

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

Commissures: fusion and fibrosis, if present
Length of leaflet, annulus to free edge, anterior and posterior leaflets
Chordal disarray, thickening, shortening
Papillary muscles: fibrosis, malformations, fusion, rupture

PULMONARY VALVE: Number of leaflets, vegetations, fibrosis, dysplasia

TRICUSPID VALVE: Prolapse/floppy changes; vegetations; underlying valve destruction; fibrosis, characteristics of chordae; evidence of annular dilatation

PROSTHETIC VALVE: Bioprosthetic (porcine, pericardial), mechanical (bileaflet, tilting disc, caged ball)

LEFT VENTRICLE

ANTERIOR WALL: Thickness; scarring (patchy, subendocardial, transmural, subepicardial); acute infarction (subendocardial, transmural)

LATERALWALL: Thickness; scarring, infarction (subendocardial, transmural)

POSTERIOR WALL: Thickness; scarring, acute infarction (subendocardial, transmural)

INTERVENTRICULAR SEPTUM: Thickness (anterior basal, posterior basal, apical); scarring (patchy, subendocardial, transmural, subepicardial); acute infarction

CAVITY: Dimension at level of papillary muscles, not including muscles and trabeculae

LOCATION OF ABNORMALITY: Basal, mid or apical

RIGHT VENTRICLE

ANTERIOR WALL: Thickness, gross scarring, fat replacement

LATERALWALL: Thickness, gross scarring, fat replacement

POSTERIOR WALL: Thickness, gross scarring, fat replacement, infarction (acute, healed)

OUTFLOW REGION: Thickness, gross scarring; fat replacement

CAVITY: Normal, mild, moderate severe dilatation (evaluate in apical slice, should not form apex)

ENDOCARDIUM

Endocardial fibrosis (mild, moderate severe); mural thrombus (apical, inflow, involvement of mitral valve); relationship of thrombus to scarring or infarct

ATRIA

Dilatation, thrombus; foramen ovale: patent, closed; endocardial fibrosis: focal, diffuse; endocardial appearance: normal, waxy, suggestive of amyloid (patients > 79 years or history suggestive of primary amyloidosis)