



**St Georges FITscan  
Focused Intensive care TOE**

# St Georges FITscan

## Focused Intensive care TOE

A focused TOE scan designed to allow users with experience in echocardiography to exclude common life-threatening pathology seen in the intensive care population. It is an initial step to gaining full competence in comprehensive TOE examination. Initial training can be gained during the *TOE for intensivists course* with further hands on experience gained by supervised practice on intensive care. FITscan reporting is done using the structured reporting card.

### **Aims**

**Identify obvious pathology and initiate management or further imaging**  
**Assess left and right ventricular size and function**

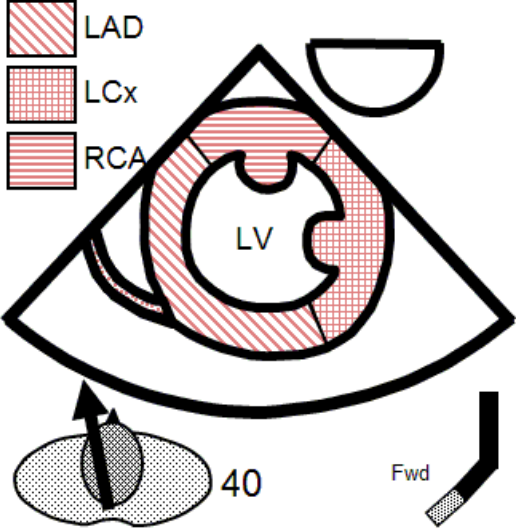
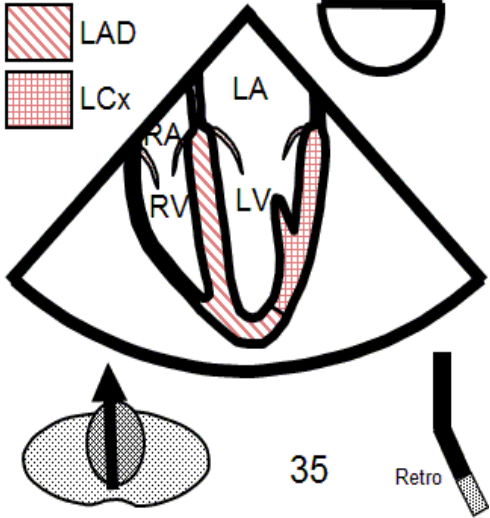
### **Life-threatening pathology**

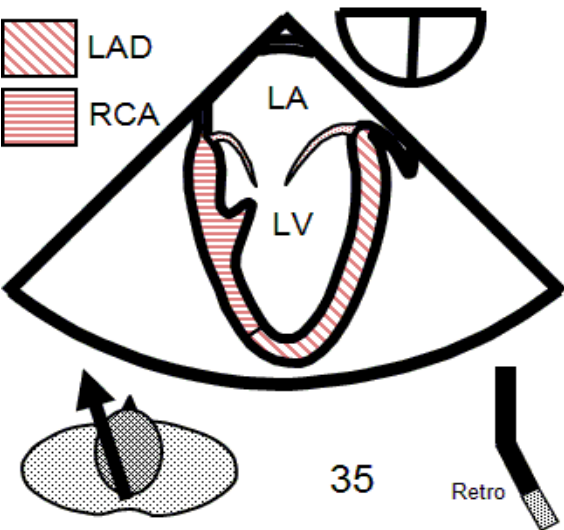
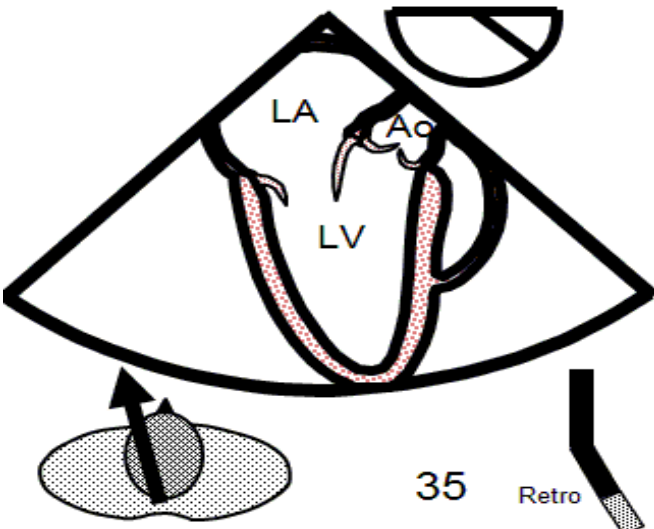
1. Left Ventricular hypovolaemia
2. Left Ventricular systolic failure
3. Right Ventricular failure
4. Massive PE
5. Pericardial tamponade
6. Severe Aortic valve stenosis
7. Aortic dissection

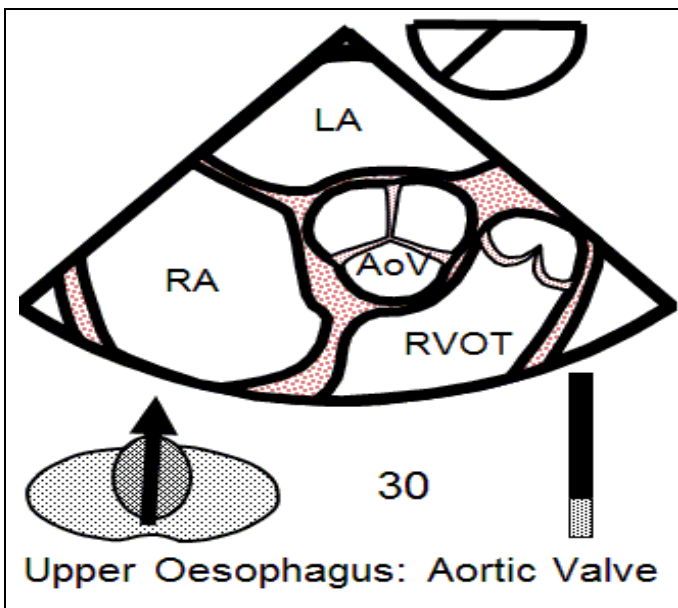
### **Secondary pathology**

1. Examine for regional wall motion pathology
2. Ventricular wall and cavity dimensions
3. Tricuspid regurgitation and estimate PA pressure
4. Aortic valve disease
5. Severe Mitral valve disease
6. Assess position of CVC, PAFC, IABP
6. Presence of pleural effusion

# FITscan examination structure

 <p style="text-align: center;">Trans-gastric: short axis LV</p>	<p><b>LV size</b>            Normal / Dilated    LVEDd    mm            LV wall thickness    PWd    mm</p> <p><b>LV systolic function</b>            Good / Moderate / Poor</p> <p><b>RWMA in coronary territories</b>            LAD / RCA / Circ</p> <p><b>Pericardial effusion / Tamponade</b></p>
 <p style="text-align: center;">Mid Oesophagus: 4 Chamber</p>	<p><b>LV systolic function</b>            Good / Moderate / Poor</p> <p><b>RV size</b>            Normal / Dilated</p> <p><b>RV systolic function</b>            Free wall    Good / Moderate / Poor            Long axis    Good (TAPSE &gt; 20mm) /            Reduced</p> <p><b>Mitral Valve</b>            MR Mild / Mod / Severe</p> <p><b>Tricuspid valve</b>            TR Mild / Mod / Severe</p>

 <p>Mid Oesophagus: 2 Chamber</p>	<p><b>LV systolic function</b>          Good / Moderate / Poor</p> <p><b>LA size</b>          Normal / Dilated</p> <p><b>LAA</b>          thrombus present Yes / No</p> <p><b>Mitral Valve</b>          Leaflet appearance          Normal Yes / No</p> <p>Coaptation          Good Yes / No</p> <p>MR Mild / Mod / Severe</p>
 <p>Mid Oesophagus: LV Outflow</p>	<p><b>Mitral Valve</b>          MR Mild --- Mod ---- Severe          LVOT obstruction</p> <p><b>Aortic Valve</b>          AR Mild ---- Mod ----- Severe</p> <p><b>Ascending Aorta</b>          Diameter.....cm          Dissection/Dilation</p>



**Aortic valve**

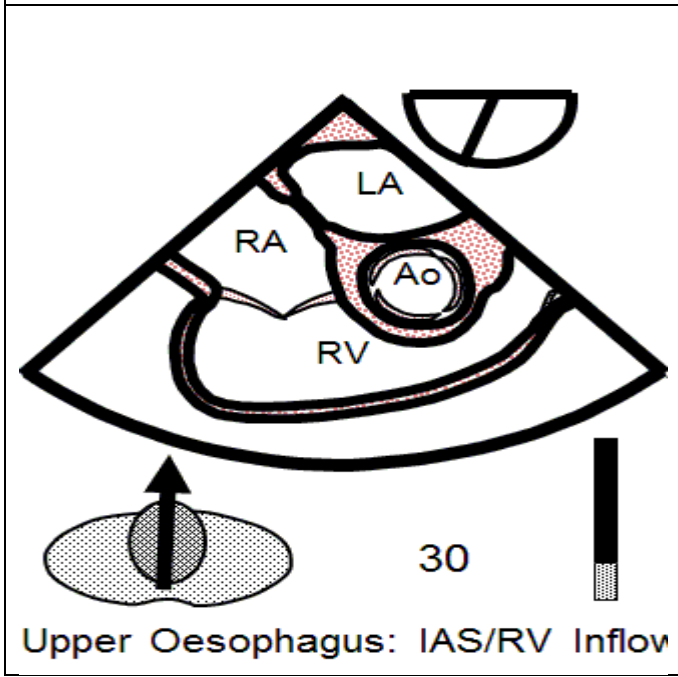
Structure Tricuspid / Bicuspid

Appearance normal Yes / No

Calcification Yes / No

Function normal / abnormal

AR mild ----- mod ----- severe



**Tricuspid Valve**

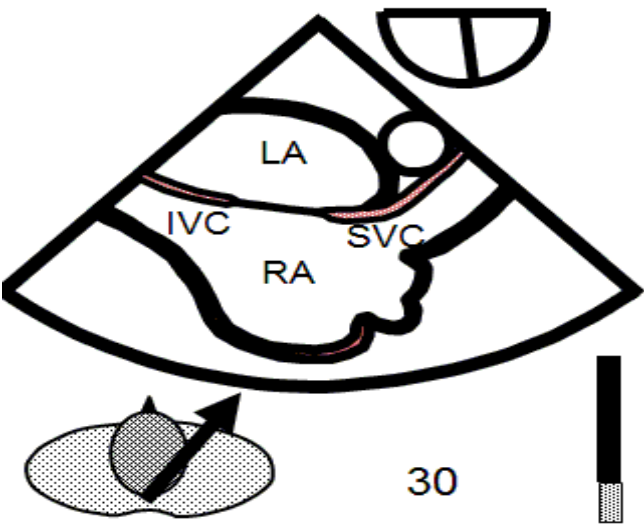
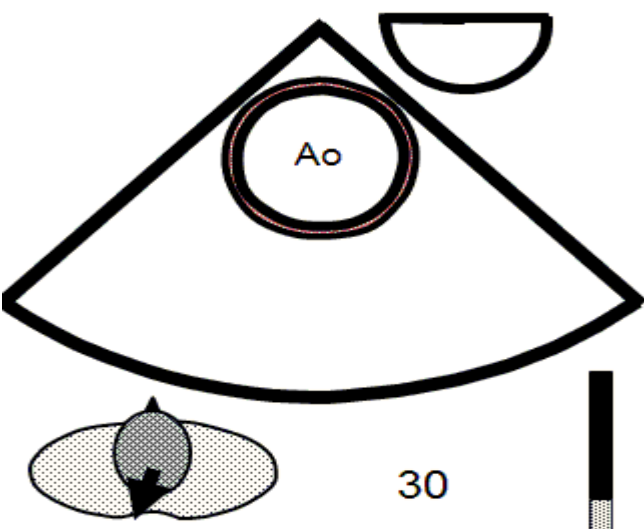
TR mild ----- mod ----- severe

**RV function**

Contractility

Good / Moderate / Poor

Presence of Pulmonary embolus

 <p>Upper Oesophagus: RA/IAS/LA</p>	<p><b>Inter-atrial septum</b></p> <p>LA pressure high</p> <p>RA pressure high</p> <p>ASD present Yes / No</p> <p>Presence of catheters or pacing wires.</p> <p>Yes / No</p>
 <p>Upper Oesophagus: Desc. Aorta</p>	<p><b>Descending Aorta</b></p> <p>Normal / Dilated size      mm</p> <p>Dissection</p> <p>Atheroma</p> <p>Balloon pump</p> <p><b>Pleura</b></p> <p>Pleural effusion      left / right</p> <p>Small / moderate / Large</p>

NB: Transoesophageal views showing approximate direction of transducer from patients head; distance in centimetres from bite; and probe flexion