

# McLAREN FLINT

## INTRAOPERATIVE TEE REPORT

Indication: Monitoring and diagnosis of Intra-operative cardiac dysfunction, guide therapy

Probe Insertion: Easy / Difficult / Failed. Intubated: Y / N

Modalities 2D / CFM / PWD / CWD / 3D

<b>PRE-OP:</b> Ascending Aorta: <input type="checkbox"/> <b>Grade I</b> (Normal) <input type="checkbox"/> <b>Grade II</b> (Extensive Intimal Thickening) <input type="checkbox"/> <b>Grade III</b> (Protruding Atheroma <5 mm) <input type="checkbox"/> <b>Grade IV</b> (Protruding Atheroma >5 mm) <input type="checkbox"/> <b>Grade V</b> Mobile Plaques <input type="checkbox"/> <b>Dissection</b> Y / N	<b>LV Function: EF:</b> <b>Wall Motion Abnormalities</b> <input type="checkbox"/> Inferior <input type="checkbox"/> Anterior <input type="checkbox"/> Lateral <b>RV Function:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Hypokinetic <b>TAPSE:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Decreased <b>LV Diastolic Dysfunction:</b> <input type="checkbox"/> Gr I <input type="checkbox"/> Gr II <input type="checkbox"/> Gr III	<b>Left Atrial Appendage:</b> Thrombus: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pericardial Effusion:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____ cm <b>Pleural Effusion:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>PFO/ASD:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

**Aortic Valve:**

Aortic Stenosis:  Yes  No

Peak Velocity: _____ m/sec	Peak Gradient: _____ mmHg	Mean Gradient: _____ mmHg	AVA: _____ cm <sup>2</sup>
----------------------------	---------------------------	---------------------------	----------------------------

Aortic Regurgitation:  None  Trace  Mild  Moderate  Severe

**Mitral Valve:**

Mitral Stenosis:  Yes  No

Peak Velocity: _____ m/sec	Peak Gradient: _____ mmHg	Mean Gradient: _____ mmHg	MVA: _____ cm <sup>2</sup>
----------------------------	---------------------------	---------------------------	----------------------------

Mitral Regurgitation:  None  Trace  Mild  Moderate  Severe

Carpentier Mitral Leaflet Motion: I: Normal  Acute papillary muscle rupture  
 II: Excessive  Re-operative/failure of previous mitral valve repair/replacement  
 IIIa: Restricted Systole & Diastole  
 IIIb: Restricted Systole Only

**Tricuspid Valve:**

Tricuspid Regurgitation:  None  Trace  Mild  Moderate  Severe

Tricuspid Stenosis:  Yes  No MEAN GRADIENT \_\_\_\_\_

Post Op Evaluation: LV Function: EF: \_\_\_\_\_ RV Function:  Normal  Hypokinetic  
 Wall Motion Abnormalities:  Anterior  Inferior  Lateral

**Aortic Valve:**

Peak Velocity: _____ m/sec	Peak Gradient: _____ mmHg	Mean Gradient: _____ mmHg	AVA: _____ cm <sup>2</sup>
----------------------------	---------------------------	---------------------------	----------------------------

Aortic Regurgitation:  None  Trace  Mild  Moderate  Severe

Paravalvular Leak:  No Prosthetic Valve  None  Trace  Mild  Moderate  Severe

**Mitral Valve:**

Mitral Inflow:

Peak Velocity: _____ m/sec	Peak Gradient: _____ mmHg	Mean Gradient: _____ mmHg	MVA: _____ cm <sup>2</sup>
----------------------------	---------------------------	---------------------------	----------------------------

Mitral Regurgitation:  None  Trace  Mild  Moderate  Severe

Paravalvular Leak:  No Prosthetic Valve  None  Trace  Mild  Moderate  Severe

**Tricuspid Valve:**

MEAN GRADIENT: \_\_\_\_\_ mmHg

Tricuspid Regurgitation:  None  Trace  Mild  Moderate  Severe

Paravalvular Leak:  No Prosthetic Valve  None  Trace  Mild  Moderate  Severe

Watchman Procedure: Compression % \_\_\_\_\_ Pre/Post Pericardial Effusion  Yes  No

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



260

PT.

MR./P.M.

DR.