AAOCA Study ID

Study ID

________________________
Echo Review

Initial of Echo reviewer

Date of echo

2D

Ø No
Ø Yes
Ø Not Done
Ø Not Available

Colour

Ø No
Ø Yes
Ø Not Done
Ø Not Available

PS LAX

Ø No
Ø Yes
Ø Not Done
Ø Not Available

PS SAX

Ø No
Ø Yes
Ø Not Done
Ø Not Available

Image quality limited:

Ø No
Ø Yes
Ø Not Done
Ø Not Available

Other

If other please specify:

Echo Mode

Ø Transthoracic (TTE)
Ø Transesophageal (TEE)

Is this a pre-surgical repair echo?

Ø No
Ø Yes
Ø NA
Ø Unable to determine

Which coronary is anomalous?

Ø Right
Ø Left
Ø LAD
Ø Circ.
Ø Both
Ø Unable to determine

From where does the anomalous coronary arise?

Ø Right sinus
Ø Left sinus
Ø Non-coronary sinus
Ø Right coronary artery
Ø Left coronary artery
Ø Supra Sinus
Ø Other

If other, specify...
### Anomalous Coronary Course:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interarterial</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>Intramural</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>Length of Intramural Portion (mm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intraconal</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>Anterior to Pulmonary Artery</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>Retroaortic</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
</tbody>
</table>

### Ostia:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two on left sinus</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>Two on right sinus</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>One on left sinus</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>One on right sinus</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>High Ostial Take-off</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>Distance of origin from STJ (mm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Option</td>
<td>Option</td>
<td>Option</td>
<td>Option</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Angle of take-off from anomalous sinus: acute/angulated?</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>(All Intramural are considered &quot;acute angle&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary Orifice: Slit-like?</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>Coronary Orifice: Round?</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>Stenosis?</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Unsure</td>
</tr>
<tr>
<td>Color Doppler flow in diastole of intramural segment of AAOCA (if applicable)</td>
<td>No</td>
<td>Yes</td>
<td>NA</td>
<td>Not Done</td>
</tr>
<tr>
<td>(Please Mark “YES” if Colour Doppler flow is Diagnostic. Mark “NO” if Colour Doppler flow is not Diagnostic and mark “Not done” if Colour Doppler Flow was not done.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Function? (Normal (SF&gt;=29%)/Abnormal)</td>
<td>Abnormal</td>
<td>Normal</td>
<td>NA</td>
<td>Not Available</td>
</tr>
<tr>
<td>If abnormal function, Specify?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aortic Insufficiency?</td>
<td>None</td>
<td>Trivial</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Aortic Valve:</td>
<td>Bicuspid</td>
<td>Tricuspid,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Bicuspid which commisures are fused?</td>
<td>Left and Right</td>
<td>Left and Non Coronary</td>
<td>Right and Non Coronary</td>
<td></td>
</tr>
<tr>
<td>Mitral Insufficiency?</td>
<td>None</td>
<td>Trivial</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Comment</td>
<td></td>
<td></td>
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<td>Other Comments</td>
<td></td>
<td></td>
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## CT MRI Review

**Date of CT or MRI**

________________________

**Type of scan**

- CT
- MRI

**Which coronary is anomalous?**

- Right
- Left
- LAD
- Circ.
- Both
- Unable to determine

**From where does the anomalous coronary arise?**

- Right sinus
- Left sinus
- Non-coronary sinus
- Right coronary artery
- Left coronary artery
- Supra Sinus
- Other

If other, specify:  

________________________

### Anomalous Coronary Course:

**Interarterial ?**

- No
- Yes
- NA
- Unsure

**Intramural ?**

- No
- Yes
- NA
- Unsure

**Length of Intramural Portion ? (mm)**

________________________

**Intraconal ?**

- No
- Yes
- NA
- Unsure

### Ostia:

**Two on left sinus ?**

- No
- Yes
- NA
- Unsure

**Two on right sinus ?**

- No
- Yes
- NA
- Unsure
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**From Axial imaging for the AAOCA:**

<p>| | |</p>
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<th></th>
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<tr>
<td>Width of Ostia at narrowest Proximal Segment (mm)</td>
<td>___________________________</td>
</tr>
<tr>
<td>Width of distal segment( epicardial) (mm)</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

**Perfusion imaging**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial perfusion (MRI) ?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myocardial perfusion (MRI), if yes describe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perfusion Defect at Rest:</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If yes, location</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
Perfusion Defect with Exercise:

- No
- Yes

If yes, location

Normal Function at rest:

- No
- Yes

If no, Describe

Normal Response to Exercise

- No
- Yes

If no, Describe

Abnormal Wall motion at Rest:

- No
- Yes

If yes, Describe

Abnormal Wall motion, Exercise:

- No
- Yes

If yes, Describe

Comment

__________________________________________