



Patient's Name: _____

DOB: _____

ECHOCARDIOGRAPHY - CONTRAST

Diagnostic Imaging Department
222 Medical Circle
Morehead, KY 40351
Office: 606-783-6761
Fax: 606-783-6935

Patients:
These are the instructions for your
scheduled procedure in our
Diagnostic Imaging Department.

Scheduling

Your examination has been scheduled for:

Date: _____ **Time:** _____ **A.M./P.M.**

The above time has been reserved for you. Please arrive 15 minutes before the appointed time so you can register. When you arrive to register, please follow the guidelines below to know where to sign in:

Admitting/Registration - 6:30 a.m. to 11:00 p.m.
Emergency Room Registration - 11:00 p.m. to 6:30 a.m.

Purpose

This ultrasound procedure is performed in order to acquire an image of the different chambers of the heart and valves using sound waves. Ultrasound is a safe procedure that does not use radiation.

Preparation

An IV (a small tube placed in the vein) will be started in your arm using an 18-gauge jelco needle and 250ml sodium chloride.

Procedure

Dressed in a gown, you will lie on a bed rolled up on your left side. Stick-on pads are placed on your chest to monitor your heart. Gel and a hand-held instrument are placed on your chest as the sodium chloride is injected through an IV in order to image the heart. The cardiologist is present during the exam. There should be no discomfort other than starting the IV.

Results

The cardiologist will review your exam and send a written report to your physician. You will have to contact your physician for the results. Your physician will discuss the results with you as appropriate. The technologist will be unable to give you any information or interpretation about the results of your exam.

If you have questions concerning your upcoming procedure, please call the Diagnostic Imaging Department at 606-783-6761.