

1 Year Follow Up Two Ventricle

Study ID _____

Echo 2d Yes No

Echo 3d Yes No

Date of echo _____

Height at echo (cm) _____

Weight at echo (kg) _____

BSA (m2) _____

Systolic BP (mmHg) _____

Diastolic BP (mmHg) _____

Echo Report Received Yes No

Date Echo Reviewed _____

Above will be completed by Data Center Staff

Echo Reviewer: _____

Requires Adjudication

Requires Adjudication No Yes

If yes, describe: _____

Residual ASD

Residual ASD: No Yes Cannot determine

If Yes, size (cm) (largest diameter) _____

Direction of flow Left to Right Right to Left Bidirectional Cannot determine

Mean Gradient across ASD: (mmHg) _____

Residual VSD

Residual VSD: No
 Yes
 Cannot determine

If Yes; size (cm) (largest diameter) _____

Direction of flow Left to Right
 Right to Left
 Bidirectional
 Cannot determine

Gradient across VSD: (mmHg) _____

Right AV Valve

Right AV Valve regurgitation None
 Trivial
 Mild
 Moderate
 Severe
 Cannot determine

Right AV Valve stenosis None
 Trivial
 Mild
 Moderate
 Severe
 Cannot determine

Mean gradient Right AV valve (mmHg) _____

2D measurement RAVV (apical 4) (cm) _____

Color inflow diameter at annulus (cm) _____

Color inflow diameter at mid cavity or at smallest inflow portion (cm) _____

RV pressure based on TR jet: (mmHg) _____

Left AV Valve

Left AV Valve regurgitation None
 Trivial
 Mild
 Moderate
 Severe
 Cannot determine

Probable main mechanism: Residual cleft
 Patch dehiscence
 Prolapse
 Valve dysplasia
 Annular dilatation
 Other

Left AV Valve stenosis

- None
 Trivial
 Mild
 Moderate
 Severe
 Cannot determine

Left mean inflow Doppler gradient: (mmHg)

2D measurement LAVV (apical 4) (cm):

Color inflow diameter at annulus (cm)

Color inflow diameter at mid cavity or at smallest inflow portion (cm)

Right Ventricle

RV Hypoplasia (Subjective assessment)

- None
 Mild
 Moderate
 Severe
 Cannot determine

RV Area in End - Diastole (4 chamber view) (cm²)

RV Area in End - Systole (4 chamber view) (cm²)

Right Ventricle Fractional Area Change (Calculated field) (%)

RV systolic dysfunction (Subjective assessment)

- None
 Trivial
 Mild
 Moderate
 Severe
 Cannot determine

Right Ventricle Apex-forming

- No
 Yes
 Cannot determine

RV length From AV Valve to apex (at end of QRS complex) (cm)

RV width (from the crest of the septum- RV side- to the free wall) (cm)

Right Ventricular Outflow Tract

PV Annulus in systole (cm)

PV stenosis:

- None
 Mild
 Moderate
 Severe
 Cannot determine

PV regurgitation:

- None
- Trivial
- Mild
- Moderate
- Severe
- Cannot determine

Early diastolic gradient PI jet: (mmHg)

RVOTO

- No
- Yes
- Cannot determine

If yes, level of obstruction

- Sub-valve
- Valvar
- Supravalvar
- Diffuse
- Cannot determine

Peak gradient (mmHg)

Mean gradient (mmHg)

Left Ventricle

LV Hypoplasia (Subjective assessment)

- None
- Mild
- Moderate
- Severe
- Cannot determine

PSSAx m-mode -LVEDD (cm)

PSSAx m-mode -LVESD (cm)

LV Area in End - Diastole (4 chamber view) (cm²)

LV Area in End - Systole (4 chamber view) (cm²)

Left Ventricle Fractional Area Change (Calculated field) (%)

LV Systolic Dysfunction (Subjective assessment)

- None
- Trivial
- Mild
- Moderate
- Severe
- Cannot determine

LVEF (%)

Septal flattening in systole:

- No
- Yes
- Cannot determine

Left Ventricle Apex-forming

- No
- Yes
- Cannot determine

LV length From AV Valve to apex (at end of QRS complex) (cm)

LV width (from the crest of the septum- RV side- to the free wall) (cm)

If LV volume obtained by Simpson's method : (cm³) _____

Left Ventricular Outflow Tract

Left Ventricular Outflow Tract Obstruction

- No
 Yes
 Cannot determine

LVOTO Level of stenosis

- Sub-valvar
 Valvar
 Supravalvar
 Cannot determine

LVOTO Type of Subvalvar Stenosis:

- Fibromuscular ridge
 Tunnel
 Discrete membrane
 Cannot determine

LVOTO Type of Supravalvar Stenosis:

- Discrete
 Diffuse
 Cannot determine

LVOTO gradient:

- No gradient
 Yes
 Cannot determine

Peak gradient (mmHg) _____

Mean gradient (mmHg) _____

Aortic Valve

Aortic Annulus in systole (cm) _____

Aortic root in systole (cm) _____

Sinotubular junction in systole (cm) _____

Regurgitation

- None
 Trivial
 Mild
 Moderate
 Severe
 Cannot determine

Aortic Arch measurements

Ascending Aorta (measured from parasternal LA view in systole, just above the ST junction): (cm) _____

Coarctation of the aorta present

- No
 Yes
 Cannot determine

Transverse Arch (cm) _____

Isthmus (cm) _____

Descending aorta (cm) _____

Peak Arch gradient (mmHg)

Mean Arch gradient (mmHg)
