

AMUSE Heart Reporting Sheet

Patient & Scan Details

Patient's clinical details: _____

Date of Scan: _____

Hospital / Unit: _____

Operator: _____

Supervisor / Reviewer: _____

Indication for Scan: _____

Clinical Context

Heart Rate: _____ bpm

Blood Pressure: _____

Respiratory Status: _____

Inotropes / Vasopressors: _____

ECG Available: Yes / No

Views Obtained

PLAX: Good / Acceptable / Poor

PSAX: Good / Acceptable / Poor

Apical 4-Chamber: Good / Acceptable / Poor

Subcostal / IVC: Good / Acceptable / Poor

Other Views: _____

Left Ventricle

LV Size: Normal / Dilated / Unable to assess

LV Gross Function: Normal / Impaired / Severely Impaired/Unable to assess

MAPSE (if measured): _____ cm

Right Ventricle

RV Size: Normal / Enlarged / Unable to assess

RV Gross Function: Normal / Impaired / Severely Impaired/Unable to assess

TAPSE (if measured): _____ cm

Pericardial Assessment

Pericardial Effusion: Yes / No / UA

Effusion Size: Small / Moderate / Large/NA

Signs of Tamponade: Yes / No / UA

IVC & Jugular Veins

IVC Diameter (end-expiration): _____ cm

IVC Respiratory Variation: Collapsing / Fixed / Plethoric

IJV size: Distended/Normal/Collapsed

IJV Respiratory Variation: Present / Absent / U/A

Summary & Impression

Summary of Findings:

Clinical Impression:

Limitations

Actions / Recommendations

Signatures

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____