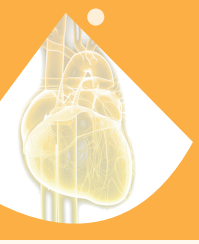

ECHO Assessment Checklist for Suspected HCM

It could be Hypertrophic Cardiomyopathy (HCM) if there is:

- ☐ End-diastolic left ventricular (LV) wall thickening ≥15 mm in one or more myocardial segments

OR

- ☐ ≥13 mm in presence of a family history of HCM and/or a pathogenic genetic variant causing HCM
- ☐ Asymmetric hypertrophy without apparent cause (ratio of septum to wall ≥ 1.3 in normotensive individuals or ≥1.5 in hypertensives)
- ☐ Indicate the pattern of hypertrophy:
  - ☐ Reverse curve
  - ☐ Sigmoidal
  - ☐ Apical
  - ☐ Neutral
  - ☐ Mid-ventricular
  - ☐ Other: _____
- ☐ Enlargement of the left atrium
- ☐ Diastolic dysfunction

Is it Obstructive Hypertrophic Cardiomyopathy (oHCM)?

- ☐ Dynamic left ventricular outflow tract (LVOT) obstruction (gradient ≥ 30 mmHg) and rest AND with provocation (i.e., Valsalva manoeuvre, positional change, exercise)
- ☐ Systolic anterior motion (SAM) of the mitral valve
- ☐ Mid-ventricular or apical obstruction

What needs to be documented and reported?

- ☐ Maximal wall thickness
- ☐ Maximum LVOT gradient (with actual value). Include exact site where peak gradient occurs
  - ☐ Resting
  - ☐ Provocable
- ☐ Left ventricular ejection fraction (LVEF)
- ☐ LV aneurysm (whether it is present or absent)
- ☐ Apical aneurysm (whether it is present or absent)
- ☐ SAM (2D image to show if SAM is present or absent & severity/extent if present)
- ☐ Left atrial diameter
- ☐ Septal to posterior wall ratio
- ☐ Mitral regurgitation (if applicable)

Is the person at risk for sudden cardiac death?

- ☐ Massive left ventricular hypertrophy (≥ 28-30 mm)
- ☐ Apical aneurysm
- ☐ LVEF < 50% (as measured using the Simpson method)

This tool was adapted from the HCM Diagnostic Checklist created by the Department of Cardiovascular Imaging of the Brazilian Society of Cardiology under the leadership of Dr. Silvio Barberato (dicsbc.com.br).