

TIPSHEET: .USTTE (CPT 93308)

Indication: suspicion of pericardial effusion or to evaluate cardiac activity

Questions you should ask yourself:

Pericardial fluid: YES or NO

Right ventricle size: ENLARGED or unable to determine

LV Contractility: POOR or NORMAL or HYPERDYNAMIC

RV Contractility: POOR or NORMAL or HYPERDYNAMIC

IVC size: SIZE in CM or NOT visualized

Mechanically ventilated breaths: YES or NO

Diuretics given in past 12 hours (example furosemide): YES or NO

Vasodilators given in past 12 hours: YES or NO

IF any of above YES do not perform IVC respiratory variation test

IVC respiratory variation %: NO variation or 30-50% or Greater than 50% or UNABLE to perform

Intravascular volume status: Volume depletion OR normal OR volume overload

Images to obtain:

Probe: Low Frequency Phased Array

TTE1 – Parasternal Long View

TTE2 – Parasternal Short View (M-mode through center of LV) and record clip

TTE3 – Apical View (Optional) to compare RV to LV size

TTE4 – IVC (M-mode image) to show respiratory variation % and record clip

TTE5 – BLUE point (upper right)

TTE5.1 – BLUE point (upper left)

Scanning Tips:

Parasternal long view:

Ribs in way? Try turning probe slightly clockwise or counterclockwise

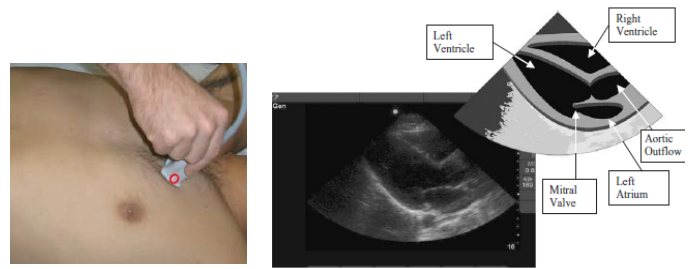
Can't see recognizable image? Try sliding probe along third or fourth intercostal space toward and away from sternum, heart sometimes in middle of thorax

Parasternal short view:

Can't see recognizable image? As above on parasternal long view; sometimes placing person in left lateral decubitus position will help

Apical view:

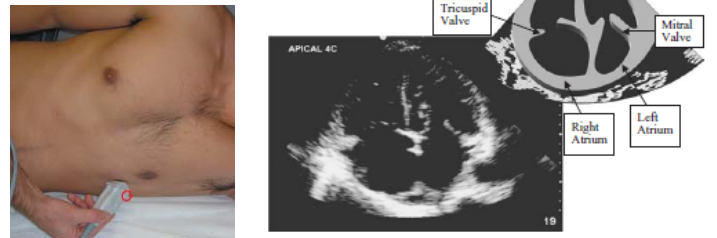
Same as above, hardest view to find sometimes. Attempt to place person in left lateral decubitus position



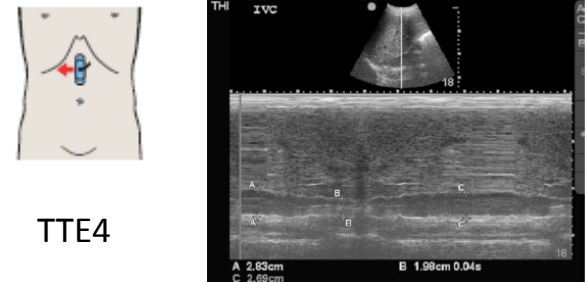
TTE1



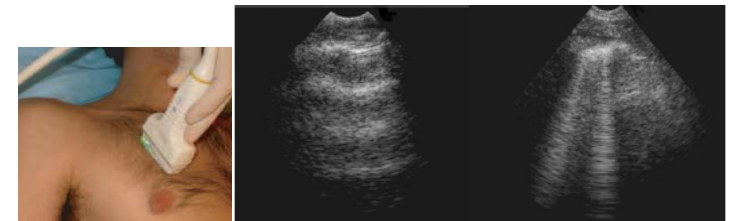
TTE2



TTE3



TTE4



TTE5

A lines

B lines

IVC unable to be located? Air in stomach or abdomen can obscure view, try obtaining view through hepatic window

Lung views for pneumothorax and hemothorax:

Can't see pleural line? If unable to locate anything might have subcutaneous air, try different lung positions.

Can't see above diaphragm? Try positioning more posterior and slide probe up towards head