

SonoSite Technology Mobilizes High Performance Ultrasound for:

## **FATE: FOCUSED ASSESSMENT TRANSTHORACIC ECHO**

### **TRANSDUCER:**

Phased array P21 using the cardiac exam type

### **CLINICAL APPLICATIONS:**

- Assess cardiac activity in the presence of cardiac arrest
- Identification of pericardial effusion and tamponade
- Estimation of left ventricular global function/contractility

The contractility of the heart is assessed by looking at the left ventricular muscle and chamber size to see the function of LV filling in diastole and then the pushing of blood out into the body during systole. During contraction (Systole) the LV muscle gets thicker and the chamber size gets smaller, emptying the blood into the body. In filling stages (Diastole) the LV muscle is thinner and the chamber size is larger, to accept the blood. M-Mode can also assess these events in more detail.



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### Using the Cardiac exam type

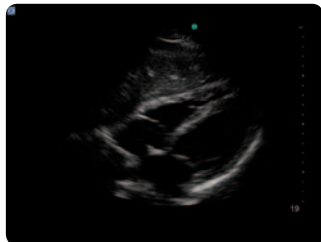
#### CARDIAC SUBCOSTAL VIEW:

Identify the liver and cardiac structures, including RV, LV, RA, LA and pericardial sac. Aim the transducer towards the patient's left shoulder, keeping the orientation marker at the 3 o'clock position. Look for any free fluid in the pericardial space. Best view for quick assessment of cardiac activity during CPR.

### Probe Placements

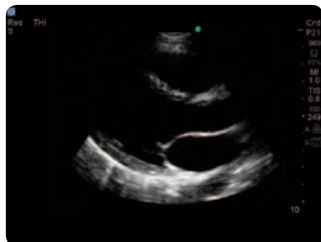


### Clinical images



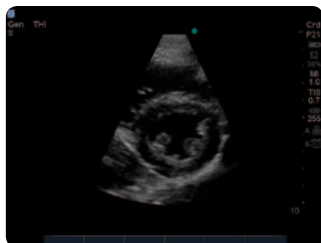
#### PARASTERNAL LONG AXIS VIEW:

Identify the RV, LV and LA. Aim the transducer perpendicular to the chest left 4-6 parasternal space, keeping the transducer orientation towards the patient's right shoulder and the orientation marker at the 9-11 o'clock position. Best view for LV function, size and presence of effusions.



#### PARASTERNAL SHORT AXIS VIEW:

Identify the RV and LV at papillary muscle level. Rotate the transducer from the LAX view 90 degrees, clockwise, aiming the transducer towards the patient's left shoulder keeping the orientation marker at the 1-2 o'clock position. Best view to see global wall motion and contractility of the LV size and wall thickness.



#### APICAL 4 CHAMBER:

Identify all 4 chambers with the transducer aimed towards the patient's left axilla, keeping the orientation marker towards the 3 o'clock position. Best view to see chamber size and valves.

