

Patient Name \_\_\_\_\_  
MRN \_\_\_\_\_  
PATIENT IDENTIFICATION LABEL

**Indication:**

A focused ultrasound exam of the heart was performed to evaluate for pericardial effusion, tamponade, severe hypovolemia, or gross abnormalities of cardiac anatomy or function in this patient. The ultrasound was performed with the following indications, as noted in the H&P:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Hypotension          | <input type="checkbox"/> Trauma, chest wall injury             |
| <input type="checkbox"/> Dyspnea    | <input type="checkbox"/> Concern for effusion | <input type="checkbox"/> Other indications as noted in the H&P |
| <input type="checkbox"/> Syncope    | <input type="checkbox"/> Cardiac arrest       |  |

**Identified structures:**

The pericardial sac, myocardium, and 4 chambers were identified using the following views:

- Subxiphoid
- Parasternal long-axis (PSLA)
- Parasternal short-axis (PSSA)
- Apical 4-chamber

**Findings:**

Exam of the above structures revealed the following findings:

- |                                |                                   |                                      |                                     |
|--------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| Pericardial effusion:          | <input type="checkbox"/> Absent   | <input type="checkbox"/> Present     |                                     |
| If present:                    | <input type="checkbox"/> Small    | <input type="checkbox"/> Moderate    | <input type="checkbox"/> Large      |
| Pericardial tamonade:          | <input type="checkbox"/> Absent   | <input type="checkbox"/> Present     |                                     |
| Cardiac filling:               | <input type="checkbox"/> Adequate | <input type="checkbox"/> Underfilled | <input type="checkbox"/> Overfilled |
| Grossly normal LV function:    | <input type="checkbox"/> Yes      | <input type="checkbox"/> No          |                                     |
| If LV dysfunction:             | <input type="checkbox"/> Mild     | <input type="checkbox"/> Moderate    | <input type="checkbox"/> Severe     |
| Gross R vs L ventricular size: | <input type="checkbox"/> Normal   | <input type="checkbox"/> Abnormal    |                                     |
| IVC collapsibility:            | <input type="checkbox"/> Normal   | <input type="checkbox"/> >70 %       | <input type="checkbox"/> <30% _____ |
| Other:                         | _____                             |                                      |                                     |

**Impression:**

- Normal limited cardiac ultrasound
- Pericardial effusion
- Pericardial tamponade
- Diminished LV function
- Other: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Pager ID \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

CPT: 93308-26