

CKiD Sonographer Echo Worksheet

Clinical Site #: _____

Subject ID #: _____

Sonographer Initials: _____

Date of Study: _____

Study Visit Number: _____

Participant height (cm): _____ . _____

Participant weight (kg): _____ . _____

Indicate Visit Protocol

Regular Study Visit

Post Dialysis Visit

Post Transplant Visit

Indicate type of Echo

ASE baseline Echo: Order if baseline Echo not completed previously. Collect ASE Echo & 13 study images.

Repeat Echo: Order if baseline Echo was completed previously. Collect 13 study images only.

Sonographer Checklist

Check When Echo Study Completed

1. _____ All of the above worksheet data filled in.
2. _____ Subject ID, site number, visit # and date entered correctly on images (no patient name, medical record number, etc. is to be listed on images or worksheet)
3. _____ Complete Echocardiogram with M-Mode, 2D Doppler and Doppler of all valves to exclude the presence of congenital heart disease (**Collected one time ONLY**).
4. _____ Echocardiographic CKiD study complete. (5 cardiac cycles per image, sweep speed 100mm/sec)
 - a) _____ Parasternal Long-Axis Image (**Image #1**)
 - b) _____ PLAX 2D-guided M-Mode of LV (**Image #2**)
 - c) _____ PLAX 2D-guided M-Mode of LA and Aorta (**Image #3**)
 - d) _____ 2D-parasternal short-axis image (papillary muscle level) (**Image #4**)
 - e) _____ 2D Apical 4-chamber image (**Image #5**)
 - f) _____ 2D Apical 2-chamber image (**Image #6**)
 - g) _____ 2D Apical 3-chamber image (**Image #7**)
 - h) _____ Mitral Inflow Pulse Wave Doppler (**Image #8**)
 - i) _____ Pulse Wave Tissue Doppler Imaging
 - 1) _____ Medial mitral annulus (**Image #9**)
 - 2) _____ Lateral mitral annulus (**Image #10**)
 - j) _____ Suprasternal notch (high parasternal) short axis image of the aorta (**Image #11**)
 - k) _____ Suprasternal notch (high parasternal) short axis image of the aorta – ZOOMED (**Image #12**)
 - l) _____ Suprasternal notch (high parasternal) short axis image of the aorta-2D guided M-Mode of Zoomed image (**Image #13**)
5. _____ “Alert” protocol followed (if applicable). “Alert” Finding (specify): _____
6. _____ Images stored. Images labeled with clinical site, subject ID, visit # and study date.

Indicate make and model of ultrasound system _____

Comments: _____

Instructions for CKiD Sonographer:

Please keep a copy of this form for your records. Upload this form, and images to the Cardiovascular Imaging Core Research Lab (CICRL) via AMBRA. If you have any questions please contact Matthew Zacharias matthew.zacharias@cchmc.org or Chrissy Schulte christine.schulte@cchmc.org.