

**Section A: KEY IDENTIFYING INFORMATION**

- A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- A2. Acrostic Identifier \_\_\_\_\_
- A3. Date of echocardiogram \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y
- A4. Study visit  
 BASELINE ..... 1  
 WEEK 1..... 2  
 WEEK 5..... 3
- A5. Name of person completing form \_\_\_\_\_  
PRINT FULL NAME

**Section B: CLINICAL INFORMATION**

- B1. Height or Length at echocardiogram \_\_\_\_\_ . \_\_\_\_\_ cm
- B2. Weight at echocardiogram \_\_\_\_\_ . \_\_\_\_\_ kg

**Section C: ECHO DATA INFORMATION**

Artery	a. Visualized		b. Peripheral-Vascular Brightness		c. Maximum Dimension
	YES	NO	YES	NO	
C1. Left Main CA	1	2 (C2)	1	2	_____ . _____ cm
C2. Proximal LAD	1	2 (C3)	1	2	_____ . _____ cm
C3. Distal LAD	1	2 (C4)	1	2	_____ . _____ cm
C4. Proximal RCA	1	2 (C5)	1	2	_____ . _____ cm
C5. Distal RCA	1	2 (C6)	1	2	_____ . _____ cm
C6. Circumflex	1	2 (C7)	1	2	_____ . _____ cm
C7. Posterior Descending	1	2 (C8)	1	2	_____ . _____ cm

\*\*\*Please record in **Question D4** the dimensions of any aneurysms present in locations not listed above.\*\*\*  
 Do not record the dimension in Questions C1-C7 if the aneurysm is located in a different segment of the relevant artery.

- C8. Aortic Root Dimension done YES ..... 1 NO ..... 2 (C9)  
 a. Size \_\_\_ . \_\_\_ \_\_\_ cm
- C9. Left ventricular end-diastolic dimension \_\_\_ . \_\_\_ \_\_\_ cm
- C10. Left ventricular end-systolic dimension \_\_\_ . \_\_\_ \_\_\_ cm
- C11. Mitral valve regurgitation YES.....1  
 NO .....2 (C12)  
 INDETERMINATE ..... -8 (C12)  
 a. Severity MILD ..... 1  
 MODERATE ..... 2  
 SEVERE ..... 3  
 b. Proximal jet width \_\_\_ . \_\_\_ \_\_\_ cm
- C12. Aortic valve regurgitation YES.....1  
 NO .....2 (D1)  
 INDETERMINATE ..... -8 (D1)  
 a. Severity MILD ..... 1  
 MODERATE ..... 2  
 SEVERE ..... 3  
 b. Proximal jet width \_\_\_ . \_\_\_ \_\_\_ cm

**Section D: OTHER CARDIAC INFORMATION**

- D1. Pericardial Effusion YES ..... 1 NO ..... 2
- D2. Coronary Thrombus YES ..... 1 NO ..... 2
- D3. Regional Wall Motion Abnormality YES ..... 1 NO ..... 2
- D4. Aneurysm(s) present outside of the standard locations (see Q.C1-C7) YES..... 1 NO ..... 2 (D5)
- a1. Aneurysm location #1 \_\_\_\_\_ a2. Aneurysm dimension \_\_\_ . \_\_\_ \_\_\_ cm
- b1. Aneurysm location #2 \_\_\_\_\_ b2. Aneurysm dimension \_\_\_ . \_\_\_ \_\_\_ cm
- D5. Comments \_\_\_\_\_