

Echocardiography: Guidelines for Chamber Quantification

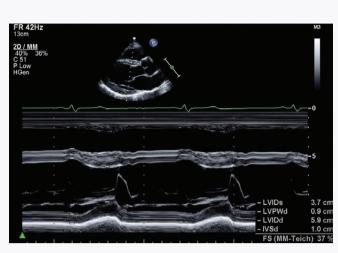
British Society of Echocardiography Education Committee

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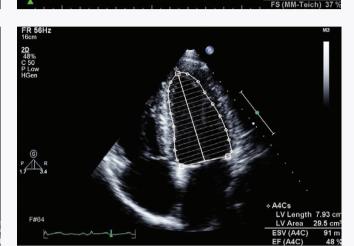
Left ventricular size, mass & function

	Normal	Mild	Moderate	Severe
LV wall thickness IVSd / PWd (cm)	0.6–1.2	1.3–1.5	1.6–1.9	≥2.0
LV dimension, women LVIDd (cm) LVIDd / BSA (cm/m²)	3.9–5.3 2.4–3.2	5.4–5.7 3.3–3.4	5.8–6.1 3.5–3.7	≥6.2 ≥3.8
LV dimension, men LVIDd (cm) LVIDd / BSA (cm/m²)	4.2–5.9 2.2–3.1	6.0–6.3 3.2–3.4	6.4–6.8 3.5–3.6	≥6.9 ≥3.7
LV volume, women LV diastolic volume (ml) LV systolic volume (ml)	56–104 19–49	105–117 50–59	118–130 60–69	≥131 ≥70
LV volume, men LV diastolic volume (ml) LV systolic volume (ml)	67–155 22–58	156–178 59–70	179–201 71–82	≥202 ≥83
LV volume index LV diastolic volume/BSA (ml/m²) LV systolic volume/BSA (ml/m²)	35–75 12–30	76–86 31–36	87–96 37–42	≥97 ≥43
LV function Fractional shortening (%) Ejection fraction (%) EF by Biplane Simpson's method*	25–43 ≥55	20–24 45–54	15–19 36–44	<15 ≤35
LV mass, women LV mass (g) LV mass / BSA (g/m²)	66–150 44–88	151–171 89–100	172–182 101–112	>182 >112
LV mass, men LV mass (g) LV mass / BSA (g/m²)	96–200 50–102	201–227 103–116	228–254 117–130	>254 >130

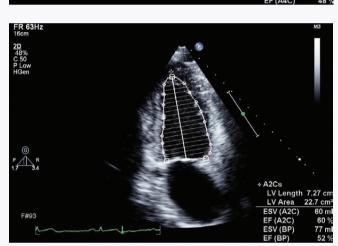










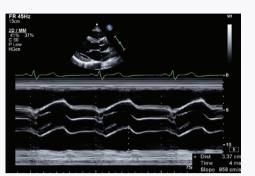


Left ventricular diastolic function

	Normal	Mild	Moderate	Severe	
		↓ Relaxation	RelaxationCompliance↑ LVEDP	Relaxation↓ Compliance↑↑ LVEDP	
		Abnormal relaxation	Pseudo-Normal	Restrictive filling	
LV inflow Doppler					
E/A ratio IVRT (ms) DT (ms)	1–2 50–100 150–200	<1 >100 >200	1–2 50–100 150–200	>2 <50 <150	
Pulmonary venous Doppler	JS D la!				
PV _s /PV _D PVa (m/s) a _{dur} -A _{dur} (ms)	PV _s > PV _D <0.35 <20	PV _s > PV _D <0.35 <20	PV _s < PV _D ≥0.35 ≥20	PV _s << PVD ≥0.35 ≥20	
Mitral annular tissue Doppler	A_{m}				
E_{m}/A_{m}	1–2	<1	<1	<<1	
E/E _m (septum) E/E _m (lateral)	<8 <10	-	>15 >10	- -	

Left atrial size

Normal	Mild	Moderate	Severe
2.7-3.8	3.9-4.2	4.3-4.6	≥4.7
22–52	53–62	63–72	≥73
3.0-4.0	4.1-4.6	4.7-5.2	≥5.3
18–58	59-68	69–78	≥79
1.5-2.3	2.4-2.6	2.7-2.9	≥3.0
16–28	29–33	34–39	≥40
	2.7–3.8 22–52 3.0–4.0 18–58	2.7–3.8 3.9–4.2 22–52 53–62 3.0–4.0 4.1–4.6 18–58 59-68	2.7-3.8 3.9-4.2 4.3-4.6 22-52 53-62 63-72 3.0-4.0 4.1-4.6 4.7-5.2 18-58 59-68 69-78

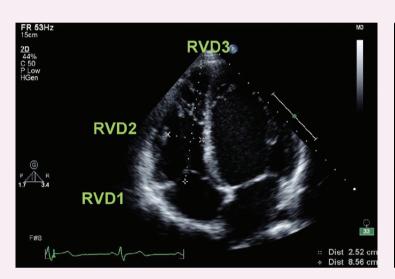


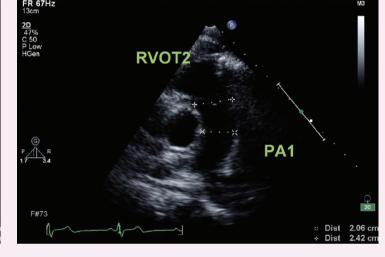


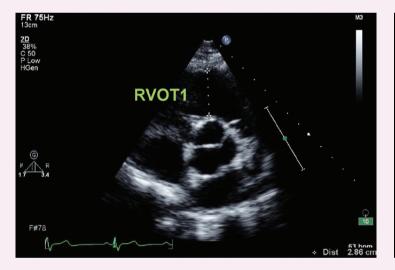


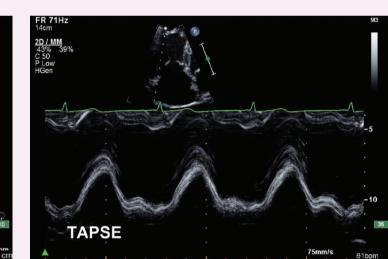
Right ventricular size & function

	Abnormal	
RV dimensions (apical 4 chamber)		
Basal RV diameter (RVD1) (cm)	>4.2	
Mid RV diameter (RVD2) (cm)	>3.5	
Base to apex length (RVD3) (cm)	>8.6	
RVOT diameters (parasternal SAX)		
RVOT at AV level (RVOT1) (cm)	>3.5	
RVOT at PV annulus (RVOT2) (cm)	>2.7	
PA diameter (parasternal SAX)		
Main PA (PA1) (cm)	>2.2	
RV area		
RV diastolic area (cm²)	>25	
RV systolic area (cm²)	>14	
RV function		• • • • • • • • • • • •
Fractional area change (%)	>35	
TAPSE	>16	









Right atrial pressure

	0–5mmHg		10–15	15–20	>20	
IVC						
size (cm)	<1.5	1.5-2.5	1.5-2.5	>2.5	>2.5	
Respiratory/sniff variation	collapse	♦ >50%	√ <50%	√ <50%	No change	
Other						
RA size	normal	normal	†	^ ^	$\uparrow \uparrow$	
Hepatic vein size			•	A	Å Å	

Adapted from:

Guidelines for the Echocardiographic Assessment of the Right Heart in Adults: A Report from the ASE

Endorsed by the EAE, and the CSE. Rudski, LG, et al.

J Am Soc Echocardiogr 2010; **23**:685-713.

Explanatory note & references

These guidelines have been developed by the Education Committee of the British Society of Echocardiography. They have been adapted from the international recommendations and guidelines A Report from the American Society of referenced below. Where there are differences between published values, or there is a lack of clear evidence, recommended values have been developed on the basis of consensus opinion. are made using standard, correct techniques and that all values are reported and interpreted in clinical context.

Chamber Quantification Adapted from:

Right Ventricular Function

Recommendations for Chamber Quantification: Echocardiography's Guidelines and Standards Committee and the Chamber Quantification Writing Group, Developed in Conjunction with the European Association of Echocardiography, a Branch of the Lang RM et al. J Am Soc Echocardiogr 2005; 18:1440–

