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*

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