

NON-INVASIVE CARDIAC LABORATORIES

KALEIDA HEALTH

POLICY AND PROCEDURE

SUBJECT: Digital Echo Format Date: JANUARY 2,2015
NHL COMBINE FORMAT

APPLICATION: BUFFALO GENERAL HOSPITAL

APPROVED BY:

MICHAEL BANAS , M.D. MEDICAL DIRECTOR, NICL

DIGITAL ECHO FORMAT

****IAC Standards and Guidelines for Adult echocardiography accreditation**

****Static Images – all others are cine loops**

1. **Parasternal Long Axis – 2D**
2. Parasternal Long Axis – with color on AV and MV

In PLAX view measure LV DIAMETER AND WALL THICKNESS IN
DIASYSTOLE AND SYSTOLE

- **When applicable for aortic stenosis, measure LVOT diameter at least three times. Similar measurements will be averaged.**

3. RV inflow – 2D
4. RV inflow – Color on TV
5. RV inflow – CW Doppler for TR jet velocity**

6. Parasternal Short Axis papillary muscle level – 2D
7. Parasternal Short Axis chordal level – M-Mode of LV with measurements**
8. Parasternal Short Axis MV – 2D
9. Parasternal Short Axis MV – M-Mode**
10. Parasternal Short Axis PV/RVOT – 2D (separate view if not well imaged with AV/TV)
11. Parasternal Short Axis PV – Color
12. Parasternal Short Axis PV – PW in RVOT proximal to PV**
13. Parasternal Short Axis PV – CW across PV**
14. Parasternal Short Axis AV – 2D (narrow sector – be sure to demonstrate all cusps.)
15. Parasternal Short Axis AV – Color

16. M-Mode of AO root/LA**
 17. Parasternal Short Axis TV – 2D (narrow sector)
 18. Parasternal Short Axis CW Doppler for TR jet velocity**
 19. Apical 4-Chamber (2D only)
 20. Apical 4 – Chamber MV narrow sector – 2D
 21. Apical 4 – Chamber MV narrow sector – Color
 22. Mitral Valve (Apical 4-C) – PW of MV inflow (sweep speed 50 mm/sec)**

 23. Mitral Valve (Apical 4-C) – CW across MV**

 24. Apical 5-Chamber AV narrow sector – 2-D
 25. Apical 5-Chamber AV narrow sector – Color
 26. Aortic Valve (Apical 5-C) – PW in the LVOT**
 27. Aortic Valve (Apical 5-C) – CW across the AV**
- *For aortic stenosis, the highest systolic velocity must be evaluated from multiple transducer positions (e.g., apical, suprasternal and right parasternal). When necessary, this should include interrogation from multiple views with a dedicated standoff continuous wave Doppler transducer (Pedoff). Also, use of non-imaging Doppler transducer (Pedoff) to access stenotic valves, valvular regurgitation or whenever indicated. Planimetry in PSAX of AV if possible.
28. Apical 4-Chamber TV narrow sector - 2D
 29. Apical 4-Chamber TV narrow sector – Color
 30. Apical 4-Chamber TV narrow sector – CW for TR jet velocity**

 31. Apical 2-Chamber – 2D
 32. Apical 2-Chamber – Color on MV
 33. Apical Long Axis – (including AV/MV) – 2D
 34. Apical Long Axis narrow sector on AV/MV – Color on AV/MV
 35. Apical Long Axis – PW/CW across AV** if interrogating AV for stenosis

 36. **Subcostal 4-Chamber – 2D**
 37. **IVC showing collapse and hepatic veins**

 38. Subcostal 4-Chamber – Color on Atrial septum (PW if any abnormal flow across septum)