

# Perioperative transoesophageal echo report

patient details

Date/time

DD MM YY hh mm

1 Patient's name

2 DOB

3 MRN

Machine:	Probe inserted by:
Proposed operation:	Difficulties: <input type="checkbox"/> N <input type="checkbox"/> Y (If yes, document in medical notes)
Actual operation:	Study conducted by:

investigations

<b>LV</b> Left ventricle	LVID (d) ..... cm LVID (s) ..... cm LVPW (d) ..... cm E/A ..... E/lat e' .....
<b>RV</b> Right ventricle	FAC ..... % TAPSE ..... cm RVS' ..... cm
<b>AV</b> Aortic valve	Annulus ..... cm LVOT (d) ..... cm
<b>MV</b> Mitral valve	Commissural (s) ..... cm Commissural (d) ..... cm AP (s) ..... cm AP (d) ..... cm
<b>Aorta</b>	Ascending ..... Arch ..... Descending .....

<b>TV</b> Tricuspid valve	TR Vmax ..... m/s RVSP ..... mmHg
<b>PV</b> Pulmonary valve	
<b>LA</b> Left atrium	Diameter ..... cm Area ..... cm <sup>2</sup>
<b>RA</b> Right atrium	
<b>IAS</b> Interatrial septum	
<b>Other</b> Eg IVS, pericardium	

comments

<b>Conclusions and recommendations</b>	<b>Post CPB examination</b>
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Report authorised by: Name (PRINT) .....

Signature: .....