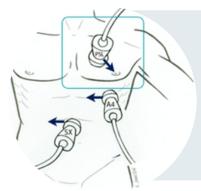
CARDIAC ULTRASOUND

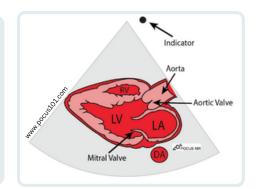
Introduction to Cardiac Views

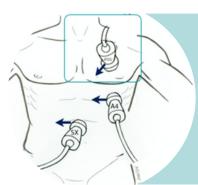


Parasternal Long

- Start at sternum
- Translate probe left a few inches
- Point indicator towards 4 o'clock

Good view for estimating ejection fraction, ascending aorta, and mitral and aortic valves

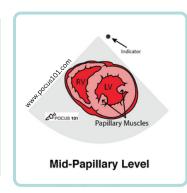




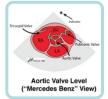
Parasternal Short

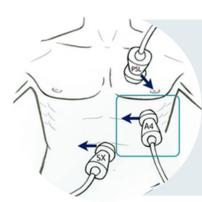
- Start at parasternal long
- Rotate probe 90° clockwise (7 o'clock)
- Fan until level of papillary muscles

Good view for pericardial effusions, ejection fraction, acute right ventricular strain





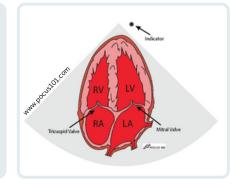




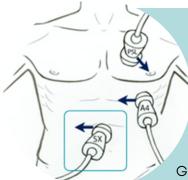
Apical 4 Chamber

- Start at inframammary fold
- Point indicator towards 9 o'clock

Good view for right ventricular free wall, left ventricular ejection fraction, assessment of atrial size, and mitral and tricuspid valves

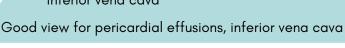


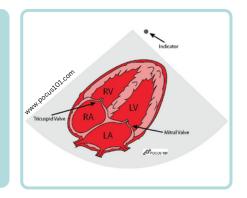
*<u>Tip</u>: Left lateral decubitus



Subxiphoid

- Locate sternum, then xiphoid process (lowest part of rib cage, in the middle)
- Point indicator towards 9 o'clock
- Rotate to 12 o'clock to visualize inferior vena cava





The 5 E's

to look for when looking at the heart in point-of-care ultrasound

1

Effusion

Seen in any view; can start with **PSLA** and confirm with other views

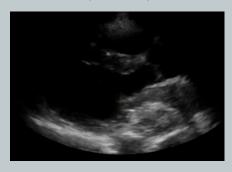


Small < 1cm, medium/moderate = 1-2cm, large > 2cm (largest pocket of fluid measured in diastole)

2

Ejection fraction

Need multiple views to confirm, specifically **PSSA**



Normal > 50%, moderately depressed = 30-50%, severely depressed < 30% <u>EPSS</u>: Normal EF < 7mm, Low EF > 10 mm

3

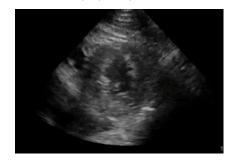
Equal chambersBest view: **AP4C**



Normal RV : LV ratio = 0.6 : 1.0 (RV is about half the size of LV) Normal RV free wall thickness > 0.5cm

Equality

Regional Wall Motion Abnormality
Best view: AP4C or PSSA at the level
of the papillary muscles

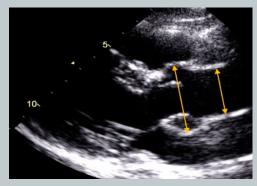


Abnormal: hypokinesis, dyskinesis, akinesis of one or more LV segment(s)

4

Exit (aortic outflow)

Best view: PSL



Normal RV : AOF : LA roughly the same size (1 : 1 : 1) Normal AOR < 4cm in diastole 5

Entrance (IVC)

Best view: sagittal view of subxiphoid



Normal IVC < 2 cm, collapses with respiration