



1) Cardiac

[] general criteria for all clips:

--- indicator mark on screen right for all clips

--- all files should be clips rather than still images

- Parasternal long-axis

[] axis:

--- following structures visible: LV, LA, RV, LVOT, aortic valve, mitral valve

--- functional finding: aortic & mitral valve both seen opening @ appropriate part of the cardiac cycle

[] gain: blood is relatively black

[] depth: able to see at least descending thoracic aorta

- Parasternal short-axis

[] axis:

- following structures visible: LV @ mid-ventricular level, RV

[] gain: blood is relatively black

[] depth: able to see deep enough to visualize parietal pericardium

- Apical 4-chamber

[] axis:

--- following structures visible: LV, RV, RA, LA, mitral, tricuspid

[] functional finding:

--- tricuspid & mitral valves both seen opening in diastole

[] gain: blood is relatively black

[] depth: able to see deep enough to see just posterior to the atria

- Subcostal 4-chamber

[] axis:

--- following structures visible: LV, RV, RA, LA, tricuspid, (optional = mitral)

--- functional finding: tricuspid valve seen opening in diastole

[] gain: blood is relatively black

[] depth: able to see deep enough to just posterior to parietal pericardium deep to the LV

- IVC long-axis

[] axis: following structures visible

--- IVC (NOT aorta or hepatic vein) in long-axis

--- liver

[] gain: blood is relatively black

[] depth: able to see deep enough to see behind the IVC to see if there is liver tissue or spine there (i.e., if liver posterior to IVC, this supports the identification structure as IVC whereas if spine is posterior, supports identification of this structure as aorta)

2) Lung

[] general criteria for all clips:

--- indicator mark on screen left for all clips

--- all files should be clips rather than still images

- anterior or antero-lateral lung view

[] axis:

--- cranial & caudal ribs/rib shadows visible

--- should be able to visualize whether lung sliding is present or absent

[] depth:

--- if B-lines are visible, screen depth should be enough to see the B-lines obliterate at least 2 A-lines (typically at least 10cm)

--- if only A-lines are visible, you really only need enough screen depth to see the first A-line

[] gain:

--- gain should be low enough to see pleural line distinct from surround structures

- postero-lateral lung view

[] axis:

--- should be able to see the following structures: diaphragm, spine caudal to the diaphragm, supradiaphragmatic space

[] depth:

--- should be set deep enough to see the spine

[] gain:

--- gain should be high enough to see liver/diaphragm as relatively echogenic structures

3) Gastric

[] general criteria for all clips:

--- indicator mark on screen left for all clips

--- video clips are preferred but still images will be considered if they are of high-quality

[] need to include both a supine and a RLD clip unless supine shows either solids or a grossly distended antrum (in which a supine view of the antrum alone is sufficient)

[] axis: should be able to see the following structures: liver, antrum in full

circumference, aorta (exception when there is recent solid intake in which case the aorta may be obscured by air artifact in the antrum)

[] depth: should be set deep enough to see the aorta, or where it is expected to be

[] gain: should be set so that the liver appears of medium echogenicity (grey) and the content of aorta appears anechoic