

10. CONGENITAL AND STRUCTURAL HEART DISEASE

- Evaluation of murmurs in infants, children, or adults
- Assessment of septal defects (ASD, VSD, PDA)
- Detection of PFO, coarctation, or bicuspid aortic valve
- Post-repair surveillance of congenital lesions
- Follow-up for repaired or palliated congenital defects

11. MISCELLANEOUS AND SYSTEMIC CONDITIONS

- Abnormal chest X-ray (cardiomegaly, pulmonary congestion)
- Abnormal ECG suggesting structural disease
- Unexplained elevated BNP or troponin
- Systemic diseases with cardiac involvement (SLE, scleroderma, RA)
- Evaluation of cardiac masses (myxoma, thrombus, metastasis)
- Monitoring heart transplant rejection
- Assessment of cardiac function in sepsis or shock (critical care echo)
- Traumatic cardiac injury (contusion, effusion, tamponade)
- Monitoring response to cardiac therapy (heart failure, valvular disease)

ECHOCARDIOGRAMS: Tuesday 8 am–4:30 pm

ULTRASOUND: Monday-Friday 7 am–5:30 pm

MRI: Tuesday-Friday 7 am–5:30 pm

XRAY & CT: Open 24/7

FLUOROSCOPY EXAMS: Friday 9am–Noon

SCHEDULING: 208-549-4444

RADIOLOGY: 208-549-4437



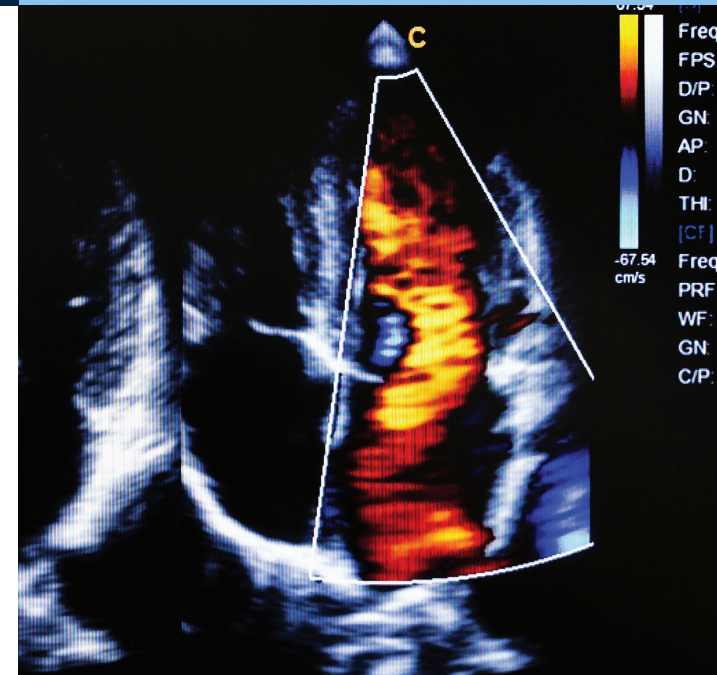
Now offering the first of its kind MRI unit with the largest opening in the state. The new on-site MRI offers a more spacious and comfortable experience for patients.

WMH provides service with state-of-the-art equipment for all modalities. We are committed to providing high quality diagnostic imaging to ensure up-to-date image/reporting capabilities, transferable via secure line transmission or disk produced on-site.

**Radiology services and interpretation provided by Boise Radiology Group (BRG). Results will be provided the same day.*



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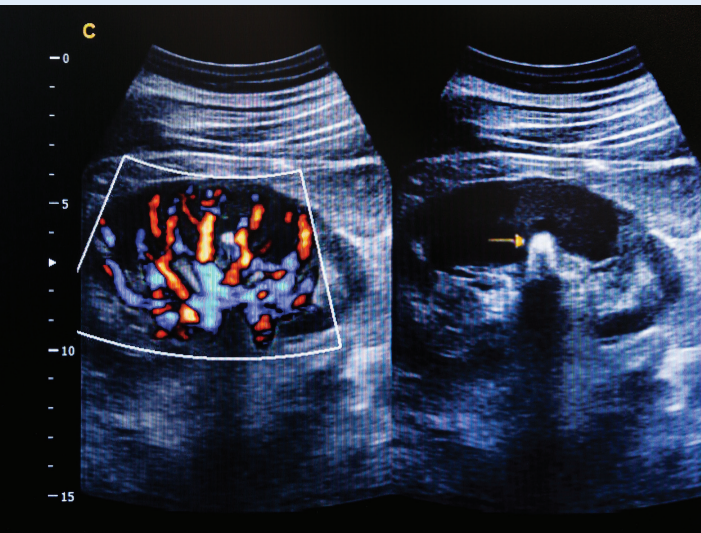


Echocardiography is a noninvasive diagnostic tool used to evaluate cardiac structure, function, and hemodynamics.

It is indicated for a wide variety of cardiovascular symptoms, physical findings, and clinical scenarios.



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Indications for ECHOCARDIOGRAPHY

The following is a comprehensive list of indications for echocardiography based on clinical practice guidelines and expert consensus.

1. SYMPTOMS AND CLINICAL FINDINGS

- Chest pain not explained by ECG or biomarkers
- Unexplained dyspnea, orthopnea, or paroxysmal nocturnal dyspnea
- Fatigue or decreased exercise tolerance
- Palpitations with possible structural heart disease
- Syncope or near-syncope of suspected cardiac cause
- Peripheral edema or unexplained weight gain
- Cyanosis or clubbing
- Unexplained hypotension or shock

2. VALVULAR HEART DISEASE

- Evaluation of new murmur or click
- Quantification of valve stenosis or regurgitation
- Monitoring progression of known valvular disease
- Assessment prior to valve repair or replacement
- Postoperative evaluation of valve prosthesis function
- Detection of prosthetic valve dysfunction (thrombosis, pannus, degeneration)
- Evaluation for suspected infective endocarditis (vegetations, abscesses)
- Pre- and post-intervention evaluation (e.g., TAVR, MitraClip)

3. CARDIOMYOPATHIES AND MYOCARDIAL DISEASE

- Suspected or known dilated cardiomyopathy
- Hypertrophic cardiomyopathy (initial and follow-up)
- Restrictive cardiomyopathy (amyloidosis, sarcoidosis, hemochromatosis)
- Stress (takotsubo) cardiomyopathy
- Myocarditis (viral, autoimmune, or idiopathic)
- Chemotherapy or radiation-induced cardiotoxicity monitoring
- Assessment of diastolic dysfunction
- Evaluation of ventricular thrombus or aneurysm formation

4. ISCHEMIC AND POST-MYOCARDIAL INFARCTION EVALUATION

- Assessment of regional wall motion abnormalities
- Quantification of left ventricular ejection fraction (LVEF)
- Detection of LV thrombus post-MI
- Evaluation of mechanical complications (VSD, papillary muscle rupture)
- Post-revascularization assessment of LV function
- Evaluation of myocardial viability (contrast echo or stress echo)

5. PERICARDIAL AND AORTIC DISEASE

- Detection and quantification of pericardial effusion
- Evaluation for cardiac tamponade
- Diagnosis and monitoring of constrictive pericarditis
- Assessment of pericardial thickening or calcification
- Aortic root dilation or aneurysm
- Evaluation for suspected aortic dissection or intramural hematoma
- Screening and follow-up in connective tissue disorders (Marfan, Ehlers-Danlos, Loeys-Dietz)

6. PULMONARY AND RIGHT HEART EVALUATION

- Suspected or known pulmonary hypertension (estimate RVSP, RV function)
- Evaluation of cor pulmonale
- Assessment of right ventricular size and function
- Evaluation of acute pulmonary embolism (RV strain)
- Chronic lung disease with right heart involvement

7. ARRHYTHMIAS AND ELECTRICAL DISORDERS

- Atrial fibrillation or flutter (pre-cardioversion evaluation)
- Ventricular arrhythmias or frequent PVCs
- Unexplained bradycardia or AV block
- Evaluation for structural cause of QT prolongation syndromes
- Assessment prior to ablation or pacemaker/ICD placement

8. NEUROLOGIC AND EMBOLIC EVENTS

- Cryptogenic stroke or transient ischemic attack (rule out cardiac source)
- Detection of left atrial or ventricular thrombus
- Evaluation for patent foramen ovale (PFO) or atrial septal aneurysm
- Systemic embolism of unknown origin
- Paradoxical embolism suspicion

9. PERIOPERATIVE AND PREPROCEDURAL INDICATIONS

- Baseline cardiac assessment before major surgery
- Pre-transplant evaluation (heart, kidney, liver, bone marrow)
- Pre-chemotherapy evaluation (anthracyclines, trastuzumab)
- Pre-hemodialysis or transplant clearance in cardiac patients
- Postoperative cardiac surgery monitoring

