Sample Case Log Requirement 5: Practice Experience Transthoracic Examinations Examinations performed and Interpreted Physician's Full Name: Physician's Date of Birth: _ Attestation: I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transthoracic echocardiograms. Applicant's Signature: Date: Number **Date Performed Indications Findings Diagnosis** Hyperdynamic LV, Normal Valve Function, LVOT VTI of 23cm Example MM/DD/YY Hypotension Septic Shock

		Suspected pericardial	2.1cm pericardial	
Example	MM/DD/YY	effusion with lactic acidosis	effusion, Mitral valve inflow variation of 30%	Pericardial tamponade
			Dilated right ventricle, severe TR, RVSP of 40mmHg, TAPSE of	
Example	MM/DD/YY	Respiratory Failure	14mm	Right ventricular Failure
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
(continue numbering)				