



CARO REGION

ECHOCARDIOGRAM WORKSHEET

PATIENT NAME: _____ DATE OF SERVICE: _____

LOCATION: _____ DOB: _____ SONOGRAPHER: _____

PRIMARY PHYSICIAN: _____ PATIENT MR#: _____

ORDERING PHYSICIAN: _____ INTERPRETING PHYSICIAN: _____

HEIGHT: _____ ft. _____ in. WEIGHT: _____ pounds SEX: _____

PREVIOUS ECHO: _____ LOCATION: _____ EF: _____ PRIOR MI: _____

PTCA: _____ CABG: _____ PROSTHETIC VALVE: _____ PPM: _____

INDICATIONS: _____

M-MODE MEASUREMENTS (m/m)		NORMAL VALUES	AORTIC VALVE		MITRAL VALVE			LV DIASTOLIC FUNCTION			
LVDD:		(35-57)	Peak PG:	mm/Hg	Mean PG:	mmHg	Peak E:	m/s			
LVSD:			Mean PG:	mmHg	MVA(plan):	cm ²	Peak A:	m/s			
IVS:		(7-11)	AVA:	cm ²	MVA (P ½ t):	cm ³	DT:	ms			
LVPW:		(7-11)	LVOT Dim.	cm	MR/PISA:	mm ²	A Dur:	ms			
LA:		(19-40)	LVOT/vmax:	m/sec	TRICUSPID VALVE			IVRT:	ms		
AO:		(24-40)	LVOT/Dim In:					E/A:			
ACS:		(15-26)	A1 (P ½ t):	m/sec	TR PG:	mml lg	PV A Dur:	ms			
			LVEF:	%	TR Vel:	m/sec	PV VEL:	m/s			
							E/E'				