

Echocardiogram (Echo) Test Report

Patient Information:

- **Name:** [Patient Full Name]
- **Age:** [Patient Age]
- **Gender:** [Male/Female/Other]
- **Patient ID:** [Patient ID or Registration No.]
- **Date of Birth:** [Patient DOB]
- **Report Date:** [Date of Report]
- **Doctor:** [Doctor's Name & Specialty]

Test Information:

- **Test Name:** Echocardiogram (2D/3D/Doppler)
- **Test Date:** [Date of Test]
- **Lab/Center:** [Lab Name or Center Address]
- **Technician Name:** [Technician Name]
- **Sample ID:** [Sample Identification Number]

Echocardiogram Findings:

Parameter	Findings	Normal Range
Left Ventricular Ejection Fraction (LVEF)	[Value, e.g., 60%]	55-70%
Left Ventricular Size/Function	[Normal/Abnormal, Dilated, Hypertrophy]	Normal
Right Ventricular Size/Function	[Normal/Abnormal]	Normal
Mitral Valve	[E.g., Normal function, Regurgitation]	No regurgitation
Aortic Valve	[E.g., Normal function, Mild stenosis]	No stenosis

Tricuspid Valve	[E.g., Normal function, Regurgitation]	No regurgitation
Pulmonary Valve	[E.g., Normal function]	Normal
Pericardial Effusion	[E.g., None/Mild/Severe]	None
Interventricular Septum	[E.g., Intact, No defects]	No defects
Atrial Septum	[E.g., Intact, No defects]	No defects
Pulmonary Artery Pressure	[Value in mmHg]	15-30 mmHg

Doppler Findings:

- **Mitral Flow Velocity:** [Value in cm/s]
- **Aortic Flow Velocity:** [Value in cm/s]
- **Tricuspid Flow Velocity:** [Value in cm/s]
- **Pulmonary Flow Velocity:** [Value in cm/s]

Impression:

- **Heart Function:**
[E.g., "Normal left ventricular function with an ejection fraction of 60%."]
[E.g., "Mildly reduced left ventricular systolic function."]
- **Valvular Abnormalities:**
[E.g., "Mild mitral regurgitation noted," "No significant valvular abnormalities detected."]
- **Septal Defects:**
[E.g., "No septal defects observed," or "Small atrial septal defect detected."]
- **Pericardial Effusion:**
[E.g., "No pericardial effusion," or "Mild pericardial effusion observed."]

Conclusions & Recommendations:

- **Overall Cardiac Health:**
[E.g., "Normal heart function," or "Signs of heart failure, further management required."]
- **Next Steps:**
[E.g., "Follow-up echocardiogram in 6 months," or "Referral to cardiologist for further evaluation."]

- **Medications/Treatment:**
[E.g., "Start beta-blockers for heart failure," or "Continue current treatment."]
 - **Additional Tests (if applicable):**
[E.g., "Stress test recommended," "Consider coronary angiogram."]
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Technician Signature: [Signature]

Doctor's Signature: [Signature]

Date: [Report Date]