

# AAOCA Study ID

Study ID

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# Echo Review

Initial of Echo reviewer

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Date of echo

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2D

- No
- Yes
- Not Done
- Not Available

Colour

- No
- Yes
- Not Done
- Not Available

PS LAX

- No
- Yes
- Not Done
- Not Available

PS SAX

- No
- Yes
- Not Done
- Not Available

Image quality limited:

- No
- Yes
- Not Done
- Not Available
- Other

If other please specify:

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Echo Mode

- Transthoracic (TTE )
- Transesophageal (TEE)

Is this a pre-surgical repair echo?

- No
- Yes
- NA
- Unable to determine

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...

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**Anomalous Coronary Course:**

Interarterial ?  No  
 Yes  
 NA  
 Unsure

Intramural ?  No  
 Yes  
 NA  
 Unsure

Length of Intramural Portion ? (mm) \_\_\_\_\_

Intraconal ?  No  
 Yes  
 NA  
 Unsure

Anterior to Pulmonary Artery ?  No  
 Yes  
 NA  
 Unsure

Retroaortic ?  No  
 Yes  
 NA  
 Unsure

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**Ostia:**

Two on left sinus ?  No  
 Yes  
 NA  
 Unsure

Two on right sinus ?  No  
 Yes  
 NA  
 Unsure

One on left sinus ?  No  
 Yes  
 NA  
 Unsure

One on right sinus ?  No  
 Yes  
 NA  
 Unsure

High Ostial Take-off ?  No  
 Yes  
 NA  
 Unsure

Distance of origin from STJ (mm) \_\_\_\_\_

Angle of take-off from anomalous sinus:  
acute/angulated ?

- No
  - Yes
  - NA
  - Unsure
- (All Intramural are considered "acute angle")

Coronary Orifice: Slit-like?

- No
- Yes
- NA
- Unsure

Coronary Orifice: Round?

- No
- Yes
- NA
- Unsure

Stenosis ?

- No
- Yes
- NA
- Unsure

Color Doppler flow in diastole of intramural segment  
of AAOCA ( if applicable)

- No
  - Yes
  - Not Done
  - NA
- (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.)

Function ? (Normal (SF>=29%)/Abnormal)

- Abnormal
- Normal
- Not Available

If abnormal function, Specify ?

\_\_\_\_\_

Aortic Insufficiency?

- None
- Trivial
- Mild
- Moderate
- Severe

Aortic Valve:

- Bicuspid
- Tricuspid,

If Bicuspid which commissures are fused?

- Left and Right
- Left and Non Coronary
- Right and Non Coronary

Mitral Insufficiency ?

- None
- Trivial
- Mild
- Moderate
- Severe

Comment

\_\_\_\_\_

Other Comments

\_\_\_\_\_

# 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

One on left sinus ?

- No  
 Yes  
 NA  
 Unsure

One on right sinus ?

- No  
 Yes  
 NA  
 Unsure

High Ostial Take-off ?

- No  
 Yes  
 NA  
 Unsure

Distance of origin from STJ (mm)

\_\_\_\_\_

Angle of take-off from anomalous sinus:  
acute/angulated ?

- No  
 Yes  
 NA  
 Unsure  
 (All intramural course are considered Acute Angle.)

Coronary Orifice: Slit-like?

- No  
 Yes  
 NA  
 Unsure

Coronary Orifice: Round?

- No  
 Yes  
 NA  
 Unsure

Stenosis ?

- No  
 Yes  
 NA  
 Unsure

**From Axial imaging for the AAOCA:**

Width of Ostia at narrowest Proximal Segment (mm)

\_\_\_\_\_

Width of distal segment( epicardial) (mm)

\_\_\_\_\_

**Perfusion imaging**

Myocardial perfusion (MRI) ?

- No  
 Yes  
 Not Applicable

Myocardial perfusion (MRI), if yes describe

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Perfusion Defect at Rest:

- No  
 Yes

If yes, location

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Perfusion Defect with Exercise:

- No
- Yes

If yes, location

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Normal Function at rest:

- No
- Yes

If no, Describe

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Normal Response to Exercise

- No
- Yes

If no, Describe

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Abnormal Wall motion at Rest:

- No
- Yes

If yes, Describe

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Abnormal Wall motion, Exercise:

- No
- Yes

If yes, Describe

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Comment

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