

CORRELATION OF ECHO WITH OTHER IMAGING MODALITIES

PATIENT NAME/ID: _____

SONOGRAPHER: _____ READER: _____

<p>TTE, TEE, SE</p> <p>Parameters under Comparison:</p> <p>_____</p> <p>_____</p>	<p>OTHER MODALITY: _____</p> <p>_____</p> <p>_____</p>
Date of Echo:	Date of Other Exam:
Echo Indication:	Other Exam Indication:
<p>Pertinent Echo Findings:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p>	<p>Pertinent Findings of Other Exam:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>8) _____</p>

Did echo correlate with other exam findings? Yes No

Major discrepancies/Comments: _____

Minor discrepancies/Comments: _____

Action taken:

Correlator: _____ Date: _____