CARDIAC EXAMINATION FORM

PERICARDIUM

Intact, congenital/acquired defect; fluid, amount and character (clear, fibrinous, hemorrhagic, chylous, etc.); adhesions (extent, location)

CORONARY ARTERIES

CORONARY OSTIA

Location in relationship to sinotubular junction and sinus of Valsalva
Acute angle or ostial ridge present

EPICARDIAL ARTERIES

Remove arteries from heart by blunt dissection
Note dominance (right, left, combination)
Post-mortem X-ray (in patients > 40 years of age) to determine calcification
Decalcification, 24 hours or more if needed
Section at 3 mm intervals, noting:
Plaques (length, cross sectional luminal narrowing, thrombus), dissections, etc.:
- Left main
- Proximal left anterior descending (LAD)
- Note also presence of tunnel (myocardial bridge)
- Mid and distal LAD
- Left diagonal from LAD
- Proximal left circumflex and ramus intermedius, if present
- Distal left circumflex (if left dominant)
- Proximal right coronary
- Mid right coronary artery
- Distal right coronary artery
- Posterior descending coronary artery:

CARDIAC VALVES

AORTIC VALVE

Trim ascending aorta 1 cm from aortic valve, and view from above
Aortic root diameter; numbers of aortic cusps; presence and location of raphe if present
Degree of stenosis and nodular calcification, if present
Commissural fusion (commissures involved and degree 1-3+);
Evidence of regurgitation (rolling and thickened valve leaflet edges)
Vegetations (size, location, evidence of valve destruction)
Fenestrations (size, location)

MITRAL VALVE

Evidence of prolapse (mild, moderate, severe)
Degree of calcification of annulus (absent, mild, moderate, severe)
Valve leaflets: fibrotic thickening, calcific plaques, clefts
Vegetations; underlying valve destruction