

Anomalous Aortic Origin of a Coronary Artery (AAOCA) Study

BASELINE DIAGNOSTIC TESTS

Performed at Time of Diagnosis and/or When Evaluation Was Initiated at the CHSS Participating Institution

Study Number: _____ Institution Code: _____

Echocardiogram: Yes No

Date of Study: // (mm/dd/yyyy)

AAOCA Course: Interarterial Yes No Unsure

Intramural Yes No Unsure

Intraconal Yes No Unsure

Ostia: Two on left sinus Yes No Two on right sinus Yes No

One on left sinus Yes No One on right sinus Yes No

High Ostial Take-off: Yes No Unsure

Angle of take-off from anomalous sinus: Acute/angulated Yes No Unsure

Color Doppler flow in diastole of intramural segment of AAOCA (if applicable): Yes No

Function: Normal (SF \geq 29%) Abnormal, specify _____

Aortic Insufficiency None Trivial Mild Moderate Severe

Mitral Insufficiency None Trivial Mild Moderate Severe

Pericardial Effusion Yes No If yes, describe: _____

Other Lesions: Yes No If yes, specify below:

PDA ASD VSD PS BAV Other _____

CT or MRI: Yes No

If Yes, mark test and date performed below

CT scan // (mm/dd/yyyy)

MRI // (mm/dd/yyyy)

AAOCA Course: Interarterial Yes No Unsure

Intramural Yes No Unsure

Intraconal Yes No Unsure

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Angle of take-off from anomalous sinus: Acute/angulated Yes No Unsure

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Study Number: _____ Institution Code: _____

Cardiac Catheterization Yes No

Date of Study: // (mm/dd/yyyy)

AAOCA Course: Interarterial Yes No

Intramural Yes No

Intraconal Yes No

Ostia: Two on left sinus Yes No Two on right sinus Yes No

One on left sinus Yes No One on right sinus Yes No

Angle of take-off from anomalous sinus: Acute/angulated Yes No Unsure

Orifice: Slit-like Yes No Unsure

Round Yes No Unsure

Coronary Dominance: Right Left Co-Dominant Unsure

IVUS: Yes No

If yes, describe findings:

Hemodynamic data:

ECG: Yes No Date of study: // (mm/dd/yyyy)

Sinus Rhythm Yes No If no, describe: _____

ST segment changes Yes No If yes, describe: _____

Q waves Yes No If yes, describe: _____

Holter monitor: Yes No Date of study: // (mm/dd/yyyy)

Sinus Rhythm Yes No If no, describe: _____

Arrhythmia Yes No If yes, describe: _____

Normal Intervals Yes No If no, describe: _____

Diagnostic Tests Comments
