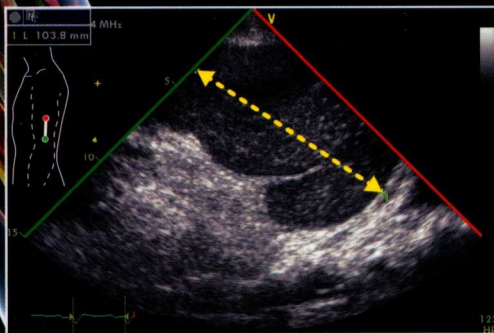
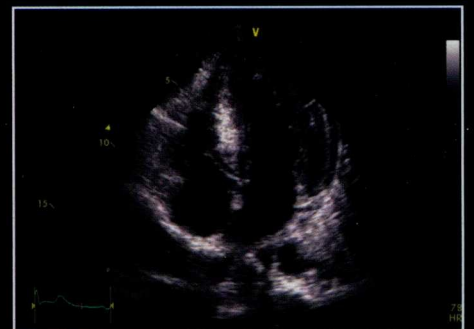




# BASIC TRANSESOPHAGEAL AND CRITICAL CARE ULTRASOUND



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CRC Press  
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BASIC  
**TRANSESOPHAGEAL  
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ULTRASOUND

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# Dedication

This book is dedicated to:

My wife Denise Fréchette and my children Jean-Simon, Gabrielle, and Julien who have supported me with love and patience (André Y Denault)

My parents, Patrick and Lena, and my brother Derek, who have always been supportive (Annette Vegas)

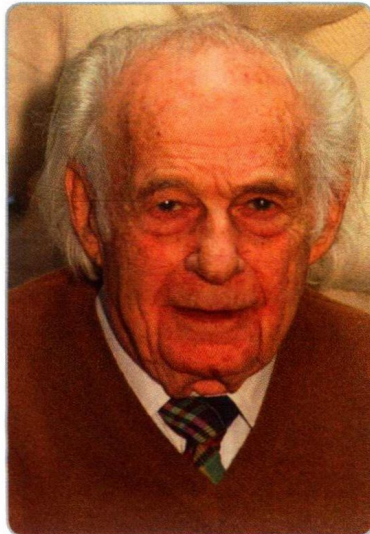
Maude and Julien for their support and inspiration (Yoan Lamarche)

Michèle, Jean-Daniel and Pier-Luc (Jean-Claude Tardif)

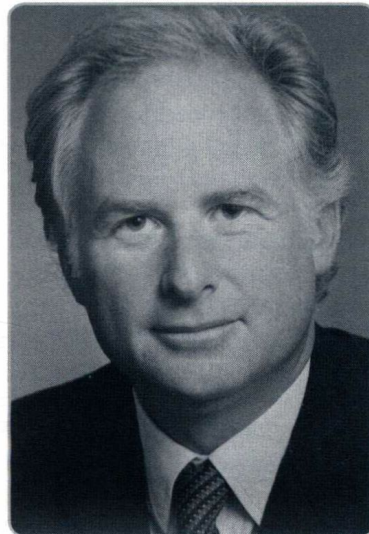
Frédéric and Noémie (Pierre Couture)

And above all, our patients for whom we believe that knowledge in the use of bedside ultrasound will improve their care.

The editors would like to thank sincerely Dora and Avrum Morrow and the Richard I Kaufman Endowment Fund in Anesthesia and Critical Care.



Avrum Morrow



Richard I Kaufman



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# Foreword

Since I first trained in Critical Care Medicine (CCM) in the mid-1980s at the University of Pittsburgh, where André Denault then followed, the intensive care unit (ICU) has changed dramatically with regards to the acuity, severity and complexity of the patient population. As clinicians at the bedside, the questions we ask are increasingly complex and the answers we seek are more precise. Non-invasive monitoring is more refined and ultrasound (US) technology has become the modern clinician's stethoscope. US monitoring has gone from echocardiography being performed by a cardiologist in the occasional ICU patient two decades ago, to the intensivist obtaining either a focused or comprehensive echocardiogram and performing US examination of the thoracic and abdominal contents, as well as guiding vascular access and monitoring neurological status. Since all the organs of interest to the CCM physician are accessible by US imaging, the scope of practice is rapidly growing in popularity. This is matched only by the challenge we face in mastering the technology, recognizing the limits, interpreting the results and teaching ultrasound to our students, residents, fellows and colleagues.

It is with these objectives in mind that this textbook on US imaging was wonderfully conceived by the team of experts that André has put together. The chapters proceed in more or less the same fashion as US imaging has progressed through the last decades. From basic principles and image acquisition, the reader evolves to transesophageal echocardiography (TEE) and assessing intra-cardiac and extra-cardiac structures and function, as well as all other organs accessible to the TEE platform. The reader then proceeds to transthoracic echocardiography and focused US imaging of the pulmonary and abdominal contents, with a welcome addition regarding

brain monitoring. Perioperative and ICU assessments are well dealt with, as are ICU procedures and vascular access in the critically ill patient. Each chapter is rigorously structured and very well referenced with diagrams, intra-operative photographs, illustrations and videos to optimize interactive learning for both the novice, as well as the experienced clinician. Tables and figures abound throughout the text in pragmatic support and as a reminder of concepts, classifications and equations. Last but not least are the chapters dedicated to simulation training and examination, which are of the utmost importance to those involved in structuring US teaching programs and in abiding by society guidelines and recommendations.

Dr Denault and his team are to be complimented for this comprehensive and rigorous effort in mastering US imaging whether in the operating room or the ICU. It is a reflection of where US imaging has come from and where it is going. However, for US imaging to evolve, we must make certain it is well performed, interpreted and leads to appropriate decision making. This book strives to achieve these goals.

Our CCM training program at the University of Montreal believes US imaging is now an obligatory skill to be mastered during fellowship training. Our fellows go through a 3-month structured US training program in order to become proficient in basic US imaging of the heart and other organs through TEE, TTE and focused US examination. This book recreates how our fellows are being trained and as such, is our textbook of reference. Years of clinical observation and correlation with US imaging by clinicians have gone into this book and I am extremely proud of what it has become and what it will achieve.

**Jean-Gilles Guimond MD, FRCPC, FCCP**  
Program Director, Critical Care Medicine  
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# Preface

In 2005, we published our first Transesophageal Echocardiography Multimedia Manual,<sup>1</sup> which was followed in 2011 by a second edition.<sup>2</sup> These manuals were written to help prepare practising anesthesiologists and trainees in cardiothoracic anesthesia and critical care for the National Board of Echocardiography (NBE) Examination of Special Competence in Advanced Perioperative Transesophageal Echocardiography (TEE). In the second edition, several chapters were dedicated to the role of TEE in non-cardiac surgical applications and in the intensive care unit (ICU). The field of TEE has matured significantly over the last decade. In addition, with the widespread availability of ultrasound, there is a growing interest for the applications of bedside ultrasound in the ICU, non-cardiac operating room, and emergency medicine. Furthermore, training guidelines in basic TEE<sup>3</sup> and in critical care ultrasound were published.<sup>4,5</sup> Certification in both modalities through the NBE and the American College of Chest Physicians (ACCP) have also become available.

The goal of this manual also remains simple: to prepare anesthesiologists, critical care physicians, fellows, and residents for the NBE Basic Perioperative TEE examination and ACCP critical care ultrasonography certification. This book, whose editors and the majority of its authors are from Canadian universities, also covers the Canadian recommendations for critical care ultrasound training and competency.<sup>6</sup> It is the opinion of the editors that all critical care physicians and general anesthesiologists will eventually become trained in both basic TEE and critical care ultrasound. At the Université de Montréal in 2013, the Critical Care Program Director, Dr Jean-Gilles Guimond asked me to initiate comprehensive ultrasound training for all our fellows. This is the manual that we will be using.

The manual is divided in two parts. Part I consisting of Chapters 1 to 12 is dedicated to basic TEE. Part II relates to focused bedside ultrasound and includes Chapters 13 to 19. In Chapter 20, two mock exams inspired by the NBE Basic TEE and the ACCP exam are presented, and additional materials are available from the CRC website: <http://www.crcpress.com/product/isbn/9781482237122> In Part I, we introduce for the first time a chapter on extra-cardiac TEE. In addition, in Part II, there is a chapter on ultrasound of the brain. These unconventional areas will become more important in the future as clinicians evaluate not only the etiology of hemodynamic instability, but also the impact on multiple organs such as the kidney, liver, splanchnic perfusion, and brain. This manual is unique because the editors and authors represent several different fields of clinical practice in anesthesia, internal medicine, emergency medicine, and surgery. General anesthesiologists, cardiothoracic anesthesiologists and neuro-anesthesiologists have shared

their unique expertise alongside critical care physicians, cardiologists, gastroenterologists, neurologists, emergency medicine specialists, abdominal and thoracic radiologists, and cardiac and thoracic surgeons. I sincerely thank all the authors who have taken the time to contribute to this work.

Such a manual would not have been possible without the support of my four editors. I am very grateful for their contributions. Dr Annette Vegas is a cardiothoracic anesthesiologist with a critical care appointment at the Toronto General Hospital. Annette has been an editor since 2009 and has continuously raised the quality and pertinence of our educational material. She has already published several books in TEE that are carried by ultrasound trainees worldwide. She has contributed to an outstanding free educational website in ultrasound translated into several languages (<http://pie.med.utoronto.ca>). Her dedication to this manual has been unsurpassed and is remarkable, as it was for the second edition of the TEE manual. Dr Yoan Lamarche is a cardiac surgeon, additionally certified in critical care medicine and TEE, working at both the Montreal Heart Institute (MHI) and Hôpital du Sacré-Coeur. He is the director of the MHI Cardiac Surgical ICU. Yoan's natural leadership, educational skills, common sense, and surgical experience gave this manual clarity and a unique perspective. Dr Jean-Claude Tardif is a cardiologist and the director of the MHI Research Center. Since the perioperative anesthesia TEE program started in 1999 at the MHI, Jean-Claude has strongly supported the Anesthesiology Department in TEE development and expertise. Dr Tardif has played an important role participating in developing our manuals and has also made available the MHI research environment in order to improve the care of our patients in the operating room and the ICU. I met Dr Pierre Couture in 1993 when he returned from Paris after completing his cardiac anesthesia fellowship. We shared a common passion for ultrasound applications and have been working and publishing together ever since. Pierre was our former Chief of Cardiac Anesthesia at the MHI. He has been helping me in all aspects of the manual, completely rewriting some chapters in order to offer the best to our students and readers. His generosity, kindness, amazing TEE knowledge, and teaching skills are well appreciated in our institution.

Several individuals have played a significant role in the creation of this manual. Mr Denis Babin is the webmaster of the Department of Anesthesiology of the Université de Montréal and my research assistant since 1998. I am fortunate to have such an amazing assistant. His diverse talents in computer science, graphic design, database management, and communication provide the key elements that have made all our manuals so appealing. There is not a single figure or video that Denis has not



touched, improved or converted ... I often say, "Denis, would you mind 'babinising' this?" Special thanks for the support and advice of my current Chief of Cardiac Anesthesia at the MHI must go to Dr Alain Deschamps. I also thank all my colleagues, anesthesiologists, critical care physicians, cardiac surgeons, and cardiologists at the MHI who have supported and alerted me to interesting cases. Likewise, I thank my critical care colleagues in the ICU of the Centre Hospitalier de l'Université de Montréal.

This work would not have been possible without financial support. I would like to thank especially Dora and Avrum Morrow. Meeting Mr Avrum Morrow in Old Montreal and seeing the Avrum Collection was an unforgettable moment in my life. In 2014, I had the privilege of being chosen for the Richard I Kaufman Endowment Fund in Anesthesia and Critical Care. This support will allow us to continue our educational and research activities for the coming years. My gratitude to the Kaufman family is beyond words. All this support has been completely dependent on the MHI Foundation and its director Mélanie LaCouture. The MHI Foundation has been supporting me every year since 1999 and played a key role in contacting those who are supporting this manual and our future development. Special thanks to Josée Darche from the MHI Foundation. In addition, my appreciation goes to MHI director Dr Denis Roy and to Dr Annie Dore who is responsible for all MHI educational activities, as both have also believed in our initiatives. I am also indebted to the Fondation de l'Association des Anesthésiologistes du Québec and president Dr Gilles Plourde and Mr Joseph Bestravos from Sonosite/Fuji for their generous support. Credit must also be given to Mr Fainman for his generous donation that allowed us to buy the first X-Porte ultrasound system from Sonosite/Fuji in Canada. Several figures in this book came from this equipment.

Dr Robert Amyot, staff cardiologist at the Hôpital du Sacré-Coeur has been an author in our two previous TEE manuals. In 2014 Robert became the president of CAE Healthcare. We acknowledge his support in allowing us to enhance many figures in this manual by extensively using the Vimedix simulator (CAE, Healthcare Canada) to obtain

anatomic illustrations and videos. In addition, physicians in Canada have free institutional access to Anatomy.tv powered by Primal Picture (info@primalpictures.com) through Wolters Kluwer Health. This educational site allows clinicians to learn and teach anatomy from a 3D atlas. We are so grateful to both of these companies for allowing us to use their interface throughout the manual.

Finally, many colleagues, residents, and fellows at the MHI have graciously reviewed chapters of this manual, making suggestions and pointing out corrections. I would like to thank all of them which are listed just below.

I hope that you will enjoy reading the 1st Edition of the Basic Transesophageal and Critical Care Ultrasound textbook.

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# Abbreviations

2C	two-chamber
2D	two-dimensional
4C	four-chamber
5C	five-chamber
A	amplitude
A	peak late diastolic TMF or TTF velocity
A	atrial contraction
a'	peak late diastolic mitral or tricuspid annular velocity
A dur	duration of TMF A-wave
A4C	apical four-chamber
AA	apical anterior
AA	axillary artery
AAA	abdominal aortic aneurysm
AAL	anterior axillary line
AC	attenuation coefficient
ACA	anterior cerebral artery
ACC	American College of Cardiology
ACCP	American College of Chest Physicians
ACES	Abdominal Cardiac Evaluation with Sonography in Shock
ACGME	Accreditation Council for Graduate Medical Education
ACLS	advanced cardiac life support
ACoA	anterior communicating artery
Adr	adrenal
Adre	adrenaline
AHA	American Heart Association
AIN	apical inferior
AJV	anterior jugular vein
AL	apical lateral / anterolateral
AL	area-length method
Am	peak late diastolic MAV
AMVL	anterior mitral valve leaflet

Ant	anterior
Ao	aorta
AoV	aortic valve
AP	anterior-posterior
AR	atrial reversal
AR	aortic regurgitation
AR dur	atrial reversal pulmonary venous flow velocity duration
ARDS	acute respiratory distress syndrome
AS	apical septal / anteroseptal
ASA	American Society of Anesthesiologists
aSAH	aneurysmal subarachnoid hemorrhage
Asc Ao	ascending aorta
ASD	atrial septal defect
ASE	American Society of Echocardiography
Asr	late diastolic strain rate
At	peak late diastolic tricuspid annular velocity
AV	axillary vein / aortic valve
AVA	aortic valve area
AVC	aortic valve closure
AVM	arteriovenous malformation
AW	anterior window
BA	basal anterior
BA	basilar artery
BAL	basal anterolateral
BART	Blue Away Red Towards (common color map)
BAS	basal anteroseptal
BHI	breath holding index
BIN	basal inferior
BIL	basal inferolateral
BIS	basal inferoseptal
BSA	body surface area
C	carotid segments
C	propagation speed



CA	carotid artery
CAD	coronary artery disease
CAE	Canadian Aviation Electronics
CAS	carotid angioplasty and stenting
CBF	cerebral blood flow
CBFV	cerebral blood flow velocity
CCA	cerebral circulatory arrest
CCCS	Canadian Critical Care Society
CCE	critical care echocardiography
CCS	Canadian Cardiovascular Society
CCTA	coronary computed tomography angiography
CEA	carotid endarterectomy
CFD	color flow Doppler
CFS	cerebrospinal fluid
CHD	congenital heart disease
cm	centimeter
CME	continuing medical education
CMR	cardiovascular magnetic resonance
CO	cardiac output
CO <sub>2</sub>	carbon dioxide
CPB	cardiopulmonary bypass
CPP	cerebral perfusion pressure
CPR	cardiopulmonary resuscitation
CS	coronary sinus
CSA	cross-sectional area
CSE	Canadian Society of Echocardiography
CT	celiac trunk
CT	computed tomography
CTA	computed tomography angiogram
CTP	computed tomography perfusion
CVC	central venous catheters
CVP	central venous pressure
CW	continuous wave

CWD	continuous wave Doppler
CXR	chest radiography
d	diameter
D	diastolic PVF or HVF velocity
D	diastolic
D1	first diagonal
D2	second diagonal
DAP	diastolic arterial pressure
db	decibel
DBP	diastolic blood pressure
DCI	delayed cerebral ischemia
DE-CMR	delayed enhanced cardiovascular magnetic resonance
Des Ao	descending aorta
DF	duty factor
DT	deceleration time
DVT	deep venous thrombosis
E	early diastolic TMF or TTF velocity
E	early filling
e'	peak early diastolic mitral or tricuspid annular velocity
ECA	external carotid artery
ECG	electrocardiogram or electrocardiographic
ECMO	extracorporeal membrane oxygenation
EDA	end-diastolic area
EDV	end-diastolic velocity
EF	ejection fraction
eFAST	extended FAST
EI	eccentricity index
EIV	external iliac vein
Em	early diastolic MAV
ER	emergency room
ERO	effective regurgitant orifice
ESA	end-systolic area



<b>ESLD</b>	end-stage liver disease
<b>Esr</b>	early diastolic strain rate
<b>ET</b>	ejection time
<b>Et</b>	peak early diastolic tricuspid annular velocity
<b>ETCO<sub>2</sub></b>	end-tidal carbon dioxide
<b>ETT</b>	endotracheal tube
<b>EUS</b>	endoscopic ultrasound scanning
<b>EV</b>	eustachian valve
<b>EVAR</b>	endovascular repair of aortic aneurysm
<b>f</b>	frequency (Hz)
<b>FA</b>	femoral artery
<b>FAC</b>	fractional area change
<b>FAST</b>	Focused Assessment with Sonography in Trauma
<b>Fd</b>	Doppler frequency shift
<b>FL</b>	false lumen
<b>FO</b>	foramen ovale or fossa ovalis
<b>FP</b>	foramen primum
<b>FS</b>	foramen secundum
<b>FV</b>	femoral vein
<b>FVd</b>	end-diastolic flow velocity
<b>FVm</b>	mean flow velocity
<b>FVR</b>	flow velocity ratio
<b>FVs</b>	systolic flow velocity
<b>FW</b>	frontal window
<b>g</b>	gram
<b>GCCUS</b>	General Critical Care Ultrasound
<b>GE</b>	gastroesophageal
<b>GI</b>	gastrointestinal
<b>GLS</b>	global longitudinal strain
<b>H</b>	horizontal
<b>HAF</b>	hepatic artery flow
<b>HAV</b>	hemiazygos vein
<b>HCM</b>	hypertrophic cardiomyopathy
<b>HITS</b>	hyperintensity thromboembolic signal
<b>HR</b>	heart rate
<b>HU</b>	Hounsfield unit

<b>HV</b>	hepatic vein
<b>HVF</b>	hepatic venous flow
<b>HVLT</b>	half value layer thickness
<b>IN</b>	inferior
<b>IAS</b>	interatrial septum
<b>IA</b>	innominate artery
<b>IABP</b>	intra-aortic balloon pump
<b>ICA</b>	internal carotid artery
<b>ICCU</b>	Imaging Curriculum in Critical Care Ultrasound
<b>ICM</b>	intercostal muscle
<b>ICP</b>	intracranial pressure
<b>ICU</b>	intensive care unit
<b>IJV</b>	internal jugular vein
<b>IL</b>	inferolateral
<b>IMA</b>	internal mammary arteries
<b>IN</b>	inferior
<b>In-Out</b>	inflow-outflow
<b>IOA</b>	index of autoregulation
<b>IRC</b>	intensity reflection coefficient
<b>IS</b>	inferoseptal
<b>IVC</b>	inferior vena cava
<b>IVCT</b>	isovolumic contraction time
<b>IVRT</b>	isovolumic relaxation time
<b>IVS</b>	interventricular septum
<b>IVUS</b>	intravascular ultrasound
<b>J</b>	joules
<b>L</b>	lateral
<b>LA</b>	left atrium
<b>LAA</b>	left atrial appendage
<b>LACA</b>	left anterior cerebral artery
<b>LAD</b>	left anterior descending
<b>LAFB</b>	left atrio-femoral bypass
<b>LAP</b>	left atrial pressure
<b>LAX</b>	long-axis
<b>LCC</b>	left coronary cusp
<b>LCCA</b>	left common carotid artery



<b>LCX</b>	left circumflex artery
<b>LGC</b>	lateral gain control
<b>LGE</b>	late-gadolinium-enhancement
<b>LH</b>	left heart
<b>LHV</b>	left hepatic vein
<b>LIJV</b>	left internal jugular vein
<b>LK</b>	left kidney
<b>LLL</b>	left lower lobe
<b>LM</b>	left main
<b>LMCA</b>	left middle cerebral artery
<b>LPV</b>	left portal vein
<b>LSCA</b>	left subclavian artery
<b>LSVC</b>	left-sided superior vena cava
<b>LT</b>	liver transplantation
<b>LTICA</b>	left terminal internal carotid artery
<b>L-to-R</b>	left-to-right
<b>LUL</b>	left upper lobe
<b>LUPV</b>	left upper pulmonary vein
<b>LV</b>	left ventricle or left ventricular
<b>LVD</b>	left ventricular minor-axis diameter
<b>LVEDA</b>	left ventricle end-diastolic area
<b>LVEDD</b>	left ventricle end-diastolic diameter
<b>LVEDP</b>	left ventricular end-diastolic pressure
<b>LVEDV</b>	left ventricle end-diastolic volume
<b>LVEF</b>	left ventricular ejection fraction
<b>LVESA</b>	left ventricular end-systolic area
<b>LVESP</b>	left ventricular end systolic pressure
<b>LVIDd</b>	left ventricular internal diameter at end-diastole
<b>LVOT</b>	left ventricular outflow tract
<b>LVOTO</b>	left ventricular outflow tract obstruction
<b>m</b>	meter
<b>MA</b>	mid-anterior
<b>MAL</b>	mid-anterolateral
<b>MAS</b>	mid-anteroseptal
<b>MAV</b>	mitral annular velocity
<b>Max</b>	maximal

<b>MCA</b>	middle cerebral artery
<b>ME</b>	mid-esophageal
<b>MFV</b>	mean flow velocity
<b>MHV</b>	middle hepatic vein
<b>MI</b>	mechanical index
<b>Mid</b>	middle
<b>MIL</b>	mid-inferolateral
<b>MIN</b>	mid-inferior
<b>MIS</b>	mid-inferoseptal
<b>MLS</b>	midline shift
<b>mm</b>	millimeter
<b>mmHg</b>	millimeter of mercury
<b>M-mode</b>	motion mode
<b>Mn</b>	mean
<b>MOC</b>	maintenance of competence
<b>MOD</b>	method of disk
<b>MPA</b>	main pulmonary artery
<b>MPI</b>	myocardial performance index
<b>MR</b>	mitral regurgitation
<b>MRI</b>	magnetic resonance imaging
<b>ms</b>	millisecond
<b>MS</b>	mitral stenosis
<b>MV</b>	mitral valve
<b>MVA</b>	mitral valve area
<b>MVO</b>	mitral valve opening
<b>MW</b>	middle window
<b>NBE</b>	National Board of Echocardiography
<b>NCC</b>	non-coronary cusp
<b>NL</b>	nipple line
<b>Norad</b>	noradrenaline
<b>NS</b>	not specified
<b>OA</b>	ophthalmic artery
<b>ONSD</b>	optic nerve sheath diameter
<b>OR</b>	operating room
<b>P</b>	power
<b>P</b>	pressure



<b>P1</b>	posterior leaflet
<b>PA</b>	pulmonary artery
<b>PAC</b>	pulmonary artery catheter
<b>PaCO<sub>2</sub></b>	arterial carbon dioxide tension
<b>PAEDP</b>	pulmonary artery end-diastolic pressure
<b>PAL</b>	posterior axillary line
<b>Pan</b>	pancreas
<b>PaO<sub>2</sub></b>	arterial oxygen tension
<b>Par</b>	systolic radial blood pressure
<b>PASP</b>	pulmonary artery systolic pressure
<b>PC</b>	pericardial cyst
<b>PCA</b>	posterior cerebral artery
<b>PCoA</b>	posterior communicating artery
<b>PCWP</b>	pulmonary capillary wedge pressure
<b>PD</b>	pulse duration
<b>PE</b>	pericardial effusion
<b>PE</b>	pulmonary embolism
<b>PEA</b>	pulseless electrical activity
<b>PecM</b>	pectoralis muscle
<b>PEEP</b>	positive end-expiratory pressure
<b>PFO</b>	patent foramen ovale
<b>PG</b>	pressure gradient
<b>PHT</b>	pressure half-time
<b>PI</b>	pulsatility index
<b>PICC</b>	peripherally inserted central catheter
<b>PISA</b>	proximal isovelocity surface area
<b>PM</b>	papillary muscle
<b>PMD</b>	power mode Doppler
<b>Pms</b>	mean systemic venous pressure
<b>PMV</b>	prosthetic mitral valve
<b>POCUS</b>	point-of-care ultrasound
<b>Post</b>	posterior
<b>PoVF</b>	portal venous flow
<b>Ppa</b>	pulmonary artery pressure
<b>Ppl</b>	pleural pressure
<b>PR</b>	pulmonary regurgitation

<b>Pra</b>	right atrial pressure
<b>PREDV</b>	pulmonary regurgitation end-diastolic velocity
<b>PRF</b>	pulse repetition frequency
<b>PRI</b>	pulmonary regurgitation index
<b>PRP</b>	pulse repetition period
<b>P<sub>RV</sub></b>	right ventricular pressure
<b>PSL</b>	parasternal line
<b>PT</b>	pulmonary trunk
<b>PTE</b>	Perioperative Transesophageal Echocardiography
<b>PV</b>	pulmonic valve
<b>PV</b>	pressure-volume
<b>PVAC</b>	pulmonic valve anterior cusp
<b>PVF</b>	pulmonary venous flow
<b>PVLC</b>	pulmonic valve left cusp
<b>PVR</b>	pulmonary vascular resistance
<b>PW</b>	pulsed-wave
<b>PWD</b>	pulsed-wave Doppler
<b>PWT</b>	posterior wall thickness
<b>PWTd</b>	posterior wall thickness diameter
<b>Py</b>	pylorus
<b>Qp</b>	pulmonary flow
<b>Qs</b>	systemic flow
<b>R</b>	radius
<b>RA</b>	right atrium or right atrial
<b>RAA</b>	right atrial appendage
<b>RACA</b>	right anterior cerebral artery
<b>RAP</b>	right atrial pressure
<b>RCA</b>	right carotid artery
<b>RCA</b>	right coronary artery
<b>RCC</b>	right coronary cusp
<b>RH</b>	right heart
<b>RHV</b>	right hepatic vein
<b>RI</b>	resistance index
<b>RIJV</b>	right internal jugular vein
<b>RLPV</b>	right lower pulmonary vein



<b>RMCA</b>	right middle cerebral artery
<b>RML</b>	right middle lobe
<b>ROSC</b>	return of spontaneous circulation
<b>RPA</b>	right pulmonary artery
<b>RPV</b>	right portal vein
<b>R-to-L</b>	right-to-left
<b>RUL</b>	right upper lobe
<b>RUPV</b>	right upper pulmonary vein
<b>RUSH</b>	Rapid Ultrasound for Shock and Hypotension
<b>RV</b>	right ventricle or right ventricular
<b>RVD</b>	right ventricular diameter
<b>RVEF</b>	right ventricular ejection fraction
<b>RVOT</b>	right ventricular outflow tract
<b>RVOTO</b>	right ventricular outflow tract obstruction
<b>Rvr</b>	resistance to venous return
<b>RVSP</b>	right ventricular systolic pressure
<b>RWMA</b>	regional wall motion abnormalities
<b>RWT</b>	relative wall thickness
<b>S</b>	septal
<b>S</b>	systolic
<b>S</b>	systolic pulmonic or hepatic venous flow velocity
<b>s'</b>	systolic tricuspid annular velocity
<b>S wave</b>	inflow during systole
<b>SAM</b>	systolic anterior motion
<b>SaO<sub>2</sub></b>	oxygen saturation
<b>SAP</b>	systolic arterial pressure
<b>SAX</b>	short-axis
<b>SBP</b>	systolic blood pressure
<b>SC</b>	subcostal
<b>SCA</b>	Society of Cardiovascular Anesthesiologists
<b>SCA</b>	subclavian artery
<b>SCA</b>	Society of Cardiovascular Anesthesiologists
<b>SCD</b>	sickle cell disease
<b>ScO<sub>2</sub></b>	brain saturation
<b>SCT</b>	subcutaneous tissue
<b>SCV</b>	subclavian vein

<b>SD</b>	standard deviation
<b>sec</b>	second
<b>SEC</b>	spontaneous echo contrast
<b>SIRS</b>	systemic inflammatory response syndrome
<b>SL</b>	strain longitudinal
<b>SMA</b>	superior mesenteric artery
<b>SP</b>	septum primum
<b>SPECT</b>	single photon emission computer tomography
<b>SPL</b>	spatial pulse length
<b>SPTA</b>	spatial peak temporal average
<b>SR</b>	strain rate
<b>SS</b>	septum secundum
<b>Ssr</b>	peak systolic strain rate
<b>STJ</b>	sinotubular junction
<b>SV</b>	stroke volume
<b>SVC</b>	superior vena cava
<b>SVF</b>	splenic venous flow
<b>SWT</b>	septal wall thickness
<b>SWTd</b>	septal wall thickness in diastole
<b>SX</b>	sub xyphoid
<b>T</b>	period
<b>TAAA</b>	thoraco-abdominal aortic aneurysm
<b>TAMV</b>	time-averaged mean velocity
<b>TAPSE</b>	tricuspid annular plane systolic excursion
<b>TAV</b>	tricuspid annular velocity
<b>TCCS</b>	transcranial color-coded duplex sonography
<b>TCD</b>	transcranial Doppler
<b>TD</b>	thermodilution
<b>TDI</b>	tissue Doppler imaging
<b>TEE</b>	transesophageal echocardiography
<b>TEVAR</b>	thoracic endovascular aortic repair
<b>TG</b>	transgastric
<b>TGC</b>	time gain compensation
<b>Th</b>	wall thickness
<b>TICA</b>	terminal internal carotid artery
<b>TL</b>	true lumen



<b>TMF</b>	transmitral flow
<b>TPR</b>	total peripheral resistance
<b>TR</b>	tricuspid regurgitation
<b>TS</b>	tricuspid stenosis
<b>TTE</b>	transthoracic echocardiography
<b>TTF</b>	transtricuspid flow
<b>TV</b>	tricuspid valve
<b>TVA</b>	tricuspid valve area
<b>TVAL</b>	tricuspid valve anterior leaflet
<b>TVPL</b>	tricuspid valve posterior leaflet
<b>UE</b>	upper esophageal
<b>US</b>	ultrasound
<b>V</b>	vertical
<b>VA</b>	vertebral arteries
<b>Vaso</b>	vasopressin
<b>VC</b>	vena contracta
<b>Vel</b>	velocity

<b>VIRTUAL</b>	Visual Interactive Resource for Teaching, Understanding and Learning
<b>Vmax</b>	maximum jet velocity
<b>Vmv</b>	mitral valve regurgitant velocity
<b>Vp</b>	flow propagation velocity
<b>Vpeak</b>	peak velocity
<b>VR</b>	venous return
<b>VSD</b>	ventricular septal defect
<b>Vt<sub>1/2</sub></b>	velocity at the pressure half-time point
<b>VTI</b>	velocity time integral
<b>V<sub>TR</sub></b>	peak tricuspid regurgitant velocity
<b>W</b>	watts
<b>WMA</b>	wall motion abnormalities
<b>WMSI</b>	regional wall motion score index
<b>Z</b>	impedance
<b>σ</b>	stress
<b>λ</b>	wavelength