ASCEND®

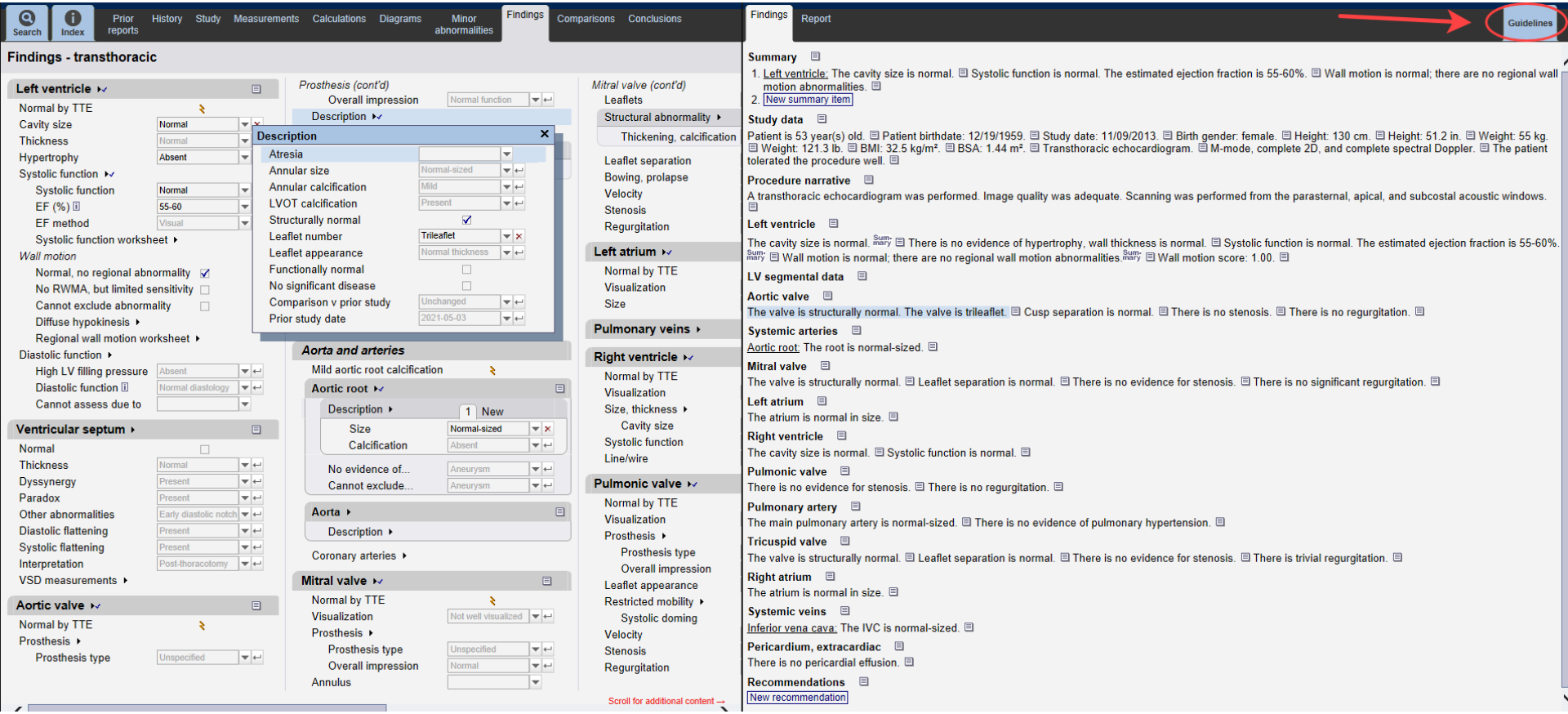
HEALTH INFORMATION TECHNOLOGY

Clinical Guidelines

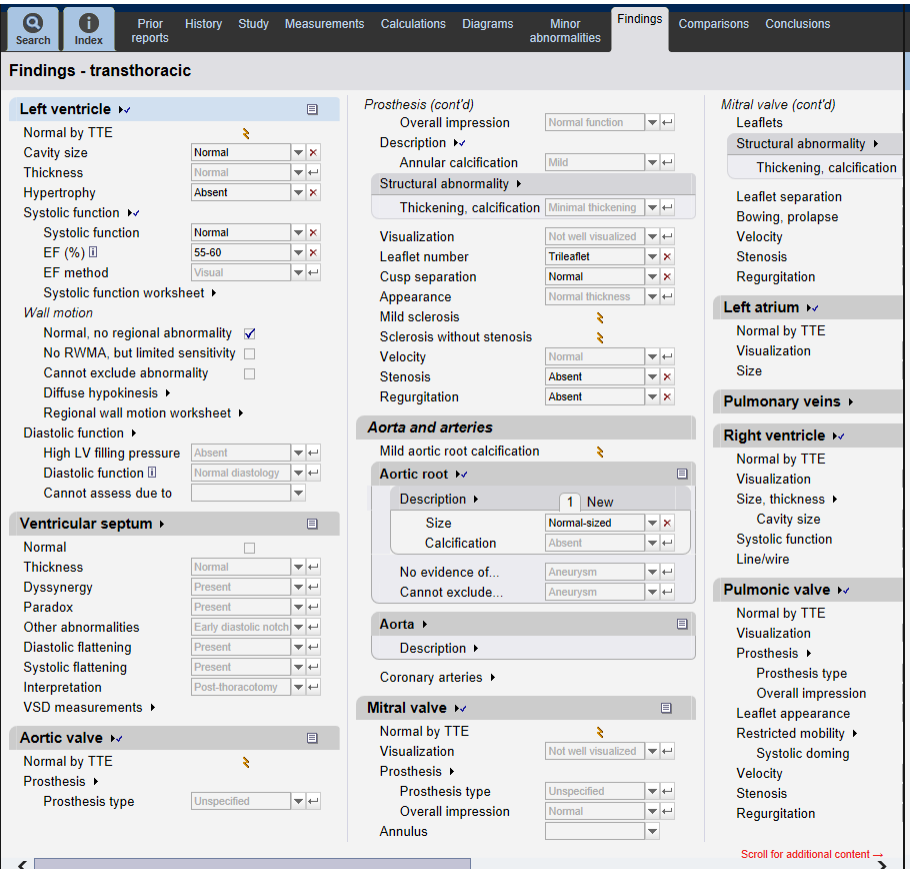
Adult Echocardiography Reporting Module

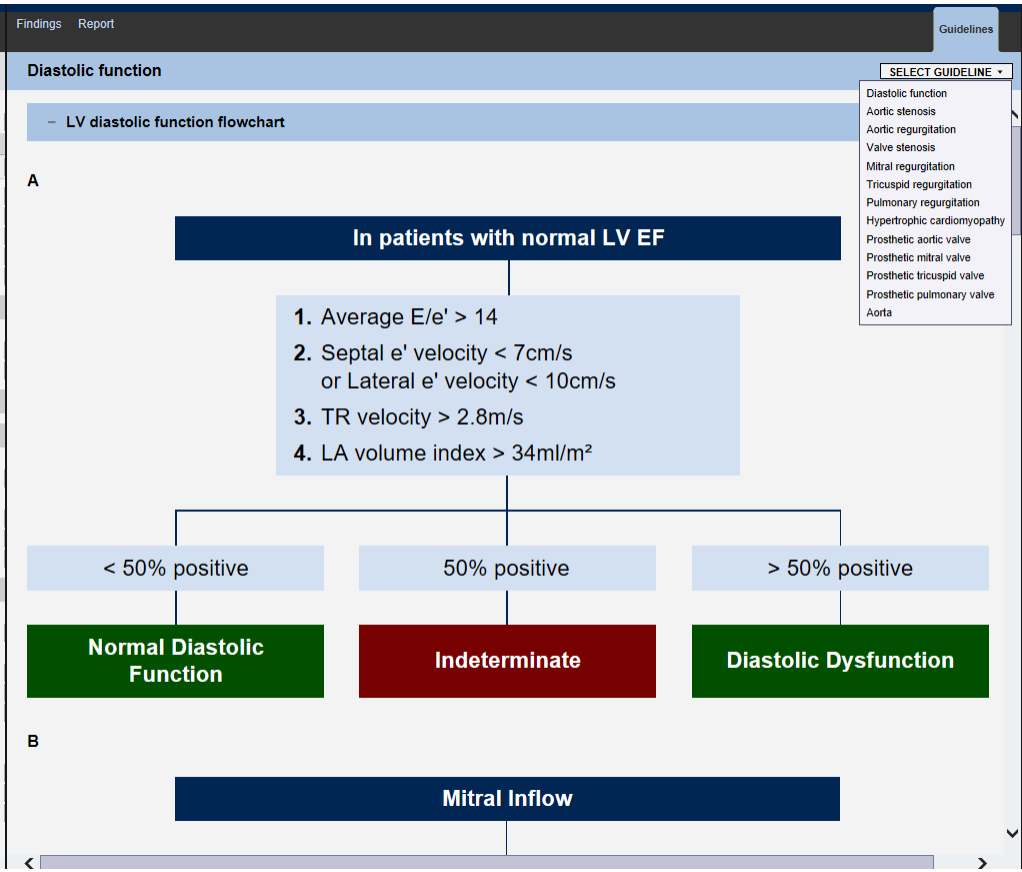
ACV 8.0 *doc v1*

In the Adult Echo reporting module, clinical guidelines from the American Society of Echocardiography may be accessed during reporting, by clicking the Guidelines tab on the far right of the screen.

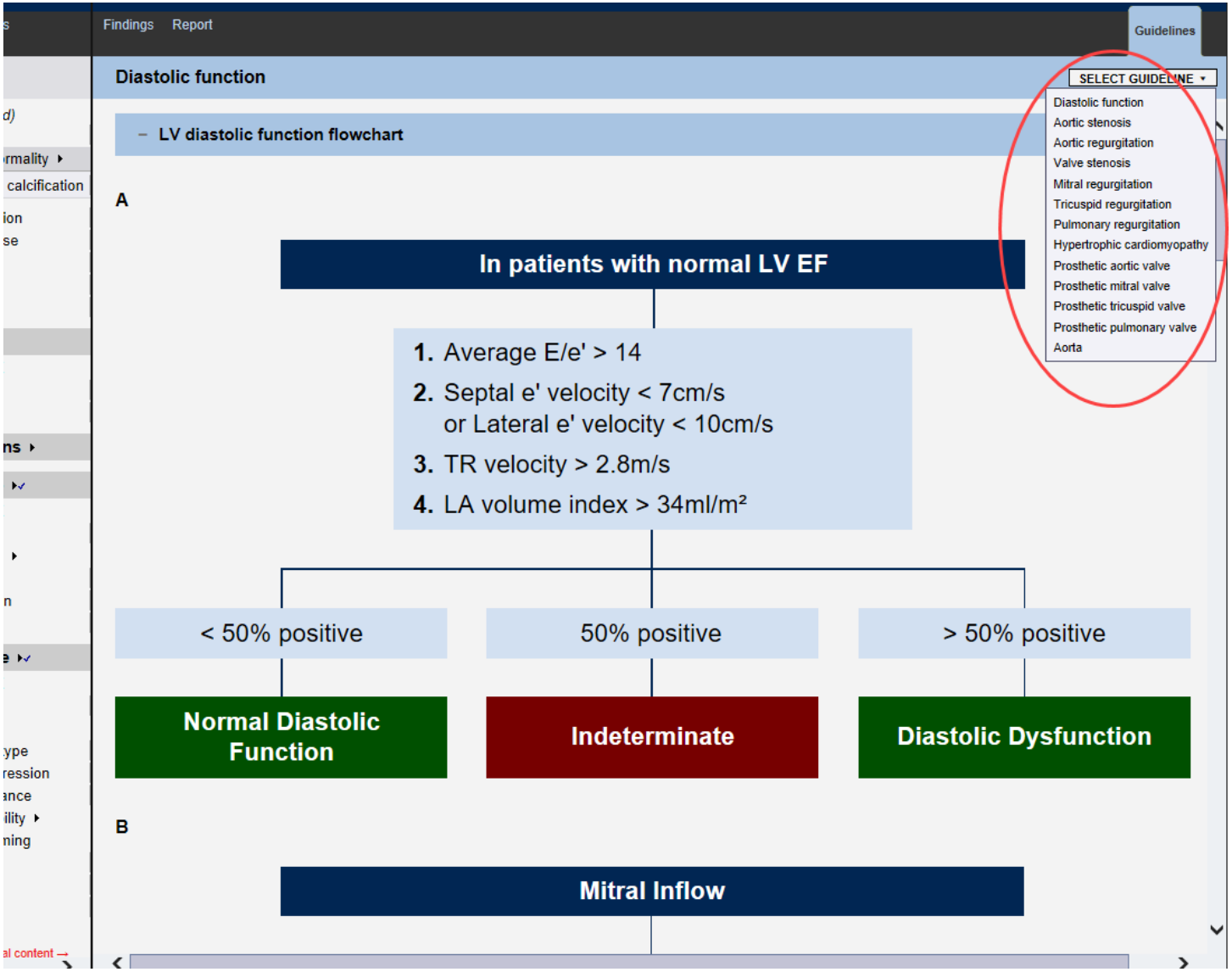


These guidelines provide a reference library “at your fingertips” during Echo reporting.





Choose the desired guideline topic from the Select Guideline dropdown list. The designated guideline is then displayed. To return to reporting, click the Findings or Report tab.



The topic list contains the following imaging interpretation guidelines:

- LV diastolic function
- Aortic valve stenosis
- Valvular stenosis (other than AS)
  - Mitral stenosis
  - Tricuspid stenosis
  - Pulmonary stenosis
- Valvular regurgitation
  - Aortic
  - Mitral
  - Tricuspid
  - Pulmonary
- Hypertrophic heart disease
- Prosthetic valve
  - Aortic
  - Mitral
  - Tricuspid
  - Pulmonary
- Thoracic aorta

Each guideline includes tables and figures, as well as the guideline's reference citations.

Findings Report Guidelines

Valve stenosis SELECT GUIDELINE

+ **Recommendations for classification of mitral stenosis**

− **Findings indicative of hemodynamically significant tricuspid stenosis**

Table 10 Findings indicative of haemodynamically significant tricuspid stenosis

Specific findings
Mean pressure gradient
Inflow time-velocity integral
$T_{1/2}$
Valve area by continuity equation[a]
Supportive findings
Enlarged right atrium ≥ moderate
Dilated inferior vena cava

[a]Stroke volume derived from left or right ventricular outflow. In the presence of mo
value ≤ 1 cm^2 implies a significant haemodynamic burden imposed by the combin

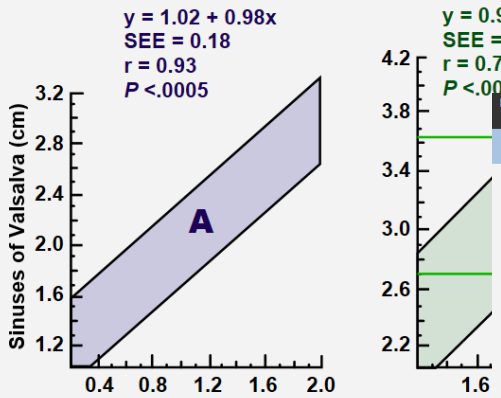
+ **Grading of pulmonary stenosis**

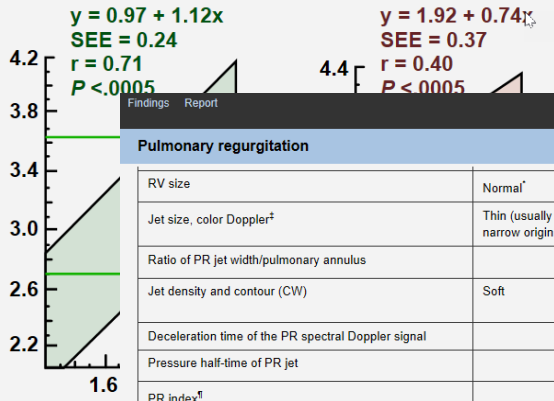
+ **Reference**

Findings Report Guidelines

Aorta SELECT GUIDELINE

− **Nomograms**





Body Surfac

Figure 3 Aortic root diameter (*vertical axis*) in relation to BSA (*horizontal axis*) in appar
panel, green), and ≥40 (*right panel, pink*) years. For example, an individual between the
(*vertical green line*) has a normal root diameter range (2 SDs) between 2.75 and 3.65 c
the *green-shaded* parallelogram.

+ **Normal Ao root diameter by age for men**

Findings Report Guidelines

Pulmonary regurgitation SELECT GUIDELINE

RV size	Normal*	Normal or dilated	Dilated†
Jet size, color Doppler‡	Thin (usually <10 mm in length) with a narrow origin	Intermediate	Broad origin; variable depth of penetration
Ratio of PR jet width/pulmonary annulus			>0.7§
Jet density and contour (CW)	Soft	Dense	Dense; early termination of diastolic flow
Deceleration time of the PR spectral Doppler signal			Short, <260 msec
Pressure half-time of PR jet			<100 msec‖
PR index¶		<0.77	<0.77
Diastolic flow reversal in the main or branch PAs (PW)			Prominent
Pulmonic systolic flow (VTI) compared to systemic flow (LVOT VTI) by PW#	Slightly increased	Intermediate	Greatly increased
RF**	<20%	20%-40%	>40%

PW, Pulsed wave Doppler.
* Unless there are other reasons for RV enlargement.
† Exception: acute PR.
‡ At a Nyquist limit of 50-70 cm/sec.
§ Identifies a CMR-derived PR fraction ≥40%.
¶ Defined as the duration of the PR signal divided by the total duration of diastole, with this cutoff identifying a CMR-derived PR fraction > 25%.
‖ Not reliable in the presence of high RV end diastolic pressure.
Cutoff values for RVol and fraction are not well validated.
§ Steep deceleration is not specific for severe PR.
** RF data primarily derived from CMR with limited application with echocardiography.

− **Reference**

These figures were published in Zoghbi WA, Adams D, Bonow RO, Enriquez-Sarano M, Foster E, Grayburn PA, Hahn RT, Han Y, Hung J, Lang RM, Little SH, Shah DJ, Sherman S, Thavendiranathan P, Thomas JD, and Weissman NJ. Recommendations for Noninvasive Evaluation of Native Valvular Regurgitation: A Report from the American Society of Echocardiography Developed in Collaboration with the Society for Cardiovascular Magnetic Resonance. J Am Soc Echocardiogr 2017;30:303-371. Copyright American Society of Echocardiography 2017.

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www.ascendhit.com

Phone (Toll Free): 844-413-2610

Email: information@ascendhit.com