



WHAT VIEW WHEN?

Pericardial effusion:

- 1) **subcostal**-most info the fastest
- 2) **plax**-quick eval of L side and RV motion
- 3) **apical 4**-check RV and RA, allows Doppler interrogation of MV inflow and LVOT outflow (25m/s sweep speed)

Ischemia:

- 1) **psax of LV**-quick overall view of LV from pap muscles to apex
- 2) **apicals**- allows full visualization of walls*watch for foreshortening*

P.E./

Right Heart Strain:

- 1) **subcostal**-easier view, check right function and size comparative to left
- 2) **apicals**- allows full visualization of RV and RA
- 3) **RV inflow (Tajik)**-different RV/RA angle-TR jet sometimes better here.

LV thrombus:

- 1) **apicals**- offers full view of apex-even if foreshortened
- 2) **plax**- manipulate axis or slide lateral to see apex.

Dissection:

- 1) **plax**- visualizes Ao root, slide up and toward right clavicle to 'move up' aorta
- 2) **suprasternal notch**- allows view of arch and descending aorta.
- 3) **subcostal**- allows view of descending
- 4) **psax of AV**- scan more anterior to view prox ascending Ao

Right side

Pressures:

- 1) **RV inflow (Tajik)**-TR jet typically in line with cursor
- 2) **psax of AV**- easy to find even if off axis, good results
- 3) **apical 4**-axis does not matter, watch for AV interference

MR/ flail MV:

- 1) **plax**-best visualization of MV, MR jet may be underestimated
- 2) **apicals**- more angles of MR jet, visualize chordae, watch for typical leaflet 'dipping'
- 3) **psax of MV**- visualize leaflets, check MR origin