

Echokardiographie-Befund

Pat. name:
 Patienten-ID:
 Geburtsdatum:

Untersucher: _____

Untersuchungsdatum: ___ / ___ / 20__

Ort: OP / ICU / PACU / _____

Indikation:

Untersuchungsart: TEE TTE epikardial epiaortic

Sonde: multiplan biplan pädiatrisch

Untersuchungsqualität: gut mittel schlecht


Kontrastecho


Einführen d. Sonde: einfach schwierig nicht mögl.

Kompl.: _____

1. Größe der Herzhöhlen:

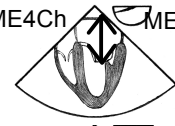

Rechtes Atrium (RA): Größe:


ME4Ch  normal + ++ +++

MEbicaval  Spontankontrast ASD PFO

mm


Linkes Atrium (LA): Größe:

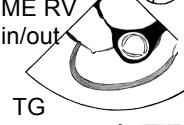
ME4Ch  MEbicaval  normal + ++ +++


ME2Ch  Spontankontrast

mm


Rechter Ventrikel (RV):


ME4Ch  Größe: EDA: RV/LV norm. RV<2/3LV + RV=2/3LV ++ RV=LV +++ RV>LV


ME RV in/out  mm

TG SAX  RVH mm

Linker Ventrikel (LV):

ME4Ch  Größe: normal + ++ +++

ME2Ch  mm

TG SAX  LVH mm

VSD

2. Globale (systolische) Ventrikelfunktion

Rechtsventrikelfunktion (RVF):

Schnitte: ME4Ch, ME RV in/out, TG SAX

normal

mäßig red.

mittelgrad. red.

hochgrad. red.

Linksventrikelfunktion (LVF):

Schnitte: ME4Ch, ME2Ch, TG SAX

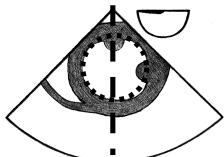
normal

mäßiggrad. red.

mittelgrad. red.

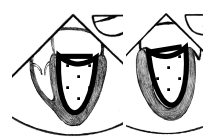
hochgrad. red.

LVF-Quantifizierung: Fractional Shortening (FS)/Fract. Area Change (FAC)/biplane Simpson (EF)



EdD mm EDA cm²

EsD mm ESA cm²



EDV cm³

ESV cm³

FS % FAC % EF ME4Ch % ME2Ch

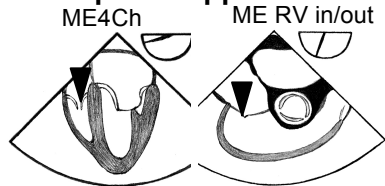
3. Regionale Ventrikelfunktion (Wandbewegung):

		Infero-septal	ME 4Ch	Antero-lateral	inferior	ME 2Ch	anterior	Infero-lateral	ME LAX	antero-septal
normal	<input type="checkbox"/> N	basal <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Hypokinesie	<input type="checkbox"/> H	mid <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Akinesie	<input type="checkbox"/> A	apikal <input type="checkbox"/>	1-sept <input type="checkbox"/>	A-.lat <input type="checkbox"/>	inferior <input type="checkbox"/>	anterior <input type="checkbox"/>	inf.lateral <input type="checkbox"/>	ant.-septal <input type="checkbox"/>		
Dyskinesie	<input type="checkbox"/> D		Apex <input type="checkbox"/>							

	TG SAX	laterale RV freie Wand	ME 4Ch	ME RV in/outflow
1 ant.-sept.	<input type="checkbox"/>	4 inf.-lat.	<input type="checkbox"/>	<input type="checkbox"/>
2 anterior	<input type="checkbox"/>	5 inferior	<input type="checkbox"/>	<input type="checkbox"/>
3 ant.lat.	<input type="checkbox"/>	6 inf.-sept	<input type="checkbox"/>	<input type="checkbox"/>
		laterale RV-Wand <input type="checkbox"/>		
			1 Inflow <input type="checkbox"/>	2 Inf. Wand <input type="checkbox"/>
			3 RVOT <input type="checkbox"/>	inferiore freie Wand <input type="checkbox"/>

4. Klappenfunktion:

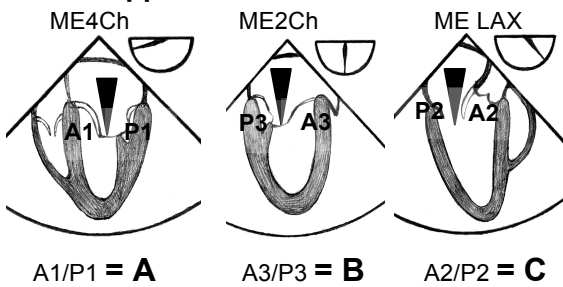
Trikuspidalklappe:



Morphologie:	Bewegung:	Insuff.:	Stenose:
normal <input type="checkbox"/>	normal <input type="checkbox"/>	0 <input type="checkbox"/>	keine <input type="checkbox"/>
verdickt <input type="checkbox"/>	Prolaps <input type="checkbox"/>	1 <input type="checkbox"/>	gering <input type="checkbox"/>
kalz. <input type="checkbox"/>	Flail <input type="checkbox"/>	2 <input type="checkbox"/>	moderat <input type="checkbox"/>
Veget <input type="checkbox"/>	Restriktion <input type="checkbox"/>	3 <input type="checkbox"/>	schwer <input type="checkbox"/>
Perfor. <input type="checkbox"/>		4 <input type="checkbox"/>	
Myxom <input type="checkbox"/>	Prothese mech <input type="checkbox"/>	Bio <input type="checkbox"/>	paravalv Leak <input type="checkbox"/>

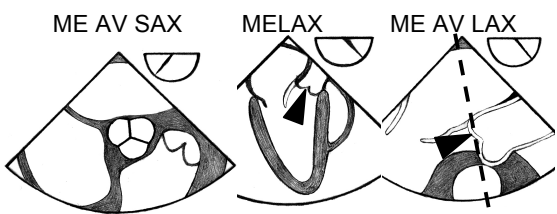
TRmaxGrad mmHg
ZVD mmHg
PAPsyst mmHg

Mitralklappe:



Morphologie:	Bewegung:	Insuff./Lokal.:	Stenose:
normal <input type="checkbox"/>	normal <input type="checkbox"/>	0 <input type="checkbox"/>	keine <input type="checkbox"/>
verdickt <input type="checkbox"/>	Prolaps <input type="checkbox"/>	1 <input type="checkbox"/>	gering <input type="checkbox"/>
kalz. <input type="checkbox"/>	Flail <input type="checkbox"/>	2 <input type="checkbox"/>	moderat <input type="checkbox"/>
Veget <input type="checkbox"/>	Restriktion <input type="checkbox"/>	3 <input type="checkbox"/>	schwer <input type="checkbox"/>
Perfor. <input type="checkbox"/>	SAM <input type="checkbox"/>	4 <input type="checkbox"/>	PHT <input type="text"/> ms
Myxom <input type="checkbox"/>			MVA <input type="text"/> cm ²
	Prothese mech <input type="checkbox"/>	Bio <input type="checkbox"/>	paravalv Leak <input type="checkbox"/>
			mean Grad <input type="text"/> mmHg

Aortenklappe:



Morphologie:	Bewegung:	Insuff.:	Stenose:
normal <input type="checkbox"/>	normal <input type="checkbox"/>	0 <input type="checkbox"/>	keine <input type="checkbox"/>
verdickt <input type="checkbox"/>	Prolaps <input type="checkbox"/>	1 <input type="checkbox"/>	gering <input type="checkbox"/>
kalz. <input type="checkbox"/>	Flail <input type="checkbox"/>	2 <input type="checkbox"/>	moderat <input type="checkbox"/>
Veget <input type="checkbox"/>	Restriktion <input type="checkbox"/>	3 <input type="checkbox"/>	schwer <input type="checkbox"/>
Perfor. <input type="checkbox"/>		4 <input type="checkbox"/>	
bicuspid <input type="checkbox"/>	Prothese mech <input type="checkbox"/>	Bio <input type="checkbox"/>	paravalv Leak <input type="checkbox"/>
			Vmax <input type="text"/> m/s
			maxGrad <input type="text"/> mmHg
			meanGrad <input type="text"/> mmHg
			VTI <input type="text"/> cm
			HR <input type="text"/> b/min

5. Sonstiges:

Perikarderguss: häm. relev. mm

Aorta: Atherom >3mm Ao asc

Dissektion Aobogen

Ao desc

6. Kommentar:

Unterschrift: Untersucher_____ vidiert:_____