



Affix Patient Label	
Patient Name: _____	Date of Birth: _____

Transesophageal Echocardiogram Preliminary Report

Date: _____ Time: _____

Referring Physician: _____

Procedural Cardiologist: _____

Indications:

- CVA / TIA / Source Embolus _____
- Congenital Heart Disease _____
- Valve Disease _____
- Bacteremia _____
- Aortic Pathology _____
- Cardioversion _____
- A-Fib _____
- Other: _____

Medications:

- Midazolam HCl (Versed) _____ mg IV Push
- Fentanyl _____ mcg IV Push
- Flumazenil (Romazicon) _____ mg IV Push
- Benzocaine 20% (Hurricane) Spray _____
- Other _____ IV Push
- Sedation per Anesthesia Department

Complications:

- None
- Other: _____

Findings:

- Normal LV size and function
- Visually estimated EF _____
- Other _____
- Normal RV size and function
- Other _____
- MV Structurally normal
- Other _____
- AV Structurally normal
- Other _____
- PV Structurally normal
- Other _____
- TV Structurally normal
- Other _____

Left Atrium

- No masses or thrombi
- _____

Right Atrium

- No masses or thrombi
- _____

Left-Atrial Appendage

- No thrombi
- Other _____

Intra-Atrial Septum

- Intact, no evidence of shunt
- Other: _____

Aorta

- No significant aortic plaque
- Other: _____

Other: _____

Cardiologist Signature: _____ **Date:** _____ **Time:** _____