



STRESS-ECHO REQUISITION & REPORT

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NAME _____
Address _____
Postal Code _____ Phone _____
Date of Birth _____ Age _____
Health Number _____
Ref. Physician _____
Requisition Date _____
Service Date _____ Time _____

STRESS-ECHO

<input type="checkbox"/> Exercise Echo <input type="checkbox"/> Dobutamine Echo <input type="checkbox"/> Persantine Echo <input type="checkbox"/> Pacing Echo	CARDIAC MEDS _____ _____ _____
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INDICATIONS FOR TEST:

ATYP PAIN
 ANGINA
 POST MI. ___ WKS ___ MOS ___ YRS
 POST PTCA ___ WKS ___ MOS ___ YRS
 POST CABG ___ WKS ___ MOS ___ YRS
 BBB / Abn EKG
 EQUIVOCAL STRESS TEST
 CARDIOMYOPATHY
 VALVULAR HEART DISEASE
 SPECIFY _____

DIASTOLIC DYSFUNCTION
 OTHER _____

CARDIAC CATHETERIZATION: Date _____

LV Function: Grade 1 2 3 4
 N <50% 50-75% >75% 100%

L.M. _____
 LAD _____
 CIRC. _____
 RCA _____
 LAD Graft _____
 CIRC Graft _____
 RCA Graft _____

RESULT:

% MPHR _____
 SYMPTOM ECG.
 pos pos
 equiv equiv
 neg neg

CATH: Available
 Pending
 Time to Scan sec. _____
 Image Quality:
 Good
 Adequate
 Uninterpretable

ECHO

REST	EXERCISE
Norm <input type="checkbox"/>	Norm <input type="checkbox"/>
Equiv <input type="checkbox"/>	Equiv <input type="checkbox"/>
Abnorm <input type="checkbox"/>	Abnorm <input type="checkbox"/>

ABNORMAL TERRITORY

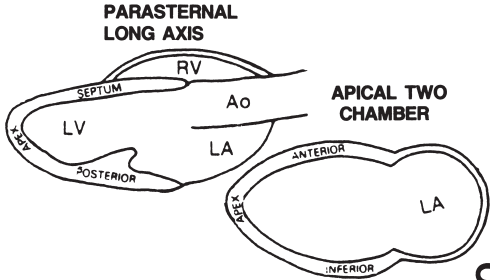
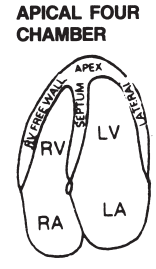
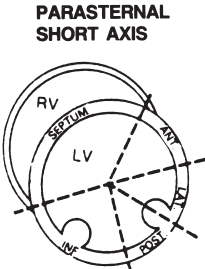
LAD Prox LAD Prox
 LAD Dist LAD Dist
 Cx Prox Cx Prox
 Cx Dist Cx Dist
 RCA Prox RCA Prox
 RCA Dist RCA Dist

STRESS-ECHO

INTERPRETATION L.V. ESTIMATED EJECTION FRACTION Grade 1 $\geq 60\%$ Grade 2 40-59% Grade 3 20-39% Grade 4 $\leq 20\%$

INTERPRETATION (See Also Ex. Test Report)

LVDD ← 5.7	RVD < 3.0 cm	IVS THICK	IVS AMP. 0.3-1.0 cm
LVSD	PA < 30	LVP WALL THICK	PW AMP. 0.5-1.3 cm
LA DIM. < 4.0 cm	A ROOT DIM.	LVDD	RVDD
MVA	< 4.0 cm	AO GRAD	AOV ₁
% FS 28-42	AV OPENING 1.8-2.6 cm	AVA	DIAM



STRESS-ECHO

SIGNATURE _____ DATE _____ STRESS-ECHO REPORT

STRESS-ECHO