1. Was the echo completed?
   - ☐ Yes, and all required views were obtained
   - ☐ Yes, but not all required views were obtained  ➔ Please explain:
   - ☐ No  ➔ Please explain:

2. Are there any referral or alert findings?
   - ☐ No
   - ☐ Yes  ➔ 2a. What are the alert findings? (CHECK ALL THAT APPLY)
     - ☐ Suspected tamponade
     - ☐ Aortic aneurysm or dissection
     - ☐ Abscess or obvious vegetation
     - ☐ Intracardiac thrombus or mass
     - ☐ Pseudoaneurysm
     - ☐ Significant arrhythmia
     - ☐ Severe left or right ventricular enlargement
     - ☐ Severe regurgitation or stenosis of any valve
     - ☐ Moderate or greater pericardial effusion - no evidence of tamponade
     - ☐ Mild or moderate stenosis of any valve
     - ☐ Moderate mitral or aortic regurgitation
     - ☐ Moderate or greater dynamic LVOT obstruction
     - ☐ Intra-cardiac shunt
     - ☐ Moderate to severe pulmonary hypertension
     - ☐ RV pressure or volume overload
     - ☐ Low ejection fraction or WMA
     - ☐ Other, please specify:
3. Comments for the echo reading center, including any problems encountered with the participant, image acquisition, or machine failure:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

**RESULTS OF THE ARTERIAL PULSE WAVE EXAM:**

- **Complete**
  - Quality of Wave Form:
    - O Good
    - O Fair
    - O Poor
  - Were multiple recordings performed?
    - O Yes
    - O No

- **Incomplete**
  - Reason exam incomplete or not done:
    - O Poor arterial waveform
    - O Undetectable arterial waveform
    - O Equipment malfunction
    - O Time/staff/room constraints
    - O Examinee refused or uncooperative
    - O Examinee physically unable
    - O Other

Comments:

Sonographer ID #: