yes: Location: ; size: mmTamponade physiology: Yes □ No □; If yes, describe:  |
| **Thoracic aorta:** segments visualized: Ascending □ Arch □ Descending □Abnormal finding(s): |
| **Other relevant findings:**---- |
| **Fluid challenge or passive leg raising test (if applicable):** |
| **Main Diagnosi(e)s (Answer(s) to clinical question(s)):** |
| **Suggested change(s) of management:** Yes □ No □ If yes, detail:  |
| Follow up study required: Yes □ No □ ; if yes, provide the reason(s):  |
| Limitation or challenge encountered during this echocardiography study: |
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