Affix computer I.D. here

LEFT VENTRICULOGRAPHY

Name _____

Date ___/___/___ DATE09
Mo. Day Yr.

Technique: Cine ☐ Direct film ☐ Not done ☐
CINE09 DIRFLM09 NTDONE09

_____ _____
Name of angiographer Name of angiography interpreter

Position(s): RAO09 RAO ☐ AP09 AP ☐ LAO09 LAO ☐ LAT09 LAT ☐

Complications: 1 Yes ☐ 2 No ☐ CMPLIC09
If yes, complete "Complications" form.

A. Required Hemodynamic Data

1. LV pressure prior to angiography LVESP09 / LVEDP09 mm/Hg.
systolic end diastolic

2. LV end diastolic volume (ml) DIAVOL09
LV end systolic volume (ml) SYSVOL09
If volume analysis is not possible, indicate LV enlargement.
1 None 2 Slight ☐ 3 Moderate ☐ 4 Severe ☐ 5 Unknown ☐ ENLRGT09

3. LV ejection fraction: post normal beat EJECFR09 %

B. Optional Hemodynamic Data (raw data)

1. Ao pressure AOPRS109 / AOPRS209 / AOPRS309
systolic diastolic mean

2. PA pressure PAPRS109 / PAPRS209 / PAPRS309
systolic diastolic mean

3. Heart rate (b/min.) HRTRTE09

4. Cardiac output (L/min.) OUTPUT09 OUTDEC09

5. Stroke output (ml) STRKOP09

6. Post extra systole: ejection fraction PESEF09%

7. Post arteriographic LV pressure PALVP109 / PALVP209 mm/Hg.
systolic end diastolic

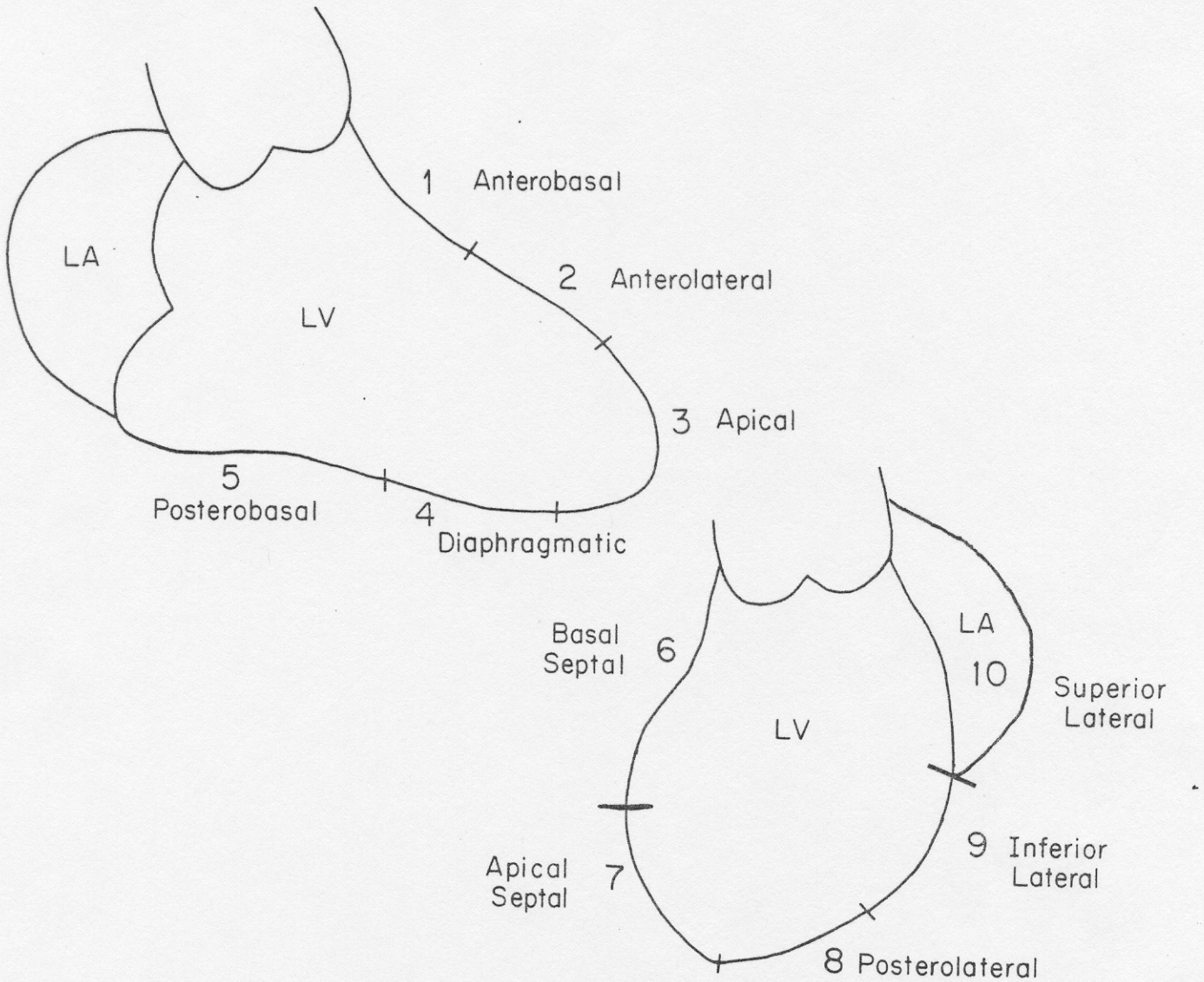
Minutes after arteriography MINAFT09

C. Mitral Regurgitation MTREGG09
1 None ☐ 2 Slight ☐ 3 Moderate ☐ 4 Severe ☐ 5 Unknown ☐

For clinic use: _____

☆ GPO 797-709

Name _____



D. Localized LV Contraction

	Unknown	Normal	Hypokinetic Moderate	Hypokinetic Severe	Akinetic	Dys-kinetic	Aneurysm	Mural Thrombus
1. Anterobasal	☐ UNKN109	1☐	2☐	3☐	4☐	5☐ KINET109	☐ ANEUR109	☐ THROM109
2. Anterolateral	☐ UNKN209	1☐	2☐	3☐	4☐	5☐ KINET209	☐ ANEUR209	☐ THROM209
3. Apical	☐ UNKN309	1☐	2☐	3☐	4☐	5☐ KINET309	☐ ANEUR309	☐ THROM309
4. Diaphragmatic	☐ UNKN409	1☐	2☐	3☐	4☐	5☐ KINET409	☐ ANEUR409	☐ THROM409
5. Posterobasal	☐ UNKN509	1☐	2☐	3☐	4☐	5☐ KINET509	☐ ANEUR509	☐ THROM509
6. Basal Septal	☐ UNKN609	1☐	2☐	3☐	4☐	5☐ KINET609	☐ ANEUR609	☐ THROM609
7. Apical Septal	☐ UNKN709	1☐	2☐	3☐	4☐	5☐ KINET709	☐ ANEUR709	☐ THROM709
8. Posterolateral	☐ UNKN809	1☐	2☐	3☐	4☐	5☐ KINET809	☐ ANEUR809	☐ THROM809
9. Inferior Lateral	☐ UNKN909	1☐	2☐	3☐	4☐	5☐ KINET909	☐ ANEUR909	☐ THROM909
10. Superior Lateral	☐ UNKN1009	1☐	2☐	3☐	4☐	5☐ KINT1009	☐ ANUR1009	☐ THRM1009

Name of person filling out form

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