1. Date of Echocardiography:
2. Left atrial antero-posterior dimension: cm: z-score**:**
3. Left atrial enlargement?:Present  Absent

Left atrium view: M-Mode  Parasternal long axis

Left atrial dimension: cm2

Left atrial volume: ml

Left atrial area (measured from apical 4-chamber view): cm2

1. Left Ventricle Trabeculations? Present  Absent

If present,

1. Are any of these more than 2:1?  Yes  No
2. Where were they positioned?

Lateral  Apical  Septal  Free wall  Not specified

Table 1 Structure and Function valves (more than mild)

| Valve | Stenosis | Regurgitation | Comments |
| --- | --- | --- | --- |
| Tricuspid valve disease | None  Mild  Moderate  Severe | None  Mild  Moderate  Severe | Data to be entered by site |
| Mitral valve disease | None  Mild  Moderate  Severe | None  Mild  Moderate  Severe | Data to be entered by site |
| Aortic valve disease | None  Mild  Moderate  Severe | None  Mild  Moderate  Severe | Data to be entered by site |
| Pulmonic valve disease | None  Mild  Moderate  Severe | None  Mild  Moderate  Severe | Data to be entered by site |

1. Mitral valve prolapse?  Yes  No
2. Doppler:
3. Mitral E velocity: m/s
4. Mitral A velocity: m/s
5. Mitral annular E’ velocity: cm/s
6. Left ventricular hypertrophy:  Present  Absent
7. Left ventricular concentric remodeling (size normal):  Present  Absent
8. Right atrial enlargement?:  Present  Absent
9. Right ventricular enlargement:  Present  Absent
10. Right ventricular systolic dysfunction: Present  Absent

Table 2 Ventricle Findings

| Findings | Left Ventricle | Right Ventricle |
| --- | --- | --- |
| Ejection Fraction (%) | Data to be entered by site | Data to be entered by site |
| Fractional Shortening (%) | Data to be entered by site | Data to be entered by site |
| Function | Normal  Abnormal | Normal  Abnormal |
| Wall motion abnormalities?[[1]](#footnote-1) | Yes  No | Yes  No |
| End Diastolic Internal Dimension | Data to be entered by site | Data to be entered by site |
| End Systolic Internal Dimension | Data to be entered by site | Data to be entered by site |
| End Diastolic Volume (mL) | Data to be entered by site | Data to be entered by site |
| End Diastolic Volume Index (mL/m2) | Data to be entered by site | Data to be entered by site |
| End Systolic Volume (mL) | Data to be entered by site | Data to be entered by site |
| End Systolic Volume Index (mL/m2) | Data to be entered by site | Data to be entered by site |
| End Diastolic Septal Thickness IVSTd | Data to be entered by site | Data to be entered by site |
| End diastolic Posterior Wall Thickness PWTd | Data to be entered by site | Data to be entered by site |
| LV Mass | Data to be entered by site | Data to be entered by site |
| LV Mass Index | Data to be entered by site | Data to be entered by site |
| Non-compaction? | Present  Absent | Present  Absent |

If Yes, attach lab printout with wall motion abnormalities and trabeculation.

1. Intracardiac findings (check all that are present):

Device lead  Thrombosis  Mass

1. Right ventricular systolic pressure (estimate): mmHg (plus right atrial pressure):

Pressure estimated by:  TR  Other, specify

1. Pericardial effusion/abnormality:  Yes  No

If yes, describe:

1. Quality of Study:

Technically Difficult  Suboptimal  Fair  Good  Excellent

1. Echocardiogram Results (check only one):

Normal

πAbnormal, Not Clinically Significant

πAbnormal, Clinically Significant

πBorderline

πUnable to evaluate

π For any Echocardiogram result that is not Normal, provide comments:

## General Instructions

This form contains data elements that are collected to measure heart function.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Date of Echocardiography - Record the date in the format yyyy-mm-dd. If any part of the date is Unknown, record as 9999.
* Left atrial area – This value is measured from the apical 4-chamber view
* Right ventricular systolic pressure – This value is an estimated value of the right ventricular systolic pressure.
* Echocardiogram Results – For any result that is not Normal, provide comments

1. If Yes, attach lab printout with wall motion abnormalities and trabeculation. [↑](#footnote-ref-1)