

Echo Study Scoresheet

Marking system 0-Poor, 1-Borderline, 2-Good

1. ECG trace present and usable? Yes No

ECG Mark 0 / 1 / 2

2. 2-D Images

Is the image optimised? Yes No

(gain setting, sector width, depth, harmonics, focus)

Are the following views shown (if applicable)?

Parasternal Long Axis Yes No N/A

RV Inflow Yes No N/A

Parasternal Short Axis Yes No N/A

Apical Four Chamber Yes No N/A

Apical Two Chamber Yes No N/A

Apical Long Axis Yes No N/A

Subcostal Yes No N/A

Suprasternal Yes No N/A

Are any relevant views missing? Yes No N/A

General comments: _____

2D optimisation Mark 0 / 1 / 2

Are the 2D views of good quality and on axis? Mark 0 / 1 / 2

Are the 2D views complete? Mark 0 / 1 / 2

3. Measurements from M-mode or 2D

Are the measurements correct? Yes No N/A

General comments: _____

Are the M-mode / 2D measurements correct? Mark 0 / 1 / 2

4. Colour Doppler

Is Colour Flow Imaging used? Yes No N/A

Is it of good quality? (colour gain, appropriate sample size) Yes No N/A

Is its use appropriate to the pathology? Yes No N/A

General comments: _____

Is the colour Doppler of good quality and appropriate? Mark 0 / 1 / 2

5. Spectral Doppler

Are Pulsed and Continuous Wave Doppler Used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are the waveforms of good quality? (sweep speed, Doppler baseline and scale)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is its use appropriate to the pathology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are accurate measurements made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are appropriate calculations made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are calculations performed correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are all Doppler measurements correct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

General comments: _____

Is the spectral Doppler of good quality and appropriate? Mark 0 / 1 / 2

Are the Doppler measurements correct? Mark 0 / 1 / 2

TOTAL MARK _____ / 16

