ANATOMIC MEASUREMENTS

MEASUREMENTS FOR PROCEDURAL AND CLIP PLANNING

POSTERIOR LEAFLET LENGTH
The measurements should be taken in LVOT at grasping area.
NOTE: G4 NT and G4 NTW need an annular leaflet insertion. G4 XL and G4 XTW need a V annular leaflet insertion.

PMR FLAIL GAP
This should be taken in the view (LVOT or 4-chamber) where the flail gap is largest.

PMR FLAIL WIDTH
This measurement should be taken in the transgastric short axis view where the flail width is largest.

SECONDARY MITRAL REGURGITATION (SMR)

SMR VERTICAL COAPTATION LENGTH
The measurement should be taken in the 4-chamber view where the vertical coaptation length is shortest.

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TRANSESOPHAGEAL ECHO ACQUISITION GUIDE

0° VIEWS, 5-CHAMBER AND 4-CHAMBER

0° Views to Obtain

Anterior
- This view is obtained at the anterior side of the valve to visualize A1, A2, and P3 scallops.
- The anterior leaflet can be isolated by torquing/rotating the probe counterclockwise from anterior.

Midline
- This view is obtained at the midline of the valve to visualize P1, P2, and P3 scallops.

Posterior
- This view is obtained at the posterior side of the valve to visualize P1, P2, and P3 scallops.
- The posterior leaflet can be isolated by torquing/rotating the probe clockwise from posterior.

Inferior
- The LV is foreshortened.
- The probe is further advanced 1–3 cm. The LV cavity is more completely visualized.
- The coronary sinus and tricuspid valve may be seen.

Superior
- The aortic valve and left ventricular outflow tract are clearly visualized. The LV is foreshortened.
- The coronary sinus and tricuspid valve may be seen.

Central
- This view is of the central aspect of the valve with A2 and P2 scallops clearly visualized.
- The lateral aspect can be isolated by torquing/rotating the probe clockwise from central.

Medial
- This view is obtained at the medial side of the valve to visualize A1 and P1 scallops.
- The medial aspect can be isolated by torquing/rotating the probe clockwise from central.

 Inferior 180° Views to Obtain - Left Ventricular Outflow Track (LVOT)

 Anterior
- This view is obtained at the anterior side of the valve to visualize A1, A2, and A3 scallops.
- The anterior leaflet can be isolated by torquing/rotating the probe clockwise from anterior.

Central
- This view is of the central aspect of the valve with A1, A2, and A3 scallops.
- The lateral aspect can be isolated by torquing/rotating the probe clockwise from central.

Medial
- This view is obtained at the medial side of the valve to visualize A1 and P1 scallops.
- The medial aspect can be isolated by torquing/rotating the probe clockwise from central.

NEW IMAGING TECHNIQUES: X-PLANE OR MULTIPLANE

To incorporate the “X-Plane or Multiplane” view, swirl the 3D cursor to image the long-axis LVOT view to help assess the valve and left ventricular outflow tract. Perform this with and without color.

A1-P1 Example
- This an inter-commissural view is obtained, see the bovine root to image the long axis LVOT view to help assess the valve and left ventricular outflow tract. Perform this with and without color.

A2-P2 Example
- This an inter-commissural view is obtained, see the bovine root to image the long axis LVOT view to help assess the valve and left ventricular outflow tract. Perform this with and without color.

A3-P3 Example
- This an inter-commissural view is obtained, see the bovine root to image the long axis LVOT view to help assess the valve and left ventricular outflow tract. Perform this with and without color.

SUGGESTED SETTINGS
- Each view should be performed with and without color
- Fast Doppler using color mapping when appropriate
- Ensure capture of the MR jet at the valve
- Visualize the entire jet within the LA
- Multiple cardiac cycles should be captured
- Color flow Doppler Nyquist limit: Range 0.5–4.0 m/s
- Implement 3D imaging when appropriate but not to the exclusion of traditional 2D image acquisition.