TOE (TEE) Echo Report

Date:
Name of operators (student and senior):
Type of echo machine:

Reason for TOE request:

Findings on prior TTE?

Has the patient any contraindication to TOE?

Technical conditions:
- Ventilation: Mode, peak/plateau pressure, PEEP
- In case of spontaneous breathing: Type of sedation, use of pharyngeal local anaesthesia, patient positioning.
- In the intubated patient paralysis and laryngoscopy should be considered
- Single-use probe protection: yes or no
- Sinus rhythm or atrial fibrillation (or else)
- Vasoactive / inotropic agents: Name and dose (µg/kg/min)

Results:
1. **Pericardium**: Analysis of retro-atrial regions (search for compressive thrombus, especially following cardiac surgery +++)

2. **LV**
   - Standard 2D measurements
   - LV dimensions (end-systolic and end-diastolic diameters and areas from trans-gastric short axis view), Left ventricular outflow tract diameter (mid-oesophageal view, 130° ±10°)
   - Calculated values: LV fractional area shortening
   - Obtain aortic VTI measurement if unavailable from TTE and under supervision. (Stroke volume and cardiac output calculations) from transgastric long axis view (120°). Repeat after PLR or fluid challenge and/or describe respiratory variability
   - Describe segmental wall motion: homogeneous or not. In case of wall motion abnormality, describe which territory is impaired.
   - Describe other potential abnormal feature of the LV (LVOT obstruction, intracavity thrombus, …)
3. RV
   - Standard 2D measurements:
     o RV dimensions, if not obtained from TTE (measured from mid-oesophageal 4-chamber view): RV diameter and surface area of RV chamber.
     o RV/LV end-diastolic surface ratio
   - Describe segmental wall motion: RV free wall and septal motion
   - Acceleration time of the RV ejection flow as well as any significant respiratory variation (upper oesophageal view)

4. Atria and Inter-atrial septum (IAS)
   - Search for left atrial thrombus (appendage)
   - Describe potential IAS anomaly: aneurysm, patent foramen ovale (PFO), or septal defect.
   - If a PFO is suspected, perform a contrast injection and describe potential manoeuvres used to increase sensitivity (Valsalva manoeuvre, release of PEEP at the time of contrast injection).
   - Describe the position of IAS (right displaced, left displaced or oscillating with ventilation).
   - Doppler Analysis of pulmonary venous flow (PWD pattern suggestive of elevated left atrial pressure? mitral regurgitation?)

5. Valves
   - Describe each valve, presence of anatomical (2D) and/or functional (Doppler) anomaly.
   - Precise quantification of a valvular regurgitation or stenosis as well as the exact underlying mechanism is not expected from a non-cardiologist performing critical care echocardiography.
   - The aortic and mitral valves are better visualised with TEE and so if there was suspicion of a lesion on TTE the valves should be examined in more detail here
   - A gross estimation of severity should be provided, especially if the valvular problem may be causing or contributing to hemodynamic compromise.

6. Superior vena cava
   - Diameter and respiratory variability (collapsibility in Mmode, longitudinal view 90°)

7. Aorta
   - Systematic examination of the aorta - ascending, descending and distal arch
   - Measure 2D diameter of ascending and descending
   - Report dissection, atheroma, aneurysm, coarctation, presence of stents & endoleaks
   - Report position of balloon pump in relation to subclavian artery
8. **Pleura and lungs**
   - Pleural effusion or haematoma and/or lung condensation.

9. **Therapeutic response**
   - Describe fluid challenge volume and type administered and index of fluid responsiveness
   - Describe response to pharmacotherapy including inotropes, vasoconstrictors, mechanical support

**Conclusions:**

1. Answer the question which prompted the TEE request
2. Describe any other relevant findings and significant measurements
3. Describe changes observed in response to therapeutic management – this may include fluid challenge and response to inotropic and vasoconstrictors.

Report whether downloaded onto Hospital PACS

Report whether any blood on the probe when removed