



## FoCUS for Obstetric Settings

### Qualitative criteria for ventricular and atrial size and function, & other pathologies

Left ventricular size	Assessed by measuring the largest dimension of the left ventricular cavity perpendicular to the interventricular septum and the inferolateral wall. Select size from one of these ranges: 3.9-5.3 cm 5.4-5.7 cm 5.8-6.1 cm >6.1 cm
Left ventricular ejection fraction (LVEF)	Visually estimated by evaluating the difference between the largest (diastole) left ventricular cavity and the smallest (systole) from the three 2D views. LVEF can be categorised as: <ul style="list-style-type: none"> <li>• Normal <math>\geq 45\%</math></li> <li>• Abnormal or low <math>&lt; 45\%</math></li> </ul> If expertise is available, LVEF can be further categorised as: $>70\%$ , $55\%$ to $69\%$ , $45\%$ to $54\%$ , $30\%$ to $44\%$ , or $<30\%$
Right ventricular size	Assessed from the apical four-chamber view by measuring the widest basal dimension before the tricuspid valve closure. A diameter of $>4.2$ cm can be considered to indicate an enlarged right ventricle.
Left atrial enlargement	Parasternal long axis view: Measuring left atrium's largest dimension in the view; enlarged if $>3.8$ cm. Four-chamber view: Measuring the left atrial area; enlarged if $>20\text{cm}^2$ .
Right atrial enlargement	Four-chamber view: Measuring the right atrial area; enlarged if $>18\text{cm}^2$ .
<b>Other pathologies</b>	
Pericardial effusion	Presence reported as visual estimation of the size (small or large), location (global or localized), and the presence of fibrin strands.
Thrombus	Presence of thrombus reported with its location, attachment, and mobility.
Valves with morphologic features of rheumatic heart disease	Identified as thickened leaflets with restricted motion.

Also refer to FoCUS image interpretation protocol developed by Casella et al, 2020

F. Casella, R. Schiavon, E. Ceriani, C. Cogliati. I will be at your (bed)side—the role of bedside echocardiography for non-cardiologists. *Ultraschall Med*, 41 (2020), pp. 362-386

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