

Study Number

Event Number

Date of Cath (DD/MMM/YYYY) //

Weight _____kg

Height _____cm

BSA _____m²

Type of Cath: Diagnostic

Interventional

Hemodynamics: Condition 1

FiO₂ _____

Nitric Oxide No Yes Unknown

Other agent No Yes Unknown If yes, specify_____

Diagnostic Only Pre-intervention Post-intervention

Type of Intervention:

- Coil/Occlusion Venovenous collaterals
- Coil/Occlusion Arteriovenous collaterals
- Coil/Occlusion Aortopulmonary collateral
- VSD Device
- Left Pulmonary Artery arterioplasty
- Right Pulmonary Artery arterioplasty
- Fenestration closure
- Left PA Stent placement
- Right PA Stent placement
- Stent of PDA
- Percutaneous Fontan Completion
- Arrhythmia ablation
- Stent of ASD
- Stent of Coarctation of Aorta
- Stent of RV-PA Conduit
- Balloon dilation of Coarctation
- Balloon & Stent of RV-PA Conduit
- Balloon dilation of RV-PA Conduit
- Balloon & Stent of Coarctation
- Stent of BT shunt
- Hybrid procedure
- Bilateral PA arterioplasty
- Bilateral PA Stent placement
- Balloon Angioplasty site_____
- Balloon Valvuloplasty site_____
- Other Specify_____

	Systolic Pressure	Diastolic Pressure	Mean	O2 Saturations
SVC	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
RA	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
RV	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PA	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
LA	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
LV	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
AAo	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
DAo	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PV	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Calculations

Qp/Qs: _____

PVR (WU): _____

SVR(WU): _____

Comments:

Hemodynamics: Condition 2

FiO2 _____

Nitic Oxide No Yes Unknown

Other agent No Yes Unknown If yes, specify____

Diagnostic Only Pre-intervention Post-intervention

Type of Intervention:

- Coil/Occlusion Venovenous collaterals
- Coil/Occlusion Arteriovenous collaterals
- Coil/Occlusion Aortopulmonary collateral
- VSD Device
- Left Pulmonary Artery arterioplasty
- Right Pulmonary Artery arterioplasty
- Fenestration closure
- Left PA Stent placement
- Right PA Stent placement

- Stent of PDA
- Percutaneous Fontan Completion
- Arrhythmia ablation
- Stent of ASD
- Stent of Coarctation of Aorta
- Stent of RV-PA Conduit
- Balloon dilation of Coarctation
- Balloon & Stent of RV-PA Conduit
- Balloon dilation of RV-PA Conduit
- Balloon & Stent of Coarctation
- Stent of BT shunt
- Hybrid procedure
- Bilateral PA arterioplasty
- Bilateral PA Stent placement
- Balloon Angioplasty site _____
- Balloon Valvuloplasty site _____
- Other Specify _____

	Systolic Pressure	Diastolic Pressure	Mean	O2 Saturations
SVC	□□□	□□□	□□□	□□□
RA	□□□	□□□	□□□	□□□
RV	□□□	□□□	□□□	□□□
PA	□□□	□□□	□□□	□□□
LA	□□□	□□□	□□□	□□□
LV	□□□	□□□	□□□	□□□
AAo	□□□	□□□	□□□	□□□
DAo	□□□	□□□	□□□	□□□
PV	□□□	□□□	□□□	□□□

Calculations

Qp/Qs: _____ PVR (WU): _____ SVR(WU): _____

Comments:

Hemodynamics: Condition 3

FiO2 _____

Nitric Oxide No Yes Unknown

Other agent No Yes Unknown If yes, specify _____

Diagnostic Only **Pre-intervention** **Post-intervention**

Type of Intervention:

- Coil/Occlusion Venovenous collaterals
- Coil/Occlusion Arteriovenous collaterals
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- Balloon Angioplasty site _____
- Balloon Valvuloplasty site _____
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	Systolic Pressure	Diastolic Pressure	Mean	O2 Saturations
SVC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RV	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LV	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AAo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DAo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PV	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Calculations

Qp/Qs: _____ PVR (WU): _____ SVR(WU): _____

Comments:

RVOT anatomy

Subpulmonary diameter mm
 Pulmonary annular diameter mm
 Pulmonary sinus diameter mm
 MPA diameter mm
 LPA diameter mm
 RPA diameter mm

LVOT anatomy

Subaortic diameter mm
 Aortic annular diameter mm
 Aortic sinus diameter mm
 Ascending aortic diameter mm
 Aortic arch diameter mm Specify site _____
 Descending aortic diameter mm

RV Hypoplasia: None Mild Moderate Severe Yes, but not specified Not in Report

LV Hypoplasia: None Mild Moderate Severe Yes, but not specified Not in Report

Regurgitation

Aortic: None Trivial Mild Moderate Severe Yes, but not specified Not in Report

Mitral: None Trivial Mild Moderate Severe Yes, but not specified Not in Report

Pulm: None Trivial Mild Moderate Severe Yes, but not specified Not in Report

Tricuspid: None Trivial Mild Moderate Severe Yes, but not specified Not in Report

Common

(Pre-repair): None Trivial Mild Moderate Severe Yes, but not specified Not in Report

Stenosis

- Aortic:** None Trivial Mild Moderate Severe Yes, but not specified Not in Report
Mitral: None Trivial Mild Moderate Severe Yes, but not specified Not in Report
Pulm: None Trivial Mild Moderate Severe Yes, but not specified Not in Report
Tricuspid: None Trivial Mild Moderate Severe Yes, but not specified Not in Report
Common
(Pre-repair): None Trivial Mild Moderate Severe Yes, but not specified Not in Report

ASD

- Small Moderate Large Yes, not specified Not in Report

If present, Size ____mm

VSD

- Small Moderate Large Yes, not specified Not in Report

If present, Size ____mm

Comments: