The following transthoracic echo (TTE) views represent key considerations for MitraClip™ G4 Therapy. Adherence to this systematic protocol is recommended to ensure efficient analysis of the mitral valve and to assess anatomic eligibility for the MitraClip™ G4 Procedure.

**GENERAL COMMENTS**

- Digital archived images should include three (3) or more cardiac cycles—unless patient has atrial fibrillation, then five (5) cardiac cycles are recommended

- Ensure color Doppler Nyquist limits range from 0.5–0.7 m/sec—unless specified for PISA

- Adjust gain and depth to enhance and maximize the image for measurements

- Perform all spectral Doppler and M-mode recordings at a sweep speed of 100 mm/sec

- Use of color compare setting is strongly recommended

- Ensure that peak spectral velocities are fully visible on screen

- Confirm that EKG signal is clearly visible on all frames

- All calibration lines should be clearly visible

- Use of a customized echocardiography bed is strongly recommended

- Use 3D images to supplement and confirm initial diagnosis

- Ensure that all cardiac structures are analyzed per institution guidelines
IN THIS VIEW, ASSESS:
• LV size and function
• LA size
• MR etiology
• MR severity
• pulmonary vein flow
• jet origin with color Doppler applied

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• LV size and function
• LA size
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IN THIS VIEW, ASSESS:
• LV size and function
• LA size
• MR etiology
• MR severity
• pulmonary vein flow
• jet origin with color Doppler applied

IN THIS VIEW, ASSESS:
• color Doppler of atrial septum to interrogate presence of ASD

IN THIS VIEW, ASSESS:
• LV size and function
• LA size
• MR etiology
• MR severity
• pulmonary vein flow
• calcification in mitral valve area (if any/severity)
• jet origin with color Doppler applied

IN THIS VIEW, ASSESS:
• LV size and function
• LA size
• MR etiology
• MR severity
• pulmonary vein flow
• calcification in mitral valve area (if any/severity)

IN THIS VIEW, ASSESS:
• LV size and function
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