## AFAST® Goal-Directed Template - Right Lateral Recumbency Preferred

Sonographer	Patient Name	Date/Tin	ne	Sedation? Y	□ N □ If yes, type of			
Patient Positioning:	Sternal/standing $\square$	Left Lateral	l or F	Right Lateral 🗖	or Modified sternal $\square$			
AFAST® Diaphragn	natico-Hepatic (DH) V	'iew						
Caudal Vena Cava	a: Bounce (fluid resp.)	☐ <b>flat</b> (hypovo	lemic) 🏻 I	FAT (fluid intole	erant) 🗆 Indeterm 🗖 N/A 🗖			
<b>Hepatic Venous I</b>	<b>Distension</b> : Absent □	Present (Tree	Trunk Si	gn) 🗆 Indeteri	n □ N/A □			
Pleural Eff.: Absent □ Present □ Mild <1 cm □ Moderate >1 cm <3 cm □ Severe >3 cm □ Indeterm □ N/A □								
Pericardial Eff. (I	Racetrack Sign): Abse	nt 🗆 Present 🗖	Mild <1 c	m 🗖 Moderate >	>1 cm <3 cm ☐ Severe >3 cm ☐			
		Indetern	n □ N/A □	]				
Vet BLUE®: B-line	es 0□ 1 -3□ >3□ ∞□ 1	Indeterm□ N/A	□ Shred□	] size_Tissue□	size_Nodule□ size_Wedge□ size			
AFAST® Right Later	ral 🗖							
Diaphragm	0 🗆	*1/2 🗖 1	☐ Indeterm ☐	J N/A □				
Spleno-Ren	0 🗆	*1/2 🗖 1	1 □ Indeterm □ N/A □					
Cysto-Colic	Cysto-Colic (CC)			] 1 □ Indeterm □ N/A □				
Spleno-Intestino Umbilical (SIU)			0 🗆 *1	*1/2 $\square$ 1 $\square$ Indeterm $\square$ N/A $\square$				
*Total Abdomina	ıl Fluid Score (AFS) 0-	<b>4:</b> *If	positive in	n standing or sto	ernal as patient status allows, move to			
either lateral recumb	pency and WAIT 3-minu	utes to allow flui	d to redis	tribute before <b>r</b>	<b>epeating</b> AFAST® and <b>assigning</b> the AFS			
Focused Spleen:	Unremarkable 🗖 Abno	rmal 🗖 Indeter	m 🗖 N/A					
*Hepato-Renal 5th	Bonus (also do Curtai	n Sign Right Ve	et BLUE®)	: *0□ 1/2□ 1	. ☐ Indeterm ☐ N/A☐ *Not part of AF			
- *** **			_					
Gallbladder		Unremarkable $\square$ Abnormal $\square$ _			,			
Urinary Bla	•	ifficult to assess	-					
Trigone Reg	Abnormal □ Indeterm □ N/A □ gion: Unremarkable □ Abnormal □ Indeterm □ N/A							
Comments								

**Qualifier:** The Global FAST® is a combination ultrasound format that includes AFAST®, TFAST® and Vet BLUE®. Global FAST® is a screening test for free fluid and some soft tissue abnormalities that helps direct resuscitation and diagnostic efforts. Global FAST® is not meant to replace radiography, complete detailed abdominal ultrasound, complete echocardiography, CT or MRI.



## **TFAST® Goal-Directed Template**

Sonographer	Patient Name	Date/Time		_ Sedation? Y □ N	N □ If yes, type of		
Patient Positioning:	Sternal/standing $\Box$	Left Lateral □	or	Right Lateral 🗖	or Modified sternal $\square$		
Pneumothorax? (E	Sest Standing or Sterna	al Position)					
Left CTS: absent □ present □ indeterm □ N/A□  Lung Point: upper 1/3 □ middle 1/3 □ lower 1/3 □ indeterm □ N/A□  Right CTS: absent □ present □ indeterm □ N/A □  Lung Point: upper 1/3 □ middle 1/3 □ lower 1/3 □ indeterm □ N/A□							
Pleural Effusion?	fusion?  Left PCS: absent □ present □ indeterm □ N/A□  trivial < 5 mm □ mild < 1cm □ moderate > 1 cm < 2 cm □ severe > 2 cm □  Right PCS: absent □ present □ indeterm □ N/A□  trivial < 5 mm □ mild < 1cm □ moderate > 1 cm < 2 cm □ severe > 2 cm □						
Pericardial Effusion	on? absent □ present □ trivial < 5 mm □ r			e >1 cm< 2 cm □	severe >2 cm □		
TFAST® RIGHT Per	icardial Site (Short axis	[SAx), Long axis [l	LAx]):				
Left Ventricular	SAx (Mushroom View	): Volume (Fillin	<b>ig):</b> U	nremark□ Poor	□ Indeterm□ N/A□		
Contractility (	<b>(FS%):</b> Unremark□ Po	or□ Indeterm□	N/AC	]			
Flattened IVS	? Yes□ No□ Indeterm[	□ N/A□					
SAx LA:Ao "Merce	edes Benz View": Unre	mark 🗖 Obvious I	ncr. (	>2.0 cats/dogs)	l Indeterm □ N/A□		
SAx Pulmonary Artery, Mainstem RPM and LPM: Unremark□ Incr. PA Size (PA>Ao)? Yes □ No□ Indeterm□							
N/A □ Heartworm	s? Yes □ No □ Indeterm	n□N/A□ <b>Saddl</b>	e Thr	ombus? Yes □ N	Io □ Indeterm □ N/A □		
Other							
<b>EPIC Guidelines: Performed?</b> Yes□ No□ <b>LA:Ao (Swedish Method, ≥ 1.6)</b> Yes□ No□ <b>LVIDdN (Chart) &gt;1.7</b> Yes□ No□							
LAx RV:LV 4-Char	<b>nber (1 o'clock):</b> Unre	nark□ Obvious I	ncr. (>	>1:2 dogs/cats)□	Indeterm□ N/A□ Other		
LAx LVOT/5-Chamber (2 o'clock): Unrem□ Abnormal Ao Valves? Yes□ No□ Mass? Yes□ No□ Indeterm □ N/A□  Caudal Vena Cava unremark (BOUNCE) □ small (flat) □ distended (FAT) □ indeterm □ N/A□							
					•		
<b>Hepatic Venous Distension</b> unremarkable □ distended ( <b>Tree Trunk Sign</b> ) □ indeterm □ N/A□ <b>EPIC Guidelines</b> LA:Ao ( <b>Swedish Method</b> ) ≥ <b>1.6</b> Yes □ No □ LVIDdN ( <b>Chart</b> ) > <b>1.7</b> Yes □ No □							
Comments	•						

**KEY: CTS** = chest tube site; **PCS** = pericardial sac; **LV** = left ventricle, **PTX** = pneumothorax, **LVSA**: left ventricular short-axis view, **LA:AO** aortic to left atrial ratio on short-axis view, **RVLV**: right ventricular to left ventricular ratio on long-axis view.

**Qualifier:** The TFAST® exam is an ultrasound screening test used to detect pleural and pericardial effusion, major thoracic wall, lung, and heart abnormalities to better direct resuscitation efforts, detect complications, and manage hospitalized critically ill patients. TFAST® exam is not intended to replace thoracic radiography, or complete detailed echocardiography.

Created by Gregory Lisciandro, DVM, DABVP, DACVECC, CEO of FASTVet.com and Executive Director, International Veterinary Point-of-care Ultrasound Society, IVPOCUS.org



## **Vet BLUE® Goal-Directed Template**

**Ask Yourself?** Wet vs. Dry? Number of B-lines? Anything off the "Lung Line"? Are you mistaking abdominal contents for lung pathology?

Left	Cd $0 \square 1-3 \square >3 \square \infty \square$ Shred $\square$ sizeTissue $\square$ sizeNodule $\square$ sizeWedge $\square$ size         OR indeterminate $\square$ not assessed $\square$ Ph $0 \square 1-3 \square >3 \square \infty \square$ Shred $\square$ sizeTissue $\square$ sizeNodule $\square$ sizeWedge $\square$ size         OR indeterminate $\square$ not assessed $\square$ OR indeterminate $\square$ not assessed $\square$ Cr $0 \square 1-3 \square >3 \square \infty \square$ Shred $\square$ sizeTissue $\square$ size Nodule $\square$ sizeWedge $\square$ size         OR indeterminate $\square$ not assessed $\square$ OR indeterminate $\square$ not assessed $\square$
Right	Cd 0 □ 1-3 □ >3 □ ∞ □ Shred □ size Tissue □ size Nodule □ size Wedge □ size         OR indeterminate □ not assessed □         Ph 0 □ 1-3 □ >3 □ ∞ □ Shred □ size Tissue □ size Nodule □ size Wedge □ size         OR indeterminate □ not assessed □         Md 0 □ 1-3 □ >3 □ ∞ □ Shred □ size Tissue □ size Nodule □ size Wedge □ size         OR indeterminate □ not assessed □         Cr 0 □ 1-3 □ >3 □ ∞ □ Shred □ size Tissue □ size Nodule □ size Wedge □ size         OR indeterminate □ not assessed □         OR indeterminate □ not assessed □
DH	0 □ 1-3 □ >3 □ $\infty$ □ Shred □ sizeTissue □ size Nodule □ size Wedge □ size OR indeterminate □ not assessed □
	h: Shred Sign, <b>Ti</b> : Tissue Sign, <b>Nd</b> : Nodule; <b>Wdg:</b> Wedge
Comm	ents & Assessment

**Qualifier:** The Vet BLUE® is a lung ultrasound screening test for many conditions that affect the lung surface such as heart failure, pneumonia, nodular disease, pulmonary embolism/thromboembolism and others to better direct resuscitation efforts, detect complications, and manage hospitalized critically ill patients. Vet BLUE® is not meant to replace thoracic radiography or computed tomography.

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