

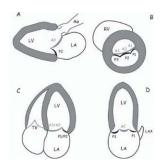
ECHO Imaging Acquisition Protocol



Required: ECHO's recorded in digital DICOM format

Transthoracic Echocardiography:

- Defining MV and AOV anatomy/MR quantitation/LV-LA dimensions and volumes
- Parasternal long (A) and short-axis view (B) *with and without Color* (narrow angle and zoomed acquisitions)
- Apical two- chamber view (D) and four-chamber view (C) with and without Color (narrow angle and zoomed acquisitions)
- Subcostal view of four-chamber and short axis show IVC reactivity with normal and forced inspiration



Recommended loops: <u>SR 3 beats/ AF 5-6 beats</u> for all 2D and Color Doppler images

* Please contact your Ultra-Sound Company if advice or support is needed to export DICOM formatted data from your echo machine.

Transesophageal 3D Echocardiography:

Mid-esophageal views of MV with and without Color (narrow sector /Zoomed acquisition)

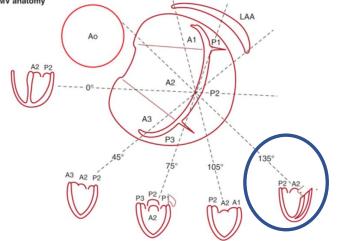
- Mid-esophageal 5-4CH view (0-20 dgr)
- 2CH view (90 dgr)
- Commissural view (50-105 dgr)
- *3CH view LAX (120-150 dgr), in addition the view with the biggest prolapse or flail.
- 3D En Face surgical view of MV and if possible with 3D Color of MR.

(MV-3D reconstruction requires primary dataset /3D Zoom views are preferable)

AOV: mid-esophageal LAX-SAX (120-150 dgr) with and without Color (Zoom mode)

Measurements: AP diameter (LAX-view); CC diameter (bi-commissural view) in systole and diastole

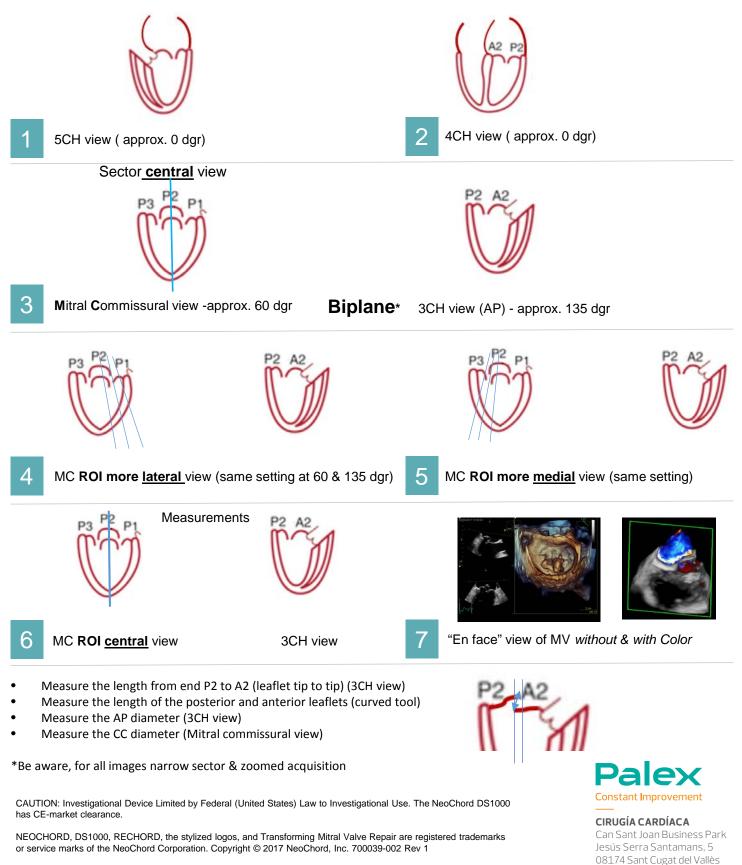
Anterior & Posterior leaflet length; overlapping segment (-s) (prolapsing segment; juxtaposed anterior leaflet)



Focus on optimal LV-view

Step by Step guides for recommended TEE 2D-3D views - Multiple Cardiac Cycles

TEE 2D/ 3D "en face" view - without & with Color Doppler- Imaging acquisition should be focussed on the prolapsing segment.



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