# Common Indications & Appropriateness Criteria for Echocardiography

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| Initial echocardiogram | § Evaluation of cardiac symptoms eg. chest pain, dyspnea, edema, palpitations, presyncope or syncope<br><br>§ Evaluation of murmur, suspected valvular stenosis/regurgitation, myocardial, pericardial or aortic disease<br>§ Hypertension<br>§ Post MI/ ACS/ revascularization/ cardiac surgery/ new prosthetic valve<br>§ Arrhythmia, frequent ectopy, LBBB, high grade AV block, WPW<br>§ Pre-pacemaker or ICD insertion (if prior echo > 3 months)<br>§ Neurologic or other embolic event<br>§ Other indications eg pulmonary hypertension, screening of relatives for inherited cardiac conditions, use of cardiotoxic drugs, Marfans/ connective tissue disease, suspected endocarditis |
| Reevaluation at any time | § Reevaluation of known valvular stenosis/regurgitation, myocardial, pericardial, aortic or congenital heart disease of any severity with change in clinical status or examination<br>§ Reassessment of known LV dysfunction/ cardiomyopathy to guide therapy |
| Reassessment ≥ 6 months | § Severe valvular stenosis or regurgitation<br>§ Severe LV dysfunction/ cardiomyopathy |
| Reassessment ≥ 1 year | § Moderate valvular stenosis or regurgitation<br>§ Prosthetic valve<br>§ LV dysfunction/ cardiomyopathy<br>§ Prior surgery of aorta<br>§ Moderate or greater sized pericardial effusion |
| Reassessment ≥ 2 years | § Mild valvular stenosis<br>§ MVP with significant leaflet thickening/ redundancy<br>§ Congenital heart disease |

# Common Indications for Stress Testing, Stress Echocardiogram & Myocardial Perfusion Imaging

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| Indications for exercise stress testing | § Evaluation of chest pain or ischemic equivalent syndrome, dyspnea, palpitations, presyncope or syncope<br><br>§ Post MI/ ACS/ revascularization/ cardiac surgery<br>§ Congestive heart failure<br>§ Arrhythmia<br>§ Physiologic assessment of patients with moderate/ severe valvular disease, cardiomyopathy, pulmonary hypertension<br><br>§ Intermediate/ high global CAD risk<br>§ Significant cerebrovascular or peripheral vascular disease<br><br>§ Periodic reevaluation (≥ 1 year) of stable CAD<br>§ Periodic reevaluation (≥ 1 year) of patients with cerebrovascular or peripheral vascular disease<br>§ Periodic reevaluation (≥ 2 year) of patients with intermediate/ high global CAD risk |
| Indications for addition of imaging<br><br>§ myocardial perfusion imaging (Cardiolite) or<br><br>§ stress echocardiogram | § Baseline ECG abnormalities eg.<br> § ST depression > 1 mm<br> § LVH<br> § Digoxin therapy<br> § LBBB, intraventricular conduction delay (recommend Persantine Cardiolite)<br> § Paced rhythm<br> § WPW<br><br>§ High pretest probability of CAD eg.<br> § Typical angina<br> § LV dysfunction<br><br>§ Known CAD to assess extent and localize ischemia<br><br>§ Inability to exercise (recommend pharmacogic stress with imaging - Persantine Cardiolite or dobutamine stress echocardiogram) |