# Echo Study Comprehensiveness Metric Craig E Fleishman, MD, FACC, FASE



## Echo Study Comprehensiveness Metric Rationale

 A complete TTE is one that images all cardiac chambers, valves, and vessels from multiple views with integration of 2D/color Doppler/spectral Doppler



## Echo Study Comprehensiveness Metric Rationale

- Important Echo elements not identified may result from:
  - Limitations in image quality with a particular patient
  - Incomplete delineation of echo lab's protocol
  - Incomplete training of those obtaining images



## Echo Study Comprehensiveness Metric Rationale

 Assessment of the number of required elements identified as outlined in this Metric provides a method to evaluate compliance with standards and may suggest to the Echo lab processes that need revision



**Measure Description:** This metric will assess the average completeness score, as measured by the *Comprehensiveness Exam Assessment* worksheet (Appendix 1), of initial transthoracic echocardiograms designated as complete studies (either inpatient or outpatient) for patients with hearts interpreted as structurally normal

Numerator	The sum of the <i>Comprehensiveness Exam Assessment</i> worksheet (Appendix 1) scores for all transthoracic echocardiograms included in the denominator.
Denominator	The number of initial transthoracic echocardiograms designated as complete studies <sup>1</sup> during the measurement period for patients with structurally normal hearts.
Denominator Exclusions	None
Denominator Exceptions	None
Definitions/Notes	1. <b>Complete Studies-</b> Studies that are identified as being focused, limited, or incomplete due to either patient instability or patient agitation will not be included.
Measurement Period	Quarterly
Sources of Data	Prospective flowsheet, retrospective review of stored echocardiographic images
Attribution	This metric will be reported by each echocardiography laboratory performing transthoracic echocardiography. The recommended optimal approach is for data to be assessed quarterly by the laboratory director or their designate and reviewed with the laboratory staff involved in the performance and interpretation of echocardiograms.
Care Setting	Inpatient or outpatient



**Measure Description:** This metric will assess the average completeness score, as measured by the *Comprehensiveness Exam Assessment* worksheet (Appendix 1), of initial transthoracic echocardiograms designated as complete studies (either inpatient or outpatient) for patients with hearts interpreted as structurally normal

Numerator         The sum of the Comprehensiveness Exam Assessment worksheet (Appendix 1) so all transthoracic echocardiograms included in the denominator.		
Denominator	The number of initial transthoracic echocardiograms designated as complete studies <sup>1</sup> during the measurement period for patients with structurally normal hearts.	
Denominator Exclusions	None	
Denominator Exceptions	None	
Definitions/Notes	<ol> <li>Complete Studies- Studies that are identified as being focused, limited, or incomplete due to either patient instability or patient agitation will not be included.</li> <li>AMERICAN COLLEGE of</li> </ol>	

ARDIOLOGY

Definitions/Notes	1. <b>Complete Studies-</b> Studies that are identified as being focused, limited, or incomplete due to either patient instability or patient agitation will not be included.	
Measurement Period Quarterly		
Sources of Data	Prospective flowsheet, retrospective review of stored echocardiographic images	
Attribution This metric will be reported by each echocardiography laboratory performing transthoracic echocardiography. The recommended optimal approach is for data to assessed quarterly by the laboratory director or their designate and reviewed with t laboratory staff involved in the performance and interpretation of echocardiograms.		
Care Setting	Inpatient or outpatient	



CARDIOLÓGY

**Measure Description:** This metric will assess the average completeness score, as measured by the *Comprehensiveness Exam Assessment* worksheet (Appendix 1), of initial transthoracic echocardiograms designated as complete studies (either inpatient or outpatient) for patients with hearts interpreted as structurally normal

Numerator	The sum of the <i>Comprehensiveness Exam Assessment</i> worksheet (Appendix 1) scores for all transthoracic echocardiograms included in the denominator.
Denominator	The number of initial transthoracic echocardiograms designated as complete studies <sup>1</sup> during the measurement period for patients with structurally normal hearts.
Denominator Exclusions	None
Denominator Exceptions	None
Definitions/Notes	1. <b>Complete Studies-</b> Studies that are identified as being focused, limited, or incomplete due to either patient instability or patient agitation will not be included.
Measurement Period	Quarterly
Sources of Data	Prospective flowsheet, retrospective review of stored echocardiographic images
Attribution	This metric will be reported by each echocardiography laboratory performing transthoracic echocardiography. The recommended optimal approach is for data to be assessed quarterly by the laboratory director or their designate and reviewed with the laboratory staff involved in the performance and interpretation of echocardiograms.
Care Setting	Inpatient or outpatient



Appendix 1	L.
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Patient Name:

Sonographer: Interpreter:

Echo Machine: \_\_\_\_\_

#### Comprehensive Exam Assessment WORKSHEET

#### Each worksheet is for ONE echo evaluation

Date of Birth:

Date of Study:

Date of Review:

Location of Study:

	Evaluation adequate for measurement of LV end systolic internal dimension or volume
	Evaluation adequate for measurement of LV end diastolic septal and ventricular end diastolic wall thickness or LV mass
	LV Outflow evaluated by color Doppler/spectral Doppler (in at least one view)
	RV Outflow evaluated by color Doppler/spectral Doppler (in at least one view)

#### AV VALVES, SEMILUNAR VALVES

	YES	NO	
			TV imaging (adequate for measurement)/color/spectral Doppler (in at least one view)
			TR jet evaluation by Doppler (in two views, if available)
			MV imaging (adequate for measurement) /color/spectral Doppler (in at least one view)
]			MV in short axis (with and without color Doppler)
			PV evaluated by imaging (adequate for measurement)/color Doppler/spectral Doppler (in at least two views
		-	AoV evaluated by imaging/color Doppler/spectral Doppler (in at least one view)
			Coronary arteries evaluated by imaging/color Doppler in parasternal short-axis

#### SITUS, VEINS, ATRIA

YES

NO

Time Spent for Review:

Indicate if each item listed is evaluated. Score as 1 for "Yes" response, 0 for "No".

YES	NO	
		Liver and stomach shown (transverse plane)
		Cardiac position
		IVC and aorta demonstrated in relation to spine (transverse plane)
		IVC, and SVC evaluated, imaging and color (in at least one view)(+/- azygous connection to SVC)
		IVC connection to atrium documented in at least one view
		Two left and two right pulmonary veins evaluated by color Doppler
		Coronary sinus visualized
		Atrial septum evaluated by imaging and color Doppler (in at least one view)
VENTRI	VENTRICLES	

VESSELS		
YES	NO	
		Evaluation adequate for measurement of AoV/Ao root/Ao sinotubular junction diameters in parasternal long-axis
		Branch PA's evaluated by imaging/color Doppler/spectral Doppler (in at least one view)
		Patent ductus arteriosus excluded in at least one view
		Ascending Ao evaluated by imaging/color Doppler/spectral Doppler in at least one view
		Ao Arch sidedness and branching evaluated by imaging/color Doppler
	-	Ao Arch evaluated by imaging/color Doppler/spectral Doppler in suprasternal long-axis
		Abdominal aorta evaluated by color Doppler/PW spectral Doppler in subxiphoid short axis/sagittal plane

TOTAL SCORE (Maximum = 30):





Evaluation adequate for measurement of LV end systolic internal dimension or volume

Imaging of LV function (in at least two views)

Ventricular septum is evaluated by color Doppler (in at least two views) Imaging for qualitative RV function assessment (in at least two views)

Evaluation adequate for measurement of LV end diastolic internal dimension or volume

#### Appendix 1.

#### **Comprehensive Exam Assessment WORKSHEET**

Each worksheet is for ONE echo evaluation

Patient Name:	Date of Birth:
Sonographer:	Date of Study:
Interpreter:	Location of Study:
Echo Machine:	
Reviewer:	Date of Review:
Time Spent for Review:	

Indicate if each item listed is evaluated. Score as 1 for "Yes" response, 0 for "No".



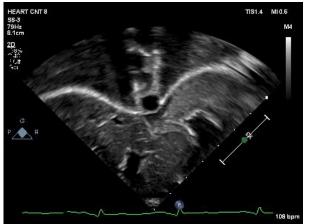
#### SITUS, VEINS, ATRIA

YES	NO	
		Liver and stomach shown (transverse plane)
		Cardiac position
		IVC and aorta demonstrated in relation to spine (transverse plane)
		IVC, and SVC evaluated, imaging and color (in at least one view)(+/- azygous connection to SVC)
		IVC connection to atrium documented in at least one view
		Two left and two right pulmonary veins evaluated by color Doppler
		Coronary sinus visualized
		Atrial septum evaluated by imaging and color Doppler (in at least one view)

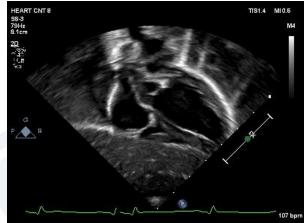


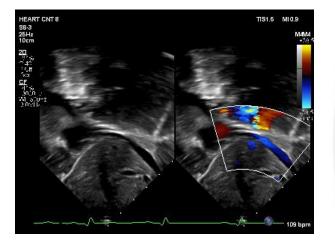


### Situs, Veins, Atria





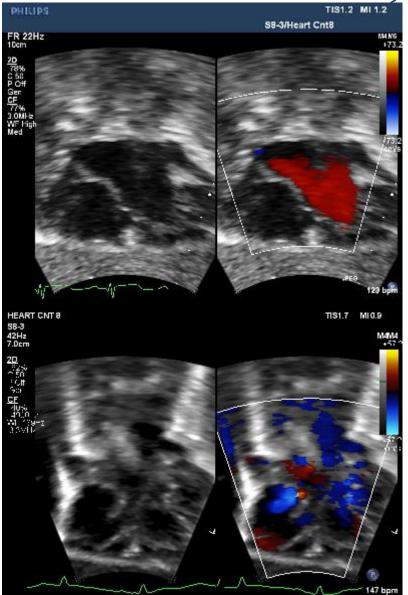


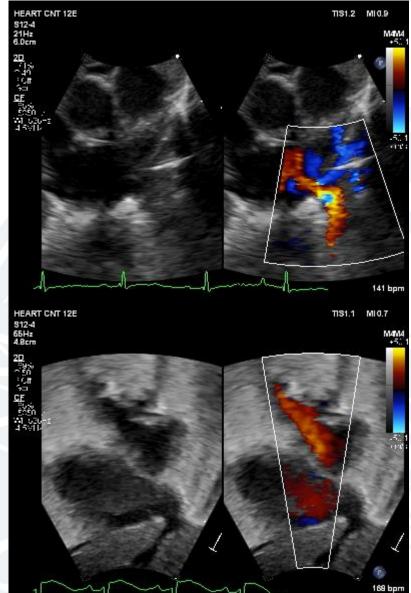






# Situs, Veins, Atria





#### SITUS, VEINS, ATRIA

YES	NO	
		Liver and stomach shown (transverse plane)
		Cardiac position
		IVC and aorta demonstrated in relation to spine (transverse plane)
		IVC, and SVC evaluated, imaging and color (in at least one view)(+/- azygous connection to SVC)
		IVC connection to atrium documented in at least one view
		Two left and two right pulmonary veins evaluated by color Doppler
		Coronary sinus visualized
		Atrial septum evaluated by imaging and color Doppler (in at least one view)





#### VENTRICLES

YES	NO	
		Ventricular septum is evaluated by color Doppler (in at least two views)
		Imaging for qualitative RV function assessment (in at least two views)
		Imaging of LV function (in at least two views)
		Evaluation adequate for measurement of LV end diastolic internal dimension or volume
		Evaluation adequate for measurement of LV end systolic internal dimension or volume
		Evaluation adequate for measurement of LV end systolic internal dimension or volume
		Evaluation adequate for measurement of LV end diastolic septal and ventricular end diastolic wall thickness or LV mass
		LV Outflow evaluated by color Doppler/spectral Doppler (in at least one view)
		RV Outflow evaluated by color Doppler/spectral Doppler (in at least one view)



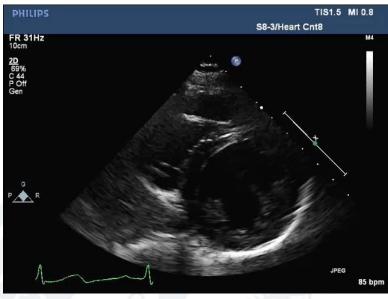
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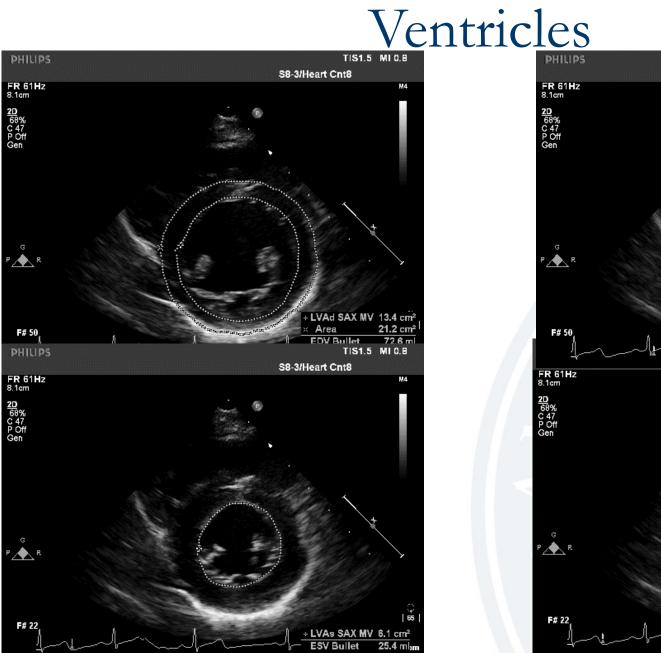
### Ventricles

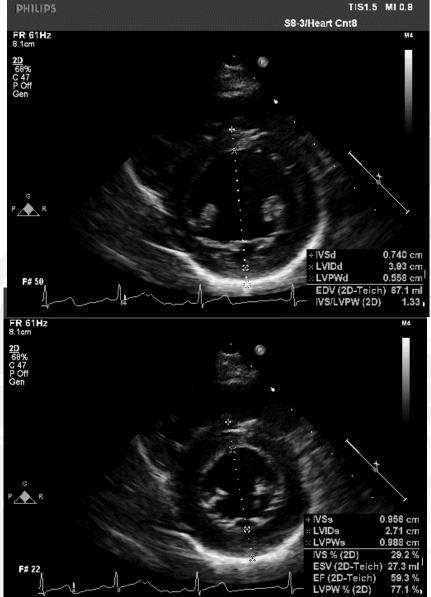




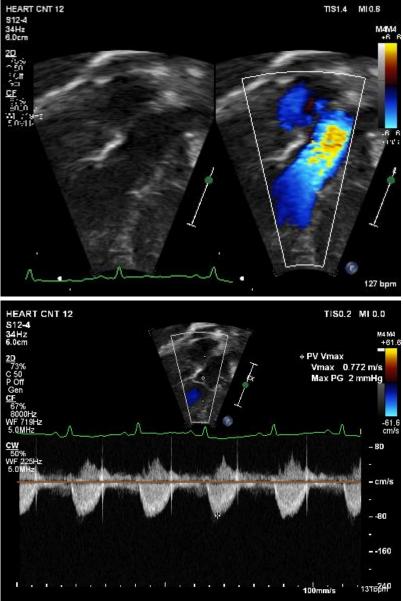


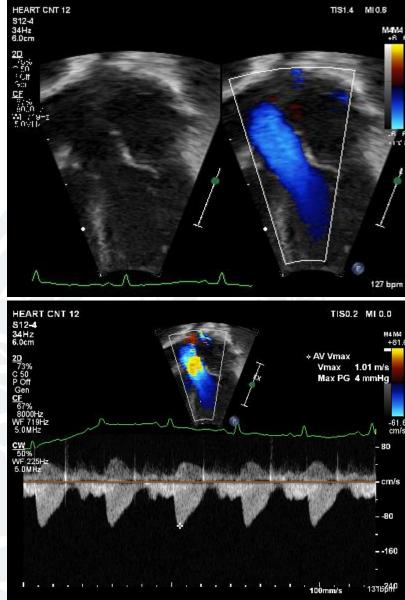






#### <u>V</u>entricles





#### VENTRICLES

YES	NO	
		Ventricular septum is evaluated by color Doppler (in at least two views)
		Imaging for qualitative RV function assessment (in at least two views)
		Imaging of LV function (in at least two views)
		Evaluation adequate for measurement of LV end diastolic internal dimension or volume
		Evaluation adequate for measurement of LV end systolic internal dimension or volume
		Evaluation adequate for measurement of LV end systolic internal dimension or volume
		Evaluation adequate for measurement of LV end diastolic septal and ventricular end diastolic wall thickness or LV mass
		LV Outflow evaluated by color Doppler/spectral Doppler (in at least one view)
		RV Outflow evaluated by color Doppler/spectral Doppler (in at least one view)



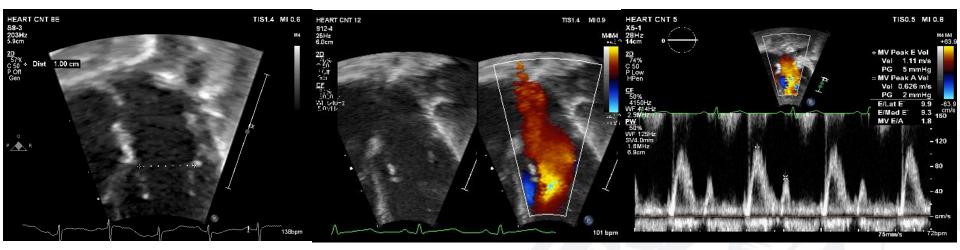
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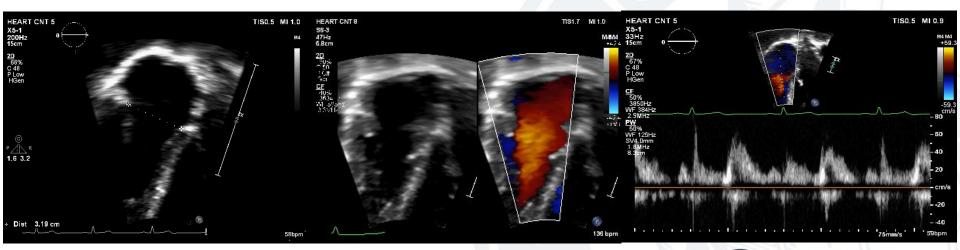
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#### **AV VALVES, SEMILUNAR VALVES**

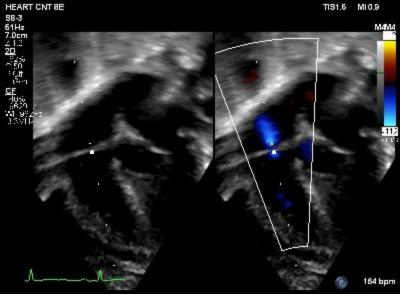
YES	NO	
		TV imaging (adequate for measurement)/color/spectral Doppler (in at least one view)
		TR jet evaluation by Doppler (in two views, if available)
		MV imaging (adequate for measurement) /color/spectral Doppler (in at least one view)
		MV in short axis (with and without color Doppler)
		PV evaluated by imaging (adequate for measurement)/color Doppler/spectral Doppler (in at least two views)
		AoV evaluated by imaging/color Doppler/spectral Doppler (in at least one view)
		Coronary arteries evaluated by imaging/color Doppler in parasternal short-axis

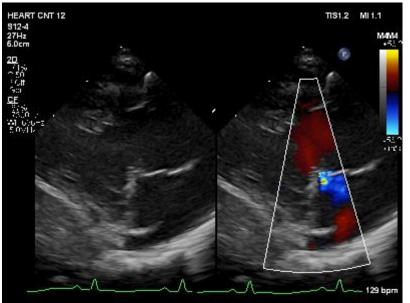


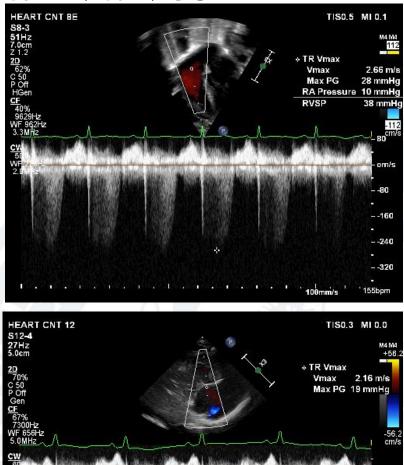










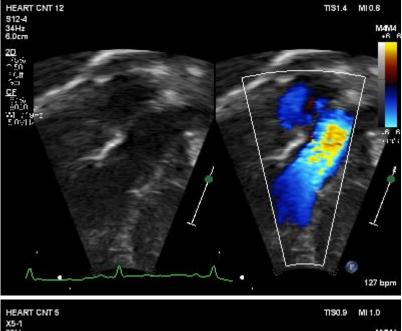


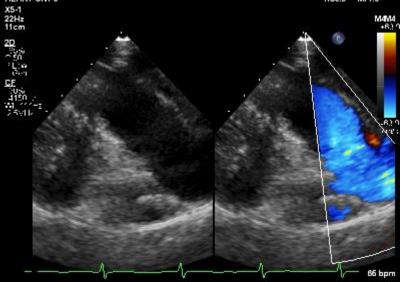
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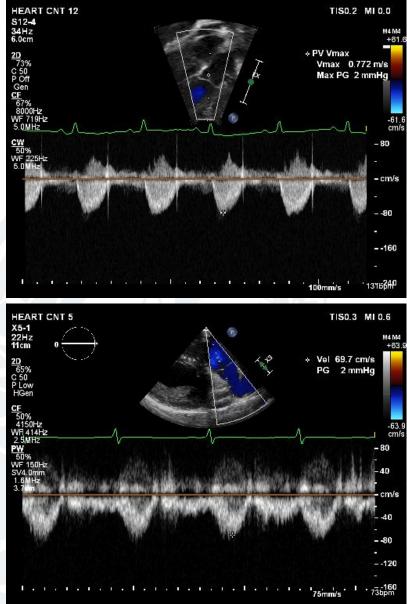
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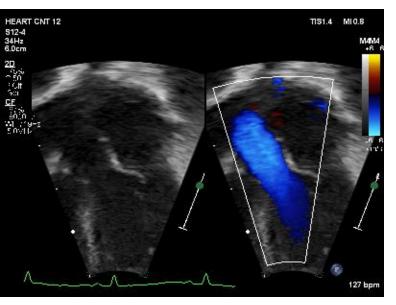
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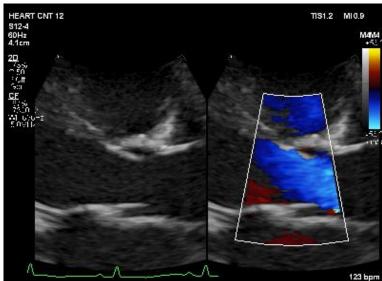
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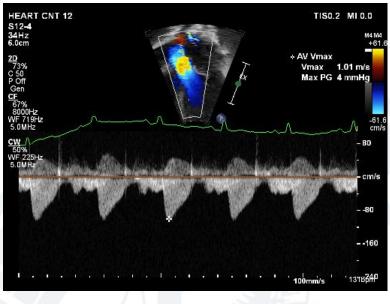














#### **AV VALVES, SEMILUNAR VALVES**

YES	NO	
		TV imaging (adequate for measurement)/color/spectral Doppler (in at least one view)
		TR jet evaluation by Doppler (in two views, if available)
		MV imaging (adequate for measurement) /color/spectral Doppler (in at least one view)
		MV in short axis (with and without color Doppler)
		PV evaluated by imaging (adequate for measurement)/color Doppler/spectral Doppler (in at least two views)
		AoV evaluated by imaging/color Doppler/spectral Doppler (in at least one view)
		Coronary arteries evaluated by imaging/color Doppler in parasternal short-axis



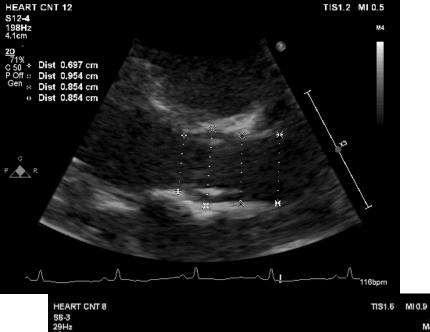
#### **VESSELS**

YES	NO	
		Evaluation adequate for measurement of AoV/Ao root/Ao sinotubular junction diameters in parasternal long-axis
		Branch PA's evaluated by imaging/color Doppler/spectral Doppler (in at least one view)
		Patent ductus arteriosus excluded in at least one view
		Ascending Ao evaluated by imaging/color Doppler/spectral Doppler in at least one view
		Ao Arch sidedness and branching evaluated by imaging/color Doppler
		Ao Arch evaluated by imaging/color Doppler/spectral Doppler in suprasternal long-axis
		Abdominal aorta evaluated by color Doppler/PW spectral Doppler in subxiphoid short axis/sagittal plane

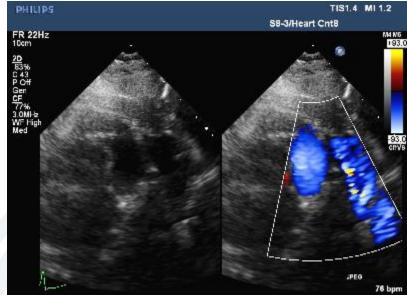
#### TOTAL SCORE (Maximum = 30):



#### Vessels

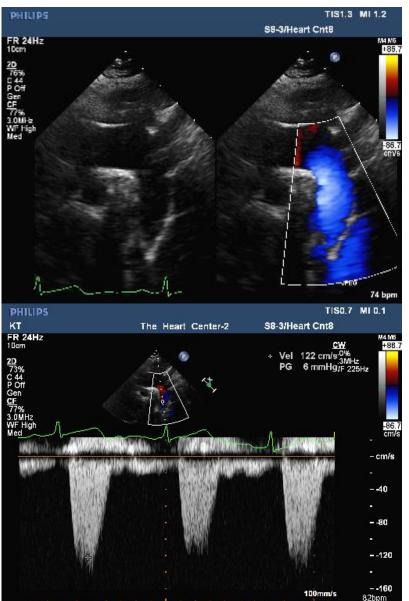


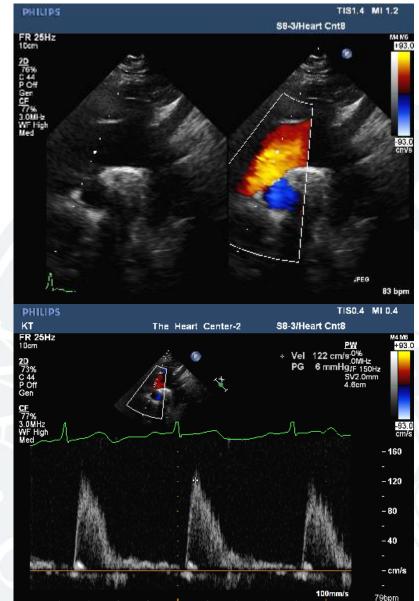






### Vessels





#### **VESSELS**

YES	NO	
		Evaluation adequate for measurement of AoV/Ao root/Ao sinotubular junction diameters in parasternal long-axis
		Branch PA's evaluated by imaging/color Doppler/spectral Doppler (in at least one view)
		Patent ductus arteriosus excluded in at least one view
		Ascending Ao evaluated by imaging/color Doppler/spectral Doppler in at least one view
		Ao Arch sidedness and branching evaluated by imaging/color Doppler
		Ao Arch evaluated by imaging/color Doppler/spectral Doppler in suprasternal long-axis
		Abdominal aorta evaluated by color Doppler/PW spectral Doppler in subxiphoid short axis/sagittal plane

#### TOTAL SCORE (Maximum = 30):



			se 1
		Points (enter total pts)	Score out of 1 possible point
coring Repor	ted: 1=all parts obtained, 0= all parts not obtained, partial credit for internal lab use only		
SITUS			
	Liver and stomach shown (transverse plane) - [2]	2	1
	The liver (1 pt), and the stomach (1 pt) are viewed in the transverse plane	_	
2	Cardiac position - [1]	1	1
3	NC and aorta demonstrated in relation to spine (transverse plane) - [2]	2	1
	The inferior vena cava (1 pt), and the aorta (1 pt) are viewed in the transverse plane	2	1
	IVC connection to atrium documented in at least one view - [1]	1	1
	DNNECTIONS		
	Two left and two right pulmonary veins evaluated by color flow imaging (CFI) - [4]	3	0
	One point given for each pulmonary vein seen by CFI	-	
	IVC, and SVC evaluated, 2D imaging and CFI (in at least one view) -[4]	4	1
	One point given for each of IVC and SVC seen by 2D imaging, and one point for each of IVC and SVC shown with CFI Coronary sinus visualized (in at least one view) - [1]	1	1
/	Coronary sinds visualized (in at least one view) - [1]	1	1
ATRIA			
	Atrial septum evaluated by imaging and color Doppler (in at least one view) - [2]	2	1
AV VALVES	One point given for view of atrial septum with 2D imaging, one point given for view of atrial septum with CFI		
	TV imaging (adequate for measurement)/CFI/spectral Doppler (in at least one view) - [3]	3	1
	2D clear enough to measure valve annulus (1 point), CFI (1 point), and spectral Doppler (1 point)		
	TR jet evaluation by CW (in at least two views, if available) - [2]	2	1
	TR jet by CW in 2 views, 1 pt per view MV imaging (adequate for measurement)/CFI/spectral Doppler (in at least one view) - [3]	3	1
	2D clear enough to measure valve annulus (1 point), CFI (1 point), and spectral Doppler (1 point)		-
	MV in short axis (with and without CFI) - [2]	2	1
/ENTRICLE	MV in short axis viewed with 2D imaging (1 pt) and CFI (1 pt)		
	Ventricular septum is evaluated by CFI (in at least two views) - [2]	2	1
	One point for each of 2 views of the ventricular septum with CFI		
	Imaging for qualitative RV function assessment (in at least two views) - [2]	2	1
	One point for each of 2 views of the right ventricle in which function can be qualitatively assessed Imaging of LV function (in at least two views) - [2]	2	1
	One point for each of 2 views of the left ventricle in which function can be measured	-	-
16	Evaluation adequate for measurement of LV end diastolic internal dimension or volume - [1]	1	1
17	The LVIDd measurement is clipped Evaluation adequate for measurement of LV end systolic internal dimension or volume - [1]	1	1
	The LVIDs measurement is clipped	-	1
18	Evaluation adequate for measurement of LV end diastolic septal and ventricular end diastolic wall thickness or LV mass - [1]	1	1
	Either of these is clipped: 1) IVSd thickness and LVPWd measurement or 2) LV mass calculation result		
	LV Outflow evaluated by CFI/spectral Doppler (in at least one view) - [2] LVOT flow evaluated by both CFI (1 pt) and spectral Doppler (1 pt)	2	1
	RV Outflow evaluated by CFI/spectral Doppler (in at least one view) - [2]	2	1
	RVOT flow evaluated by both CFI (1 pt) and spectral Doppler (1 pt)		
SEMILUNAR	VALVES PV evaluated by imaging (adequate for measurement)/CFI/spectral Doppler (in at least two views) - [6]	3	0
	Two views of the pulmonary valve, each view has three components: 2D clear enough to measure valve annulus (1 point for each of two	5	0
	views), CFI (1 point for each of two views), and spectral Doppler (1 point for each of two views)	14	
	AoV evaluated by imaging (adequate for measurement)/color Doppler/spectral Doppler (in at least one view) - [3]	3	1
	Two views of the aortic valve, each view has three components: 2D clear enough to measure valve annulus (1 point for each of two views), CFI (1 point for each of two views), and spectral Doppler (1 point for each of two views)		
	Coronary arteries evaluated by imaging/CFI in parasternal short-axis - [4]	2	0
	The proximal RCA is seen by 2D imaging (1 pt) and CFI (1 pt) and the proximal LMCA is evaluated by 2D imaging (1 pt) and CFI (1 pt)		
/ESSELS	Evolution adopute for many remoti of ApJ/Ap root/Ap circle/united institute diameters many and its parentees (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	2	
	Evaluation adequate for measurement of AoV/Ao root/Ao sinotubular junction diameters measured in parasternal long-axis - [3] One point is given for each dimension measured and clipped: AoV/Ao root/Ao sinotubular junction	3	1
	Branch PA's evaluated by imaging/color Doppler/spectral Doppler (in at least one view) - [6]	6	1
	The LPA is seen by 2D imaging (1 pt), CFI (1 pt) and spectral Doppler (1 pt) and the RPA is seen by 2D imaging (1 pt), CFI (1 pt) and spectral		
	Doppler (1 pt) Patent ductus arteriosus excluded in at least one view - [1]	1	
	Patent ductus arteriosus excluded in at least one view - [1] Ascending Ao by imaging/CFI/spectral Doppler (in at least one view) - [3]	1 3	1
	The ascending aorta in SSN view is evaluated by 2D imaging (1 pt), CFI (1 pt) and spectral Doppler (1 pt)		
28	Ao Arch sidedness and branching evaluated by imaging/color Doppler - [2]	2	1
	The direction of and branching of the first brachiocephalic vessel in SSN view is evaluated by 2D imaging (1 pt) and CFI (1 pt)	2	
	Ao Arch evaluated by imaging/CFI/spectral Doppler in suprasternal long-axis - [3] The oortic arch/descending oorta in SSN view is evaluated by 2D imaging (1 pt), CFI (1 pt) and spectral Doppler (1 pt)	3	1
	Abdominal aorta evaluated by CFVPW spectral Doppler in subxiphoid short axis - [2]	2	1
	The abdominal aorta as seen from subxiphoid sagittal view evaluated by CFI (1 pt) and spectral Doppler (1 pt)		
	BLE = 73 (internal); 30 (external)		
TOTAL SCO		67	27
6 Complete			90



		Cas	e 1
		Points	Score out of 1
		(enter total pts)	possible point
Scoring Rep	ported: 1=all parts obtained, 0= all parts not obtained, partial credit for internal lab use only		
SITUS			
	1 Liver and stomach shown (transverse plane) - [2]	2	1
	The liver (1 pt), and the stomach (1 pt) are viewed in the transverse plane		
	2 Cardiac position - [1]	1	1
	3 <u>IVC</u> and <u>aorta</u> demonstrated in relation to spine (transverse plane) - [2]	2	1
	The inferior vena cava (1 pt), and the aorta (1 pt) are viewed in the transverse plane		
	4 <u>IVC</u> connection to atrium documented in at least one view - [1]	1	1
VENOUS	CONNECTIONS		
	5 Two left and two right pulmonary veins evaluated by color flow imaging (CFI) - [4]	3	0
	One point given for each pulmonary vein seen by CFI		
	6 IVC, and SVC evaluated, 2D imaging and CFI (in at least one view) -[4]	4	1
	One point given for each of IVC and SVC seen by 2D imaging, and one point for each of IVC and SVC shown with CFI	ST STAN	
	7 Coronary sinus visualized (in at least one view) - [1]	1	1
ATRIA			
	8 Atrial septum evaluated by imaging and color Doppler (in at least one view) - [2]	2	1
	One point given for view of atrial septum with 2D imaging, one point given for view of atrial septum with CFI	2000	
		A TRANSPORT	



ATRIA			
	8 Atrial septum evaluated by imaging and color Doppler (in at least one view) - [2]	2	1
	One point given for view of atrial septum with 2D imaging, one point given for view of atrial septum with CFI		
AV VALVI			
	9 TV imaging (adequate for measurement)/CFI/spectral Doppler (in at least one view) - [3]	3	1
	2D clear enough to measure valve annulus (1 point), CFI (1 point), and spectral Doppler (1 point)		
1	10 TR jet evaluation by CW (in at least two views, if available) - [2]	2	1
	TR jet by CW in 2 views, 1 pt per view		
1	11 MV imaging (adequate for measurement)/CFI/spectral Doppler (in at least one view) - [3]	3	1
	2D clear enough to measure valve annulus (1 point), CFI (1 point), and spectral Doppler (1 point)		
1	12 MV in short axis (with and without CFI) - [2]	2	1
	MV in short axis viewed with 2D imaging (1 pt) and CFI (1 pt)		
VENTRICI			
1	13 Ventricular septum is evaluated by CFI (in at least two views) - [2]	2	1
	One point for each of 2 views of the ventricular septum with CFI	- GAV	
1	14 Imaging for qualitative RV function assessment (in at least two views) - [2]	2	1
	One point for each of 2 views of the right ventricle in which function can be qualitatively assessed		
1	15 Imaging of LV function (in at least two views) - [2]	2	1
	One point for each of 2 views of the left ventricle in which function can be measured		
1	6 Evaluation adequate for measurement of LV end diastolic internal dimension or volume - [1]	1	1
	The LVIDd measurement is clipped	5 023	
1	17 Evaluation adequate for measurement of LV end systolic internal dimension or volume - [1]	1	1
	The LVIDs measurement is clipped		
1	8 Evaluation adequate for measurement of LV end diastolic septal and ventricular end diastolic wall thickness or LV mass - [1]	1	1
	Either of these is clipped: 1) IVSd thickness and LVPWd measurement or 2) LV mass calculation result		
1	19 LV Outflow evaluated by CFI/spectral Doppler (in at least one view) - [2]	2	1
	LVOT flow evaluated by both CFI (1 pt) and spectral Doppler (1 pt)	5 2 11 3	
2	20 RV Outflow evaluated by CFI/spectral Doppler (in at least one view) - [2]	2	1
	RVOT flow evaluated by both CFI (1 pt) and spectral Doppler (1 pt)		



Let of flow evaluated by both of (1 p) and spectral poppier (1 p)	1	
20 RV Outflow evaluated by CFI/spectral Doppler (in at least one view) - [2]	2	1
RVOT flow evaluated by both CFI (1 pt) and spectral Doppler (1 pt)		
SEMILUNAR VALVES		
21 PV evaluated by imaging (adequate for measurement)/CFI/spectral Doppler (in at least two views) - [6]	3	0
Two views of the pulmonary valve, each view has three components: 2D clear enough to measure valve annulus (1 point for each of two		
views), CFI (1 point for each of two views), and spectral Doppler (1 point for each of two views)		
22 AoV evaluated by imaging (adequate for measurement)/color Doppler/spectral Doppler (in at least one view) - [3]	3	1
Two views of the aortic valve, each view has three components: 2D clear enough to measure valve annulus (1 point for each of two views), CFI		
(1 point for each of two views), and spectral Doppler (1 point for each of two views)		
23 Coronary arteries evaluated by imaging/CFI in parasternal short-axis - [4]	2	0
The proximal RCA is seen by 2D imaging (1 pt) and CFI (1 pt) and the proximal LMCA is evaluated by 2D imaging (1 pt) and CFI (1 pt)		
VESSELS	T SAV	
24 Evaluation adequate for measurement of AoV/Ao root/Ao sinotubular junction diameters measured in parasternal long-axis - [3]	3	1
One point is given for each dimension measured and clipped: AoV/Ao root/Ao sinotubular junction		
25 Branch PA's evaluated by imaging/color Doppler/spectral Doppler (in at least one view) - [6]	6	1
The LPA is seen by 2D imaging (1 pt), CFI (1 pt) and spectral Doppler (1 pt) and the RPA is seen by 2D imaging (1 pt), CFI (1 pt) and spectral		
Doppler (1 pt)		
26 Patent ductus arteriosus excluded in at least one view - [1]	1	1
27 Ascending Ao by imaging/CFI/spectral Doppler (in at least one view) - [3]	3	1
The ascending aorta in SSN view is evaluated by 2D imaging (1 pt), CFI (1 pt) and spectral Doppler (1 pt)		
28 Ao Arch sidedness and branching evaluated by imaging/color Doppler - [2]	2	1
The direction of and branching of the first brachiocephalic vessel in SSN view is evaluated by 2D imaging (1 pt) and CFI (1 pt)		
29 Ao Arch evaluated by imaging/CFI/spectral Doppler in suprasternal long-axis - [3]	- 3	1
The aortic arch/descending aorta in SSN view is evaluated by 2D imaging (1 pt), CFI (1 pt) and spectral Doppler (1 pt)		
30 Abdominal aorta evaluated by CFI/PW spectral Doppler in subxiphoid short axis - [2]	2	1
The abdominal aorta as seen from subxiphoid sagittal view evaluated by CFI (1 pt) and spectral Doppler (1 pt)	-	
MAX POSSIBLE = 73 (internal); 30 (external)		
TOTAL SCORE	67	27
% Complete		90



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