Sample Case Log Requirement 5: Supervised Training 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: Fellowship Director's Signature: Date: _____ Number **Date Performed Indications Findings** Diagnosis Attending

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| Example | MM/DD/YY | Hypotension | Hyperdynamic LV, Normal Valve Function, LVOT VTI of 23cm | Septic Shock | Dr. Smith |
| Example | MM/DD/YY | Suspected pericardial effusion with lactic acidosis | 2.1cm pericardial effusion, Mitral valve inflow variation of 30% | Pericardial tamponade | Dr. Phillips |
| Example | MM/DD/YY | Respiratory Failure | Dilated right ventricle, severe TR, RVSP of 40mmHg, TAPSE of 14mm | Right ventricular Failure | Dr. Smith |
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*Note: Under the Supervised Training pathway the attending should be listed as the physician with whom the findings were discussed.