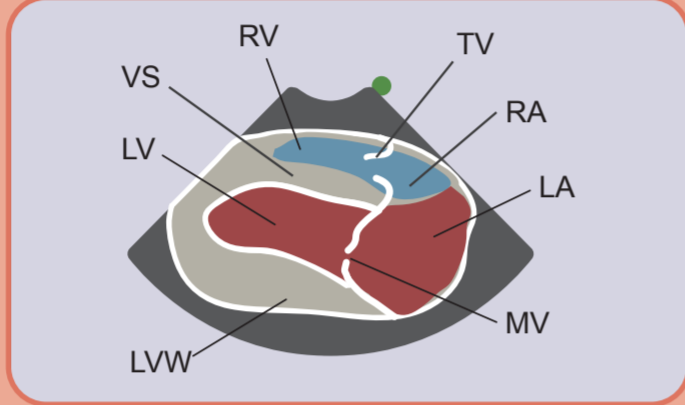
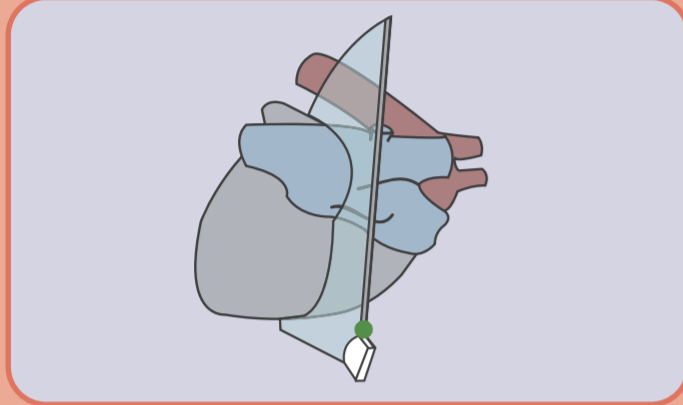


## 1. Right parasternal long axis 4-chamber view

### Assess:

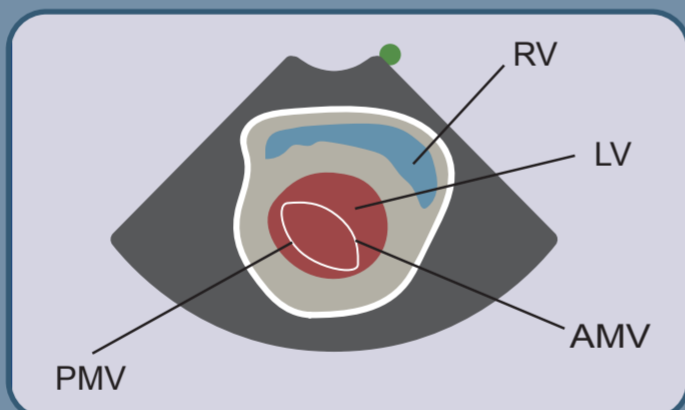
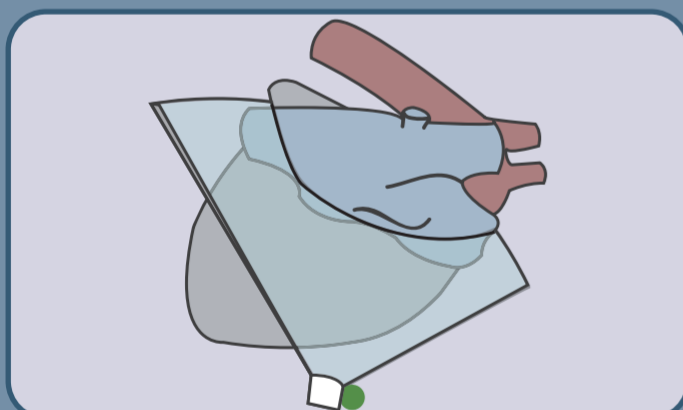
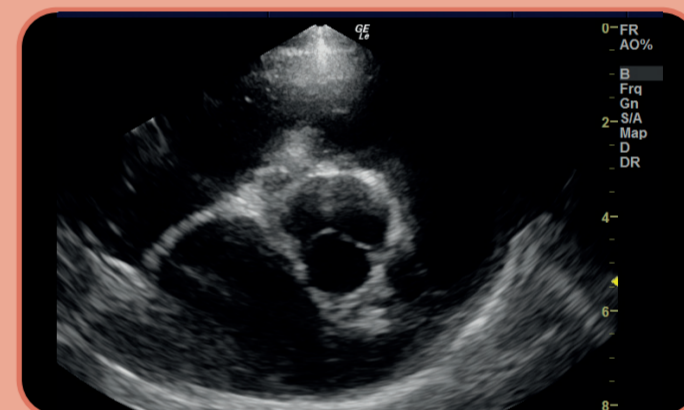
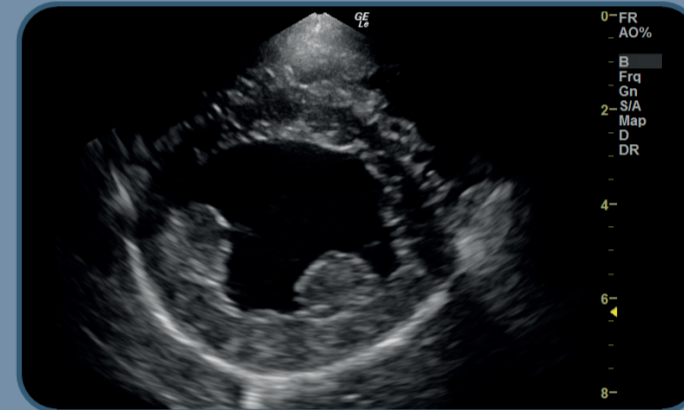
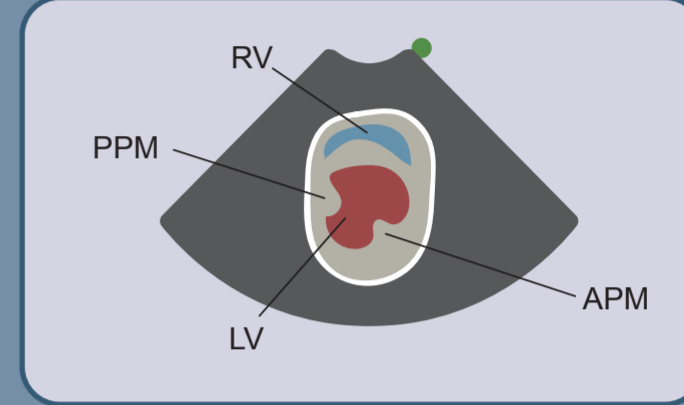
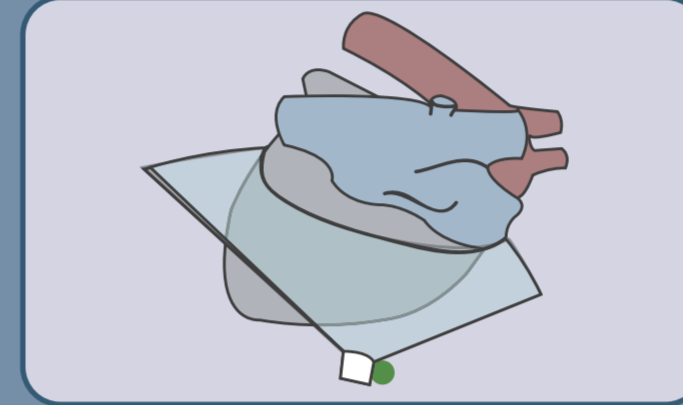
- LA size
- LV wall thickness
- Contractility
- Atrial septum shape (may bulge to one side if high pressures on opposite side)
- Ventricle shape (should be bullet shape at apex, rounds with DCM)
- Valves (movement, thickness)
- Thrombi/'smoke'



## 2. Right parasternal short axis view (papillary muscles) Mushroom view

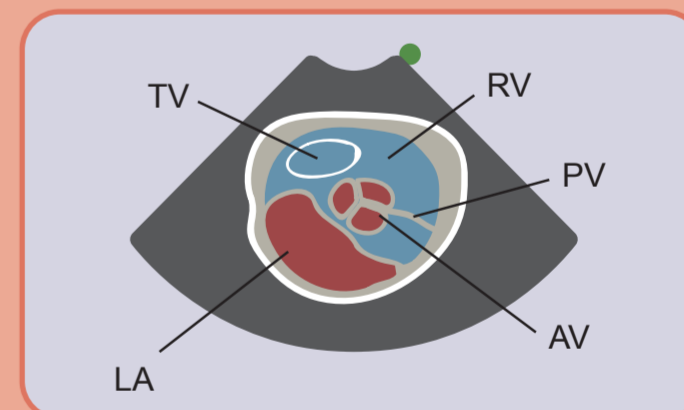
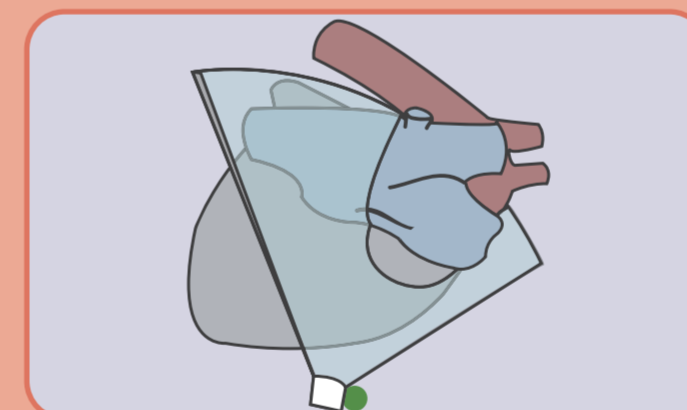
### Assess:

- Shape of ventricular septum (flattening if increased right ventricular pressure)
- Pericardial effusion
- Hyperechoic 'spots' on papillary muscles represent the point of attachment of the chordae tendinae
- LV dimensions in M-mode



### Assess:

- Mitral valve leaflets (movement, thickness)
- LV walls (thickness, motion)
- Turbulence of blood flow (with colour Doppler)



### Assess:

- LA size relative to aorta – on the first frame where the aortic valves close (early diastole) and the atrium is at its biggest. If LA:Ao ratio  $\geq 1.6$ , the LA is enlarged and cardiomegaly is present
- Aortic valves
- Heart base tumours (requires more dorsal fanning)
- VSD (with colour Doppler)

## 3. Right parasternal short axis view (mitral valve) Fish mouth view

## 4. Right parasternal short axis view (at the base of the heart) Aortic valve view

**AMV** Anterior mitral valve, **APM** Anterior papillary muscle, **AV** Aortic valve, **DCM** Dilated cardiomyopathy, **LA** Left atrium, **LA:Ao ratio** Left atrial to aortic root ratio, **LV** Left ventricle, **LVW** Left ventricular wall, **MV** Mitral valve, **PMV** Posterior mitral valve, **PPM** Posterior papillary muscle, **PV** Pulmonary valve, **RA** Right atrium, **RV** Right ventricle, **TV** Tricuspid valve, **VS** Ventricular septum, **VSD** Ventricular septal defect.

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