

PROTOCOL: LV FUNCTION

Inclusion Criteria

- Recommendation to focus on LV function.
- Full echocardiogram performed within two years. If significant pathology present on prior echo, perform additional imaging as warranted.
- Confer with ACS or physician if you have questions.

EIMS Data

Procedure Components: 2D, 3D, Color Flow Doppler, Doppler, TDI

Serial Studies: General + any other applicable studies

First Finding: Echocardiogram performed per left ventricular function protocol

Second Finding: Last full echocardiogram performed date (import if previous if present).

Billing Diagnosis: Variable (enter echo findings, patient symptoms, physical exam, etc.)

Procedure: (TTE) 2D ECHO DOPPLER COLOR

Obtain the following:

2D	CFI	Doppler	Measurement
Apical			
4 CH/LAX/2 CH Apical SAX RV focused view	MV (4/LAX/2) TV (4ch) AV (LAX)	Mitral inflow Medial e' TR velocity LVOT TVI [†]	LV volumes & EF (3D)*
Subcostal (pt. on side)			
IVC			
STOP HERE if LV Volumes provided diagnostic SV & EF and if Regionals and Color were well visualized..			
Parasternal ...if necessary, image the following <u>only as needed</u> ...			
SAX RWMA-base/mid/apex	if needed	if needed	
LV EF & RWMA			LVIDs/d LVOTd [†]

* 2D biplane volumes may be used if 3D is unobtainable or nondiagnostic

Have a low threshold for the use of myocardial enhancement imaging to improve quality of biplane images

[†] Previous LVOT diameter may be used if serially consistent

Caveats and Tips

- See the [Mayo Diastolic Function Guideline](#) for interpretation of diastolic function parameters
- If regurgitation worsens ≥ two grades, perform comprehensive regurgitation assessment
- Discuss incidental findings with interpreting consultant
- EF Only requested by cardiovascular consultant, see EF Only Protocol