

# Specification for CARDIOLOGY REPORTS



The European Regulations and UK CAA's Guidance Material for fitness decision, acceptable treatments and required investigations (if specified) can be found in the medical section of the CAA website ([www.caa.co.uk](http://www.caa.co.uk)). For many conditions, there are also flow charts available for guidance on the assessment process.

The following subheadings are for guidance purposes only and should not be taken as an exhaustive list.

## 1. Diagnoses

## 2. History

- Presenting symptoms
- Nature of condition, circumstances surrounding onset, precipitating factors
- Other relevant medical history

## 3. Examination and Investigation Findings

- Clinical Examination
  - Blood Pressure within acceptable parameters (Hypertension flow chart)
  - Blood tests (U&E, Renal and Liver Profile, Lipid Profile, Glucose)
  - Confirmation no end organ damage
- Cardiovascular Risk Assessment
  - Family history, smoking, alcohol intake, weight (BMI), and lifestyle interventions
  - Resting ECG
  - Exercise Tolerance Test Report where indicated
    1. Protocol used (e.g. CAA protocol - Symptom limited Bruce Protocol off cardioactive medication as directed by the investigating cardiologist)
    2. Walking time
    3. Symptoms experienced
    4. ECG changes
    5. Summary and conclusions
  - Echocardiogram where indicated
    1. Valve structure and function
    2. Standard chamber dimensions
    3. Ejection Fraction (indicate measurement technique)
    4. Summary and conclusions
  - 24-hour ECG where indicated
    1. Beats scanned
    2. Number/frequency of ectopics/aberrants
    3. Runs of abnormal rhythm (extracts)
    4. Summary and conclusion
  - Angiogram where indicated
    1. Full report
    2. Measurement of degree of stenosis in each affected artery (annotated diagram of coronary tree acceptable)
  - Cardiac MRI, MPS, Stress Echocardiogram (dobutamine or exercise), CT as indicated

\*Where investigations are abnormal or borderline the hard copy traces/images are likely to be required for review\*

## 4. Treatment

- Current and recent past medication (dose, frequency, start date)
- Confirmation no side effects from medication

## 5. Follow up and further investigations/referrals planned or recommended

- Plan of management and anticipated follow up

## 6. Clinical Implications

- Any concerns regarding disease progression, treatment compliance or risk of sudden incapacity