BC's HEART FAILURE NETWORK
Quality care for quality life.

Diagnostic Imaging Working Group

Key Elements for British Columbia's *Echocardiography* Final Report

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British Columbian's (BC) *Key Elements* for Reporting
Demographics and Results on an Echocardiography Final Report

Demographics

1. Area on right side of report for patient information
   a. Patients first, middle & last name
   b. Unique identifier (hospital # or PHN#)
   c. Date of birth
2. Identification as:
   a. In-patient
   b. Out-patient
3. Height
4. Weight
5. Referring physician identifier
6. Interpreting physician identifier
7. Collect but do not put in the final report
   a. Date study ordered
   b. Date study performed
   c. Date study interpreted
8. Report transcribed
9. Report verified
10. Location study performed (what site)
11. Initials of sonographer performing scan
12. Descriptor of study quality (eg. good, fair, poor)

Clinical findings

1. **When applicable** all structures should be characterized by size (volume), function and measurement
   - Left ventricle, Left atrium
   - Right atrium, Right ventricle
   - Aortic valve, Mitral valve, Tricuspid valve, Pulmonic valve
   - Pericardium, Aorta
   - Pulmonary artery
   - Inferior vena cava
   - Pulmonary veins
   - Interatrial septum
   - Interventricular septum
   - Pericardial effusion (mention only if there is one)

- Diastolic function should be reported in all cases of suspected heart failure in patients with sinus rhythm. In Atrial fibrillation filling pressures reported as elevated when mitral DT < 150 msec or E/e′ ≥ 13-15
- For Paced rhythm, diastolic function and filling pressures should be reported as indeterminate

2. Conclusion/Summary statement :
    - Their relevance to the diagnosis
    - Quantitative values where applicable
    - Should identify the salient findings, any abnormalities that are correlated to the reason the study was requested
    - Descriptor for the values and comparison with previous echo values

Final reports: (Adopted from CCS and ASE)

1. Emergent/Stat final echo report ideally should be available to review within 24 hours.
2. Non-urgent/routine the final echo report ideally should be available to review within 48hrs.
3. Final reports ideally should be processed and forwarded to the most responsible physician within 7 days from the time the test was interpreted.
4. Each hospital should have a policy for reporting critical values and a method to communicate these findings to the referring physician.

References

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Pearlman, A.S., Gardin, J.M. (2011). Editorial Comment: Improving Quality in Echocardiography Laboratories. *Journal of The American Society of Echocardiology 24*(1), p11-14.

Picard, M.H., Adams, D., Biering, M., Dent, J.M., Douglas, P.S., Gilliam, L.D., Keller, A.M., Malenka, D.J., Masoudi, F.A., McCulloch, M., Pelikka, P.A., Peters, P.J., Stainback, R.F., Monet Strachan, G., Zoghbi, W.A. (2011,). American Society of Echocardiography Recommendations for Quality Echocardiography Laboratory Operations. *Journal of the American Society of Echocardiography 24*(1), p.1-10.