Reporting form

FUSIC HD®

Ashley Miller updated 2026

Patient details				Operator		Indication / clinical question						
				Image quality								
				Images stored?								
Ventilation	IPPV	PSV	unsupported	CVS drugs		HR		BP		CVP		

Left ventricle

Size (end diastole)	IVSd normal <12mm	LVIDd normal <50mm ♀ <55 ♂ severe >60mm ♀ >65 ♂		LVPWd normal <12mm	End diastole - Frame before MV closure ***or*** start of QRS complex ***or*** R wave on ECG ***or*** largest LV cavity size	
Size (end systole)	LVIDs	*End systole* - Frame at AV closure ***or*** *frame before MV opening*				
Systolic function	EF biplane:	Visual EF:	Normal: ≥ 55% Borderline-low: 50-54% Impaired: 36-49% Severely impaired: ≤ 35%		MAPSE (Normal ≥12mm) LV S′ (normal ≥7)	Regional wall motion normal thickening >30%
VTI, SV, CO, responsiveness	LVOT VTI: normal 18-22cm	LVOT diameter normal 18-22mm	SV	CO	VTI % △ respiration:	VTI % △ with intervention (PLR, fluid, pressor, inotrope):

Left atrial pressure

Lungs	B lines?	yes	no			
LA (end systole)	diameter dilated >45/50mm	area dilated >22cm²	septal deviation throughout cardiac cycle?	no	into RA	into LA
MV Doppler	E velocity		TR Vmax >2.8 m/s high risk <2.8 m/s low risk			
Tissue Doppler	e′ lateral	e′ septal	e′ average	E/e′ (average e′) >14 high risk <8 low risk		
Overall risk of raised LAP		high		low		*see FUSIC LAP algorithm*

Right heart

RV size	Basal *normal <45mm*	Mid *normal <40mm*	Longitudinal *normal <85mm*	RVOT proximal *normal <45mm*	RV wall thickness: normal ≥5mm	RA area: normal <18 cm²
Systolic function	FAC (normal >30%)	*TAPSE* *normal ≥17mm*	RV *S′* *normal >9*	Visual impression		
Pressure assessment	TR Vmax <2.8 m/s low risk 2.8-3.4 m/s intermediate risk >3.4 m/s high risk	Basic features of PHT (circle or tick) RV dilatation RV:LV basal diameter ratio: >1 D-shaped septum (septal flattening) IVC> 2cm		Advanced features of PHT (circle or tick): RVOT acc time <105ms Systolic notching RVOT Doppler Early diastolic PR velocity >2.2 m/s PA diameter >25mm		

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Valves

	Opening (normal / restricted)	Thin, thick, calcified, masses	Significant regurg on colour?		
AV				LVOT VTI = V1 AV VTI = V2	Dimensionless index = V1/V2 (Severe AS = <0.25)
MV				Features of LVOTO / SAM? MV leaflets directed to LVOT in mid-late systole High LVOT velocity + turbulence Posteriorly directed MR jet MV and TV inflow variation (if pericardial effusion) Context dependent - ventilation, loading, HR etc	
TV					
PV					

Pericardium

Effusion	yes	no	size	location *(global/regional)*	appearance	RA collapse early systole? RV collapse early diastole? Longer collapse = greater likelihood of tamponade

Aorta

Size	root (STJ) >40mm=abnormal	ascending (2cm distal to STJ) >40mm=abnormal	arch	descending	abdominal	Features of aortic root dissection: Dissection flap Dilated root (>4cm) AR Pericardial effusion
Dissection flap						
Colour flow pattern						

Veins

IVC size (short axis preferred)	normal <20mm			
Hepatic vein	S>D normal	S<D mildly abnormal	S reversal / D only severely abnormal	
Portal vein	pulsatility index	normal <0.3	mild 0.3-0.5	Severe >0.5
Renal interlobar vein	normal - continuous	mild - biphasic	severe - monophasic	VII (optional)
Renal interlobar artery	RRI (optional)			
VExUS score	0 = IVC <20mm	1 = IVC >20mm + no or mild abnormalities	2 = IVC >20mm + severe abnormalities in 1 vessel	3 = IVC >20mm +severe abnormalities >1 vessel

Conclusion, comments, clinical significance, suggested actions, further imaging required?