

Sample Case Log

Requirement 5: Practice Experience

Transthoracic Examinations

Examinations performed and Interpreted

Physician's Full Name: _____

Physician's Date of Birth: _____

Attestation: I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transthoracic echocardiograms.

Applicant's Signature: _____ **Date:** _____

Number	Date Performed	Indications	Echo Findings	Clinical Diagnosis
<i>Example</i>	MM/DD/YYYY	Hypotension	Severely reduced LV function with LVEF=20%, Normal RV function with TAPSE of 2.6 cm, LVOT VTI 12.1CM, E 123 cm/sec, A 50 cm/sec, lat e' 4 cm/sec, hypokinetic anteroseptal wall	Cardiogenic Shock
<i>Example</i>	MM/DD/YYYY	Stroke	Normal LV function with LVEF = 65%, LVOT VTI 24 cm, E 68 cm/sec, A 82 cm/sec, lat e' 12 cm/sec, TAPSE 2.8 cm, RV s' 14 cm/sec	MCA CVA
<i>Example</i>	MM/DD/YYYY	Respiratory Failure	LV function moderately reduced with LVEF = 40 %, LVOT VTI 15 cm, CO 4.2 L/min, E 2.1 cm/sec, RV/LV size ratio 0.5 , TAPSE 2.2 mm, lateral e', E/e' 33	Cardiogenic Pulmonary Edema
1				
2				
3				
<i>(continue numbering)</i>				