



# Indira Gandhi National Open University

School of Health Sciences

Maidan Garhi, New Delhi-110 068

## LOG-BOOK

MCCL-002

CARDIOVASCULAR EVALUATION-11

CONTENTS		
		<i>Page No.</i>
1.	General Instructions to Students	3
2.	History and Examination Record Form	5
3.	Individual Case Record	15

Name : .....

Enrolment No. : .....

Address : .....

.....

.....

1/1/11

---

# 1. GENERAL INSTRUCTIONS TO STUDENTS

---

This log-book is a compulsory component of the Cardiovascular Evaluation-II(MCCL-002). As you are aware that this course is mainly deals with ecliocardiography. You are required to maintain sample of learning activities that you perform as a part of this course. You are required to fill up the case record **proforma** at PSC as mentioned. You will only fill up the log of activities in the space provided against the respective case separately. The posting duration for this course is three months. Initially for a few weeks you will be posted as observer in echocardiography department Thereafter, hands on training will be given in transthoracic echocardiography. Further you will be rotated in vascular lab, stress lab, transesophageal lab for orientation in various procedures.

Initial part of the log-book is designed to record a summary of all cases of day to day activity. Individual case record details are given just after the summary.

## 1.1 Objectives

The objectives of the log-book are:

- proper positioning of the patient for transthoracic scanning;
- configuring the ultrasound system for adult and paediatric cardiac imaging;
- acquiring proper imaging planes and identifying tomographic cardiac anatomy including:
  - parasternal long axis view
  - RV inflow view
  - parasternal short axis view (basal, mid and apical levels)
  - superior angulation for pulmonary artery view
  - apical 4 chamber view
  - apical 2 chamber view
  - apical long axis view
  - subcostal long and short axis views
  - subcostal inferior venacaval and descending aortic views
  - suprnsternnl view.
- utilize M mode scan line and sweep speed adjustment;
- utilize probe wave/continuous wave Doppler adjustment;
- adjustment of gain time, gain compensation, sector size and depth with colour Doppler imaging;
- understand the fundamental physics of ultrasound imaging;
- understand the relationship of transducer frequency to imaging goals;
- correctly interpret normal and abnormal anatomic relationships; and
- synthesise the appropriate clinical indication for echocardiography and its impact on clinical decision making.

## 1.2 How to Use the Log-book?

Your Programme in-charge (PIC) and Academic Counsellors (ACs) will help you to learn many practical skills in your day to day practice. You will come across different variety of cases in a repeated manner which enhance your learning process. We are expecting you to fill at least 100 different cases to monitor and evaluate your day to day activity. Although the actual number of cases attended by you is much more. The cases recorded in this log-book are just representative of your learning activity. This recorded log-book should be counter signed by respective counsellors.

## 2. EXAMINATION RECORD FORM IN PSC

Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					



Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
51.					
52.					
53.					
54.					
55.					
56.					
57.					
58.					
59.					
60.					

Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
61.					
62.					
63.					
64.					
65.					
66.					
67.					
68.					
69.					
70.					

Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
71.					
72.					
73.					
74.					
75.					
76.					
77.					
78.					
79.					
80.					

Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
81.					
82.					
83.					
84.					
85.					
86.					
87.					
88.					
89.					
90.					

Sl. No.	Date	Name and Admission No.	Diagnosis	Signature of Student	Signature of Counsellor
91.					
92.					
93.					
94.					
95.					
96.					
97.					
98.					
99.					
100.					

**ECHOCARDIOGRAPHY REPORT**

NAME ..... AGE..... SEX: MIF DATE..... Admission No. ....  
 ECHO No. .... CV No. ....

Referring Diagnosis .....

Quality of Imaging: Poor / Adequate / Good

Measurements	Normal Values	Measurements	Normal Values
Aorta	(<22 mm/m <sup>2</sup> )	Aortic cusp separation	(>1.5 cm)
LV es	(16-19 mm/m <sup>2</sup> )	LV ed	(19-32 mm/m <sup>2</sup> )
IVS ed	(6-10 mm)	IVS ed	
PW (LV) ed	(6-10 mm)	PW (LV) es	
LVEF	(60-80%)	LA es	(<22 mm/m <sup>2</sup> )
RV ed	(4-14 mm/m <sup>2</sup> )	RV Anterior wall	(up to 5 mm)
IVS Motion	Normal / Flat / Paradoxical	IAS	

**Mitral Valve**

Morphology AML: Normal ■ Thickening / Calcification / Flutter ■  
 Vegetation / Prolapse / SAM / Doming  
 PML: Normal / Thickening ■ Calcification / Prolapse /  
 Paradoxical motion ■ Fixed  
 Subvalvular deformity Present/Absent Score .....

Doppler Normal / Abnormal  
 Mitral Stenosis: Present 1 Absent  
 RR interval .....msec; EDG.....mmHg  
 MDG.....mmHg; MVA..... cm<sup>2</sup>  
 Mitral Regurgitation: Absent / Trivial 1 Mild / Moderate / Severe

**Tricuspid Valve**

Morphology Normal / Atresia 1 Thickening 1 Calcification / Prolapse / Vegetation 1 Doming  
 Doppler Normal / Abnormal  
 Tricuspid Stenosis: Present / Absent RR interval .....msec  
 EDG.....mmHg MDG.....mmHg  
 Tricuspid Regurgitation: Absent 1 Trivial / Mild 1 Moderate ■ Severe  
 Fragmented Signals; Velocity .....mlsec  
 Pred. RSVP=RAP+ .....mmHg

**Pulmonary Valve**

Morphology Normal / Atresia / Thickening ■ Doming 1 Vegetation  
 Doppler Normal / Abnormal  
 Pulmonary Stenosis: Present / Absent Level  
 PSG.....mmHg Pulmonary Annulus .....mmHg



