



Donor ID #: _____

Cardiac Ultrasound Evaluation Form

Date and time of the exam: _____

Inotropic support during the evaluation (µg/kg/min)

Levophed (nor-adrenalin) : _____

Dobutrex (Dobutamine) : _____

Intropin (Dopamine) : _____

Vasopressin : _____

Adrenalin: _____

Primacor (Milrinone) : _____

Atrium:

Dimension: _____ cm²

* ASD : present absent

* PFO: present absent

* Abnormal pulmonary venous return : present absent

*Do not actively look for these elements, notify if found during the course of a routine examination

Right Ventricle :

Contractility: Normal
 Moderate hypokinesis
 Severely altered

Tricuspid regurgitation: I II III IV

Pulmonary pressure : _____ mmHg

Measured CVP of the donor : _____ mmHg

Left Ventricle

Contractility: Normal
 Segmental abnormalities
 Diffuse hypokinesis

If abnormal please describe _____

Ejection Fraction : _____ %

Quinones Simpson Teicholz

Dumesnil Visual

Fractional Shortening : _____ %

Left Ventricle (continued)

LVEDD : _____mm

LVESD : _____mm

Septal thickness : _____mm

Posterior wall thickness : _____mm

Left Ventricular Hypertrophy :

present absent

Aortic Valve

Normal

Sclerosis

Stenosis

Bicuspid

If abnormal:

Area: _____cm²

Gradient maximal: _____mmHg

Mean _____mmHg

Regurgitation: I II III IV

Mitral Valve

Normal

Abnormal

Mitral Regurgitation: I II III IV

Mitral Doppler

Normal

Dysfunction: Grade 1

Grade II

Grade III

Grade IV

E/a Normal (≤ 1.5)

Anormal : _____

Other information deemed of importance by sonographer :

Physician's signature: _____

Physician's Full Name: _____

This evaluation form was created in collaboration with heart transplant surgeons and cardiologists from:

Royal Victoria Hospital (Montreal)

Montreal Heart Institute

Laval Hospital (Quebec)

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