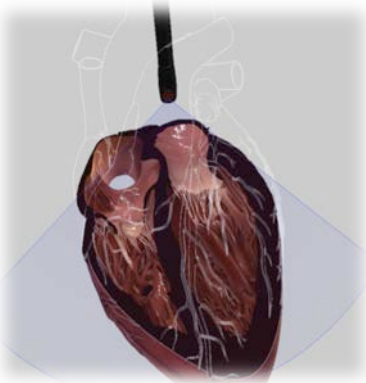
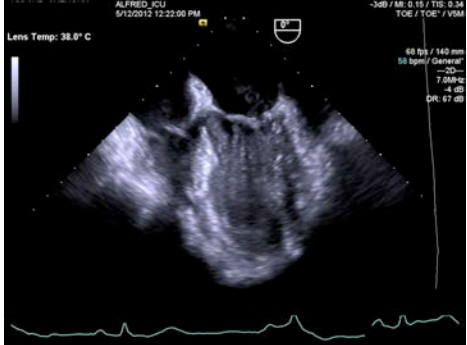
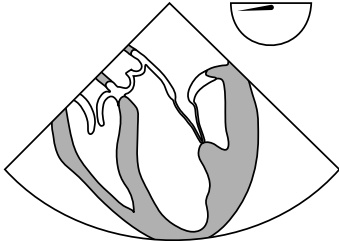
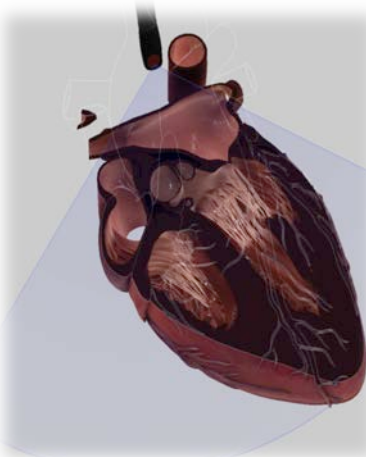
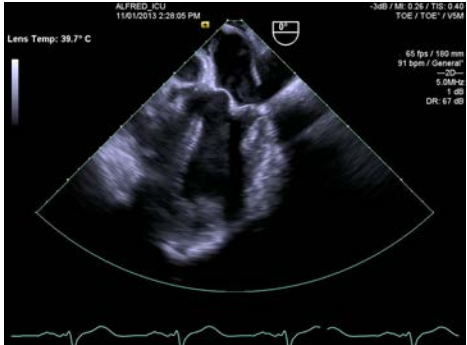
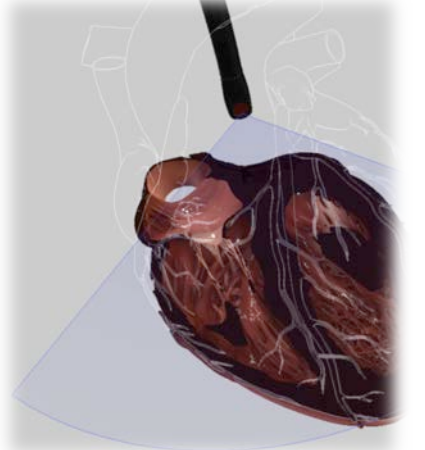
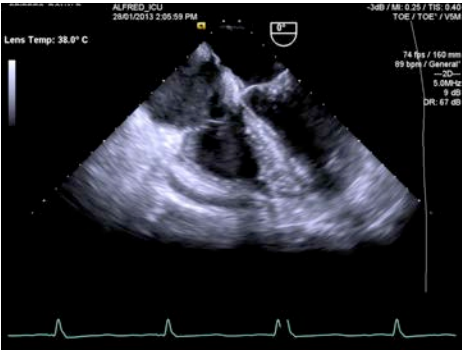
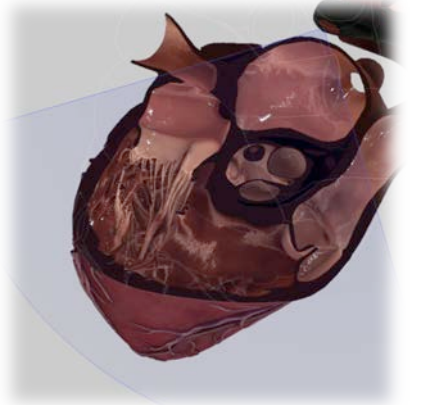
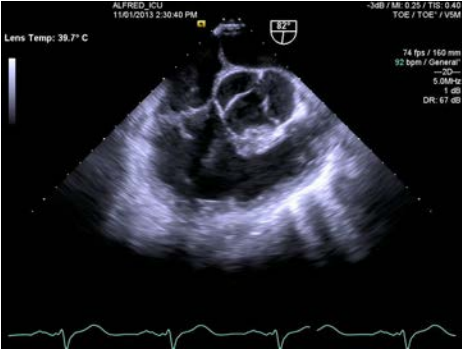
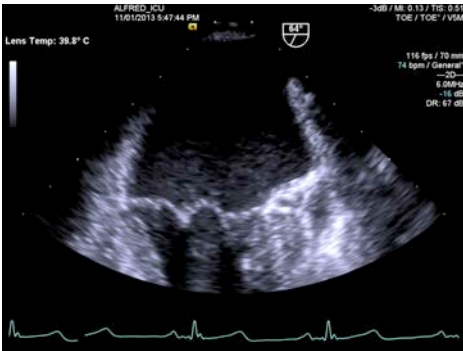
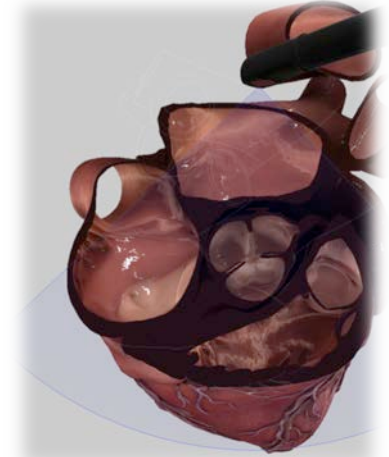
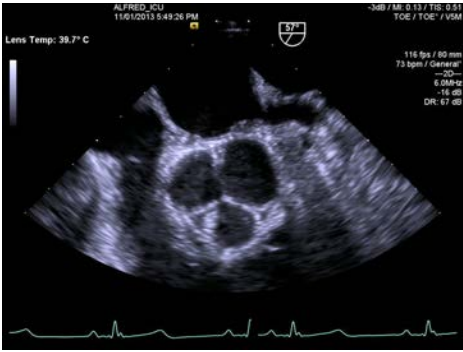
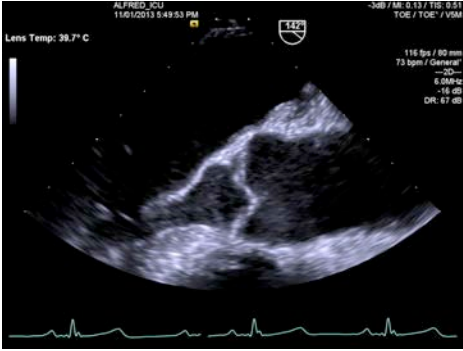
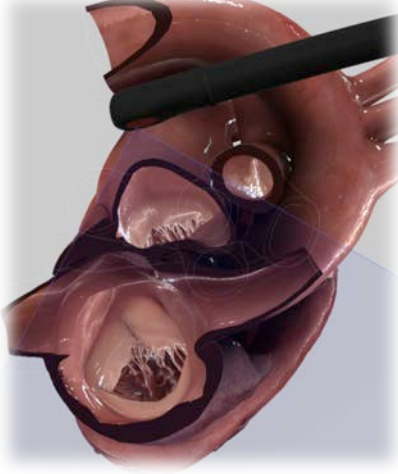
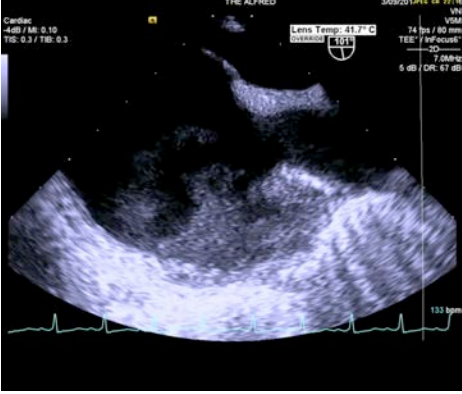
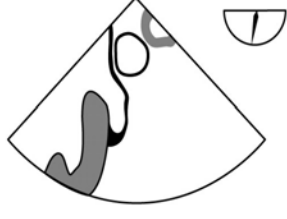
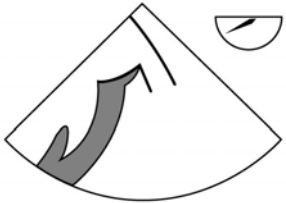
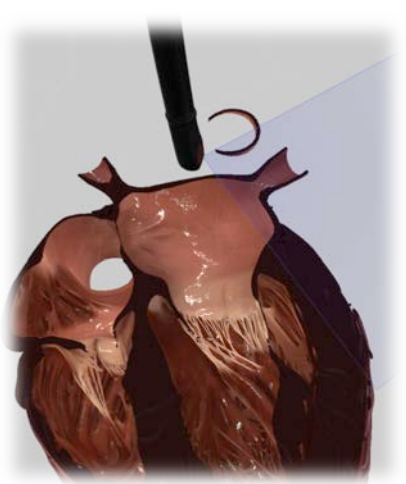
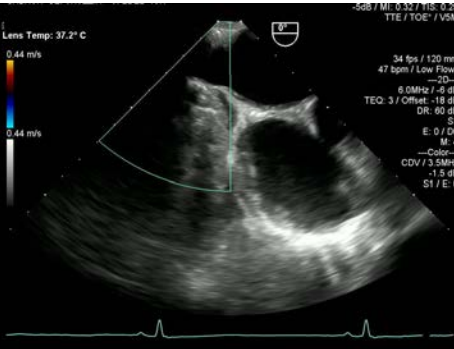


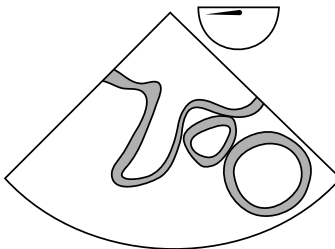
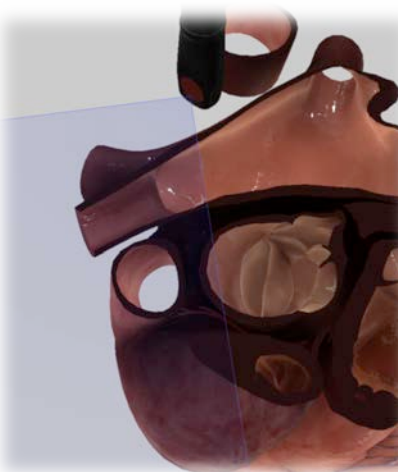
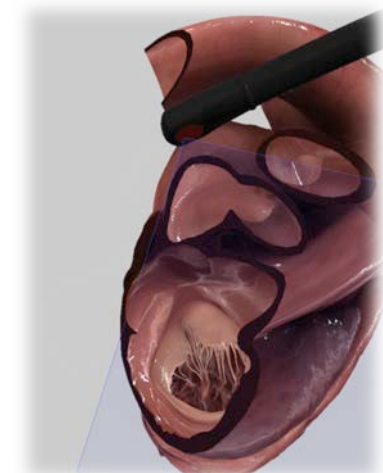
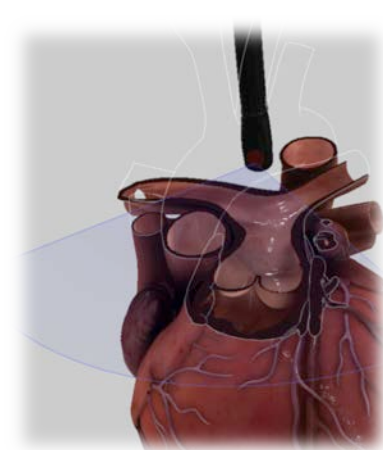
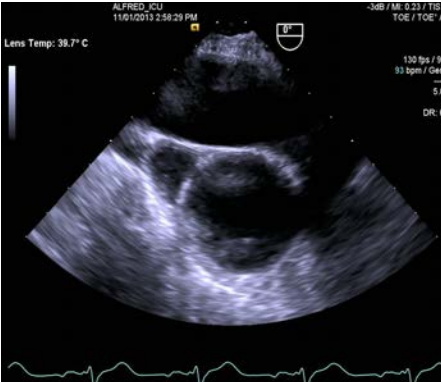
IMAGE ACQUISITION	VIEW & STRUCTURES IMAGED	SIMULATOR	TOE IMAGE
MIDDOESOPHAGEAL			
MO 4C MO (30-40cm) 0-20° +/- slight retroflexion	 LV: basal, mid and apical anteroseptal and inferolateral walls LA RV RA MV: A3, P1 TV: (Ant, Septal) & IAS		
MO LV 5C MO 0-20° Withdraw probe slightly	 LV: anteroseptal, inferolateral LVOT		
MO LV 2C MO 80-100°	 LV: entire anterior and inferior walls		

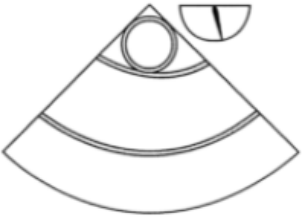
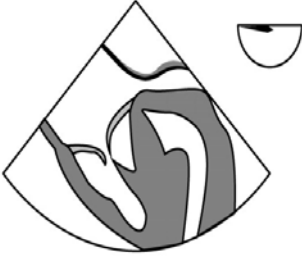
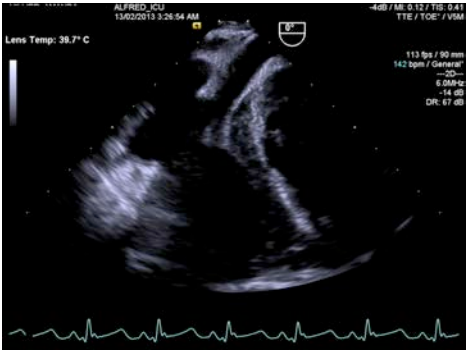
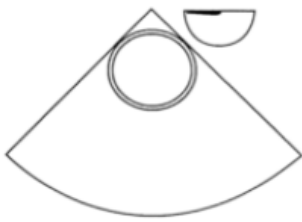
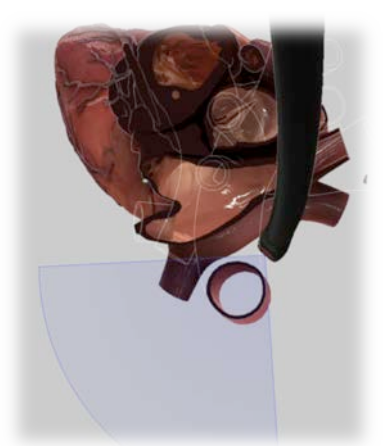
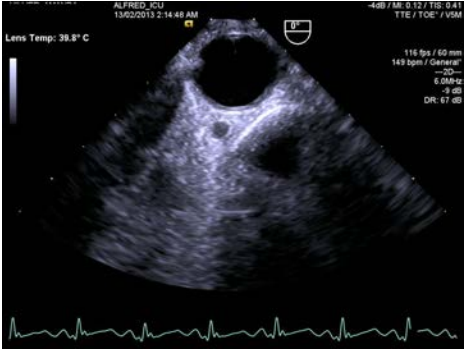
MO LV LAX MO 120-160°	 LV: entire anteroseptal and inferolateral walls		
MO RV 4C * MO 0-20° Turn right (RV focussed)	 RV		
MO RV inflow-outflow MO 60-90° turn right and withdraw slightly	 RV; free wall RA RVOT TV PV PA		

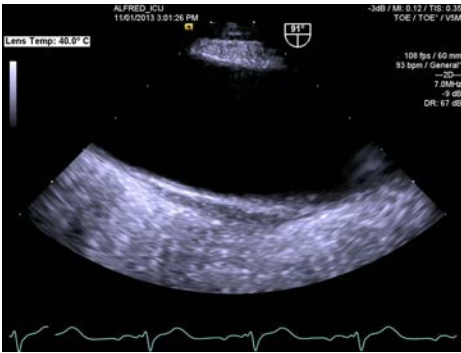
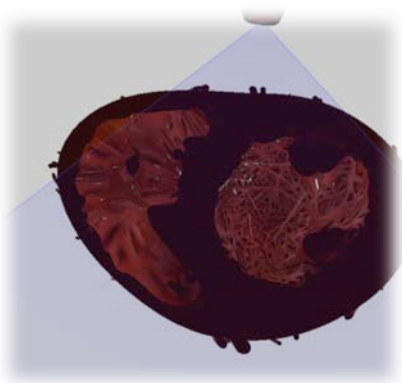
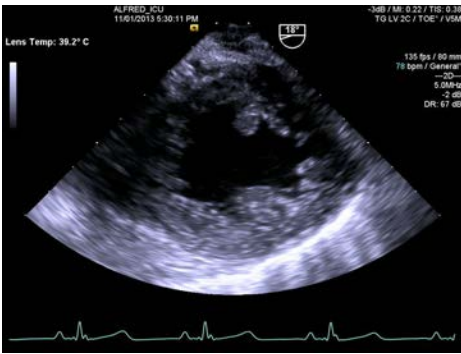
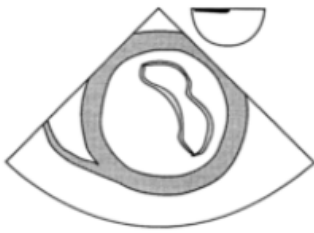
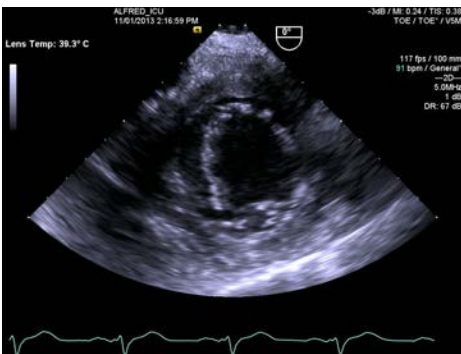
MO Commissural view MO 60-70°	 MV: P1, A2, P3		
MO AV SAX MO 30-60° Withdraw slightly	 AV: all cusps IAS Coronary ostia LVOT PV		
MO AV LAX MO 120-160°	 AV: left or non cc + rcc (below) LVOT Prox asc aorta PA		

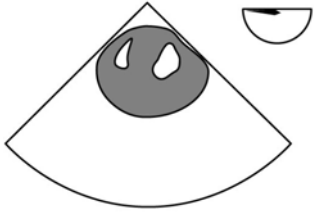
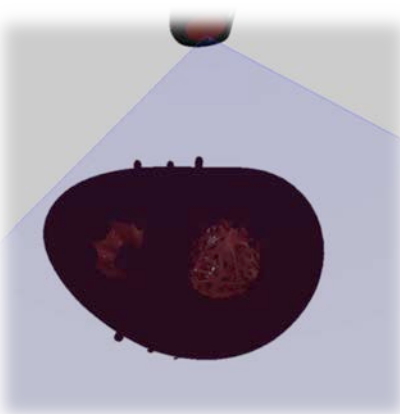
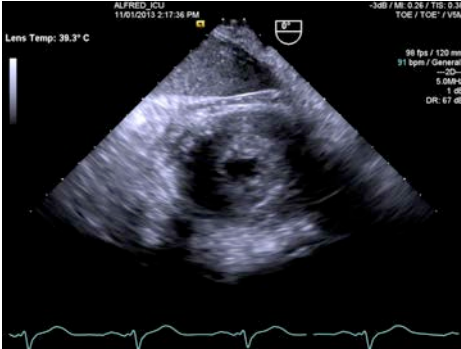
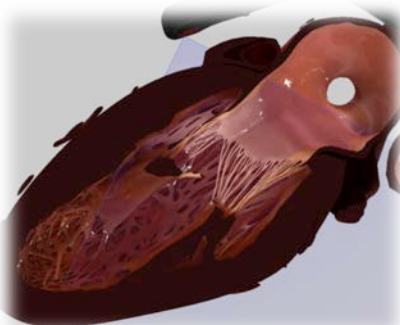
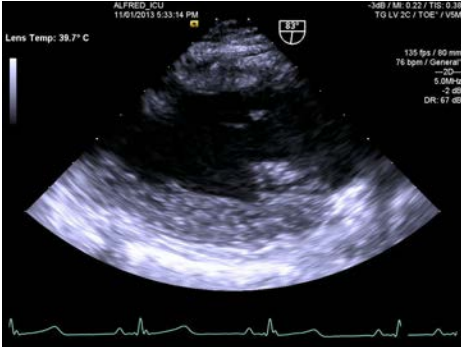
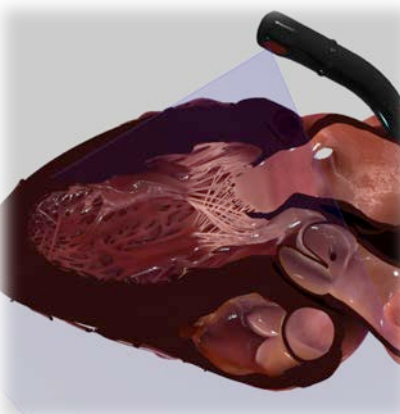
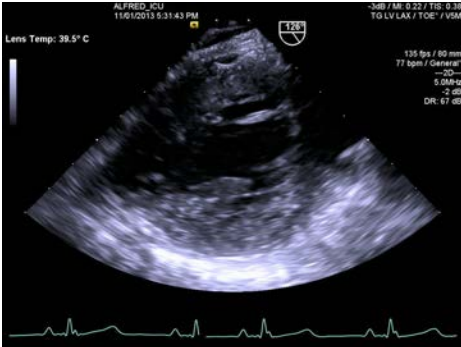
MO bicaval MO 80-110° + turn right slightly	 SVC LA RA IAS IVC		
MO modified bicaval MO 110-130° after centred on IAS. May also be obtained at 50-70° as noted in Hahn	 SVC LA RA IAS TV		
MO LAA * MO 0-90°, centre and rotate through lobes	 LAA Ligament of Marshall		

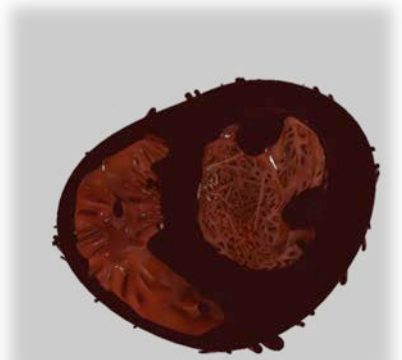
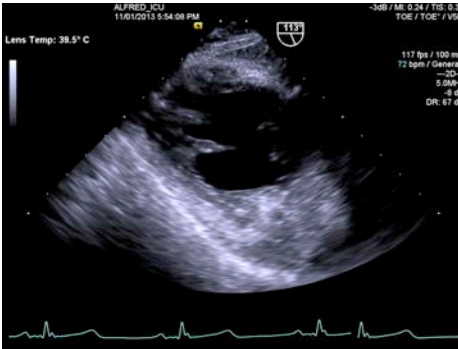
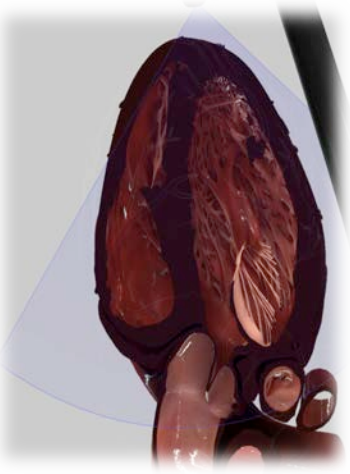
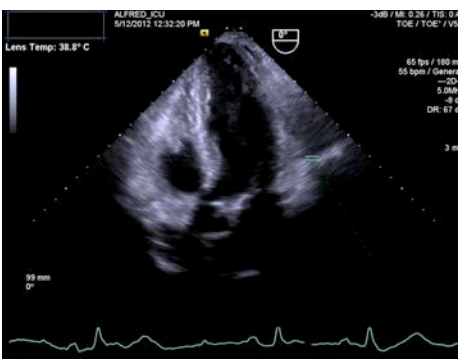
MO 2C LUPV* 0-90° turn left +/- sector rotation back to ~60° <i>or as per Hahn, use UO Right and Left Pulmonary Veins views</i>	 LUPV		
MO 2C LLPV* 0-90° (turn further left than LUPV) advance to AV junction, just below LUPV (runs lateral to medial) <i>or as per Hahn, use UO Right and Left Pulmonary Veins views</i>	 LLPV		
MO 4C RLPV* 0-30° +/- advance to AV junction	 RLPV		

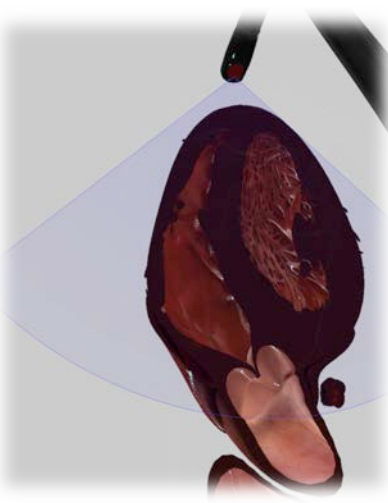
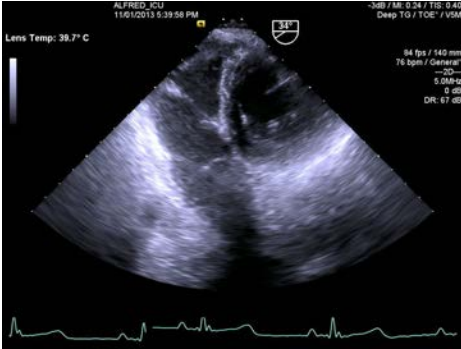
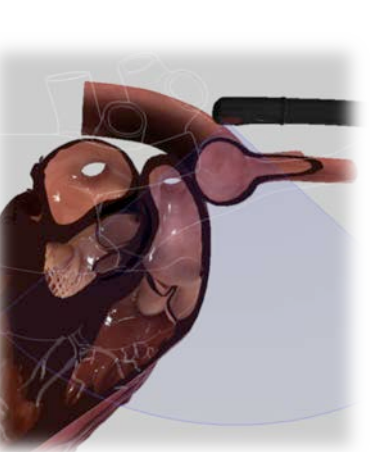
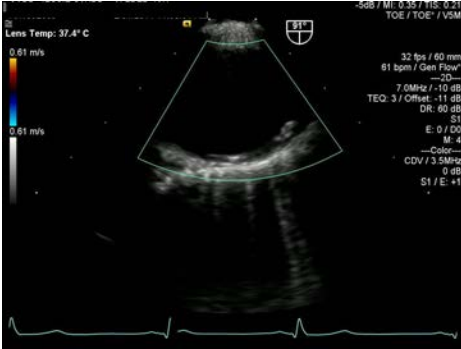
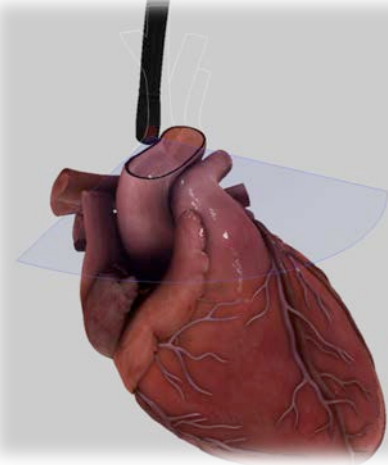
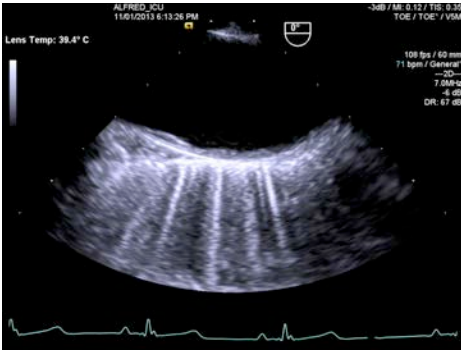
MO 4C RUPV 0-30° turn right +/- retroflexion +/- withdraw	 RUPV Mid asc aorta SVC		
MO Bicaaval RUPV * MO 80-110° + turn left (consider sector back to 90° for Doppler line-up)	 RUPV		
MO asc aorta SAX MO 0-60°	 Asc aorta SVC PA R) PA		

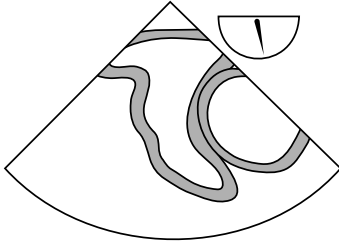
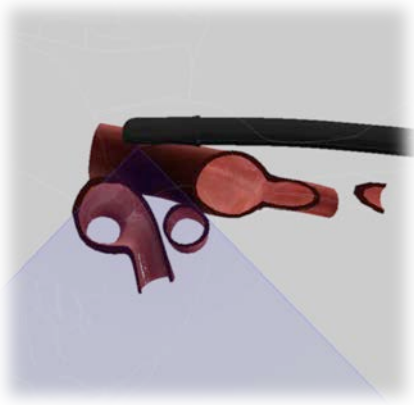
MO asc aorta LAX MO 100-150°	 Asc Aorta R) PA		
MO coronary sinus *	 Coronary Sinus		
Desc aortic SAX 0-10° Diaphragm to Left subclavian. Consider increasing frequency and adjust TGC	 Desc aorta Left pleura		

Desc aortic LAX 90-110° Diaphragm to left subclavian	 Desc aorta Left pleura		
TRANSGASTRIC			
TG mid SAX TG (40-45cm) 0-20° +/- antero flexion. Consider reducing frequency and adjust TGC	 LV RV Pap mm		
TG basal SAX TG 0-20° + antero flexion +/- withdraw	 LV MV: A1,A2,A3, P1,P2,P3, AMC, PMC RV TV		

TG apical TG 0-20° Less anteroflexion +/- advance	 LV apex RV apex		
TG LV 2C TG 80-100°	 LV: inferior and anterior walls MV, Chordae, Pap mm CS LA		
TG LV LAX TG 90-120°	 LV LVOT AV MV		

TG RV SAX* TG 0-10° Turn right	 RV: free and septal walls		
TG RV inflow TG 100-120°	 RV TV RA TV chordae Pap mm		
DEEP TRANSGASTRIC			
Deep TG LAX Deep TG 45-50cm 0-20° Advance past apex + anteflexion	 LVOT AV Asc aorta Aortic arch		

TG/Deep TG RV basal Deep TG 0-20°+anteflexion, withdraw + turn right	 RV RVOT PV PA		
UPPER OESOPHAGEAL			
Upper oesophageal (UO) aortic arch SAX UO (20-25cm) 90°	 Aortic arch Pulm artery PV		
UO aortic arch LAX UO 0-10°	 Aortic Arch		

UE Right and Left Pulmonary veins view Upper oesophageal 90-110° Turn right for right veins, left for left veins	 Upper and lower pulmonary veins PA		
--	---	--	--

* = non-Hahn views

