

PROTOCOL: SARCOIDOSIS

Sarcoidosis - collections of tiny inflammatory cells (granulomas).

Cardiac manifestations: RWMA (non-coronary distribution), LV wall thinning and aneurysms, cardiomyopathy, systolic/diastolic dysfunction, PHTN, rhythm disorders

Inclusion Criteria

- Patient with sarcoid diagnosis (any organ)
- Patient being seen in the sarcoidosis clinic
- Consider in patients with unexplained advanced rhythm abnormality (2nd, 3rd block, VT)

EIMS Data

Procedure Components: 2-D, Doppler, Color Flow Doppler, Strain Imaging

Serial Studies: General, Strain Imaging

First Finding: Echocardiogram performed per sarcoidosis protocol.

Billing Diagnosis: Sarcoidosis, echo abnormalities, or patient symptoms

Procedure: (TTE) 2D Echo Doppler Color

Charge Capture: Myocardial Strain - Hospital

Obtain the following if the last echo was:

- **≥ 2 years → full echo + LV & RV longitudinal strain**
- **< 2 years →** if the patient's only cardiovascular concern is sarcoidosis, obtain the limited protocol (below) *indefinitely*. If patient is being evaluated for other cardiac or vascular diagnoses, perform a full echo if one has not been performed within the last 2 years.

2D	CFI	Doppler	Measurement
Parasternal			
LV EF & RWMA	MV (LAX) TV (inflow)	TR velocity	LV wall thickness LVIDd/s
Apical			
LV EF & RWMA RV size / fx	AV (LAX) MV (4ch) TV (4ch)	TR velocity LVOT tvi	LV strain RV strain
Subcostal			
4 ch IVC			

Caveats and Tips

- Consider contrast if necessary to assess for regionals.
- Consider 9-zone lung ultrasound if RVSP ≥ 30 mmHg.