Focused cardiac ultrasonography can discriminate LVSF

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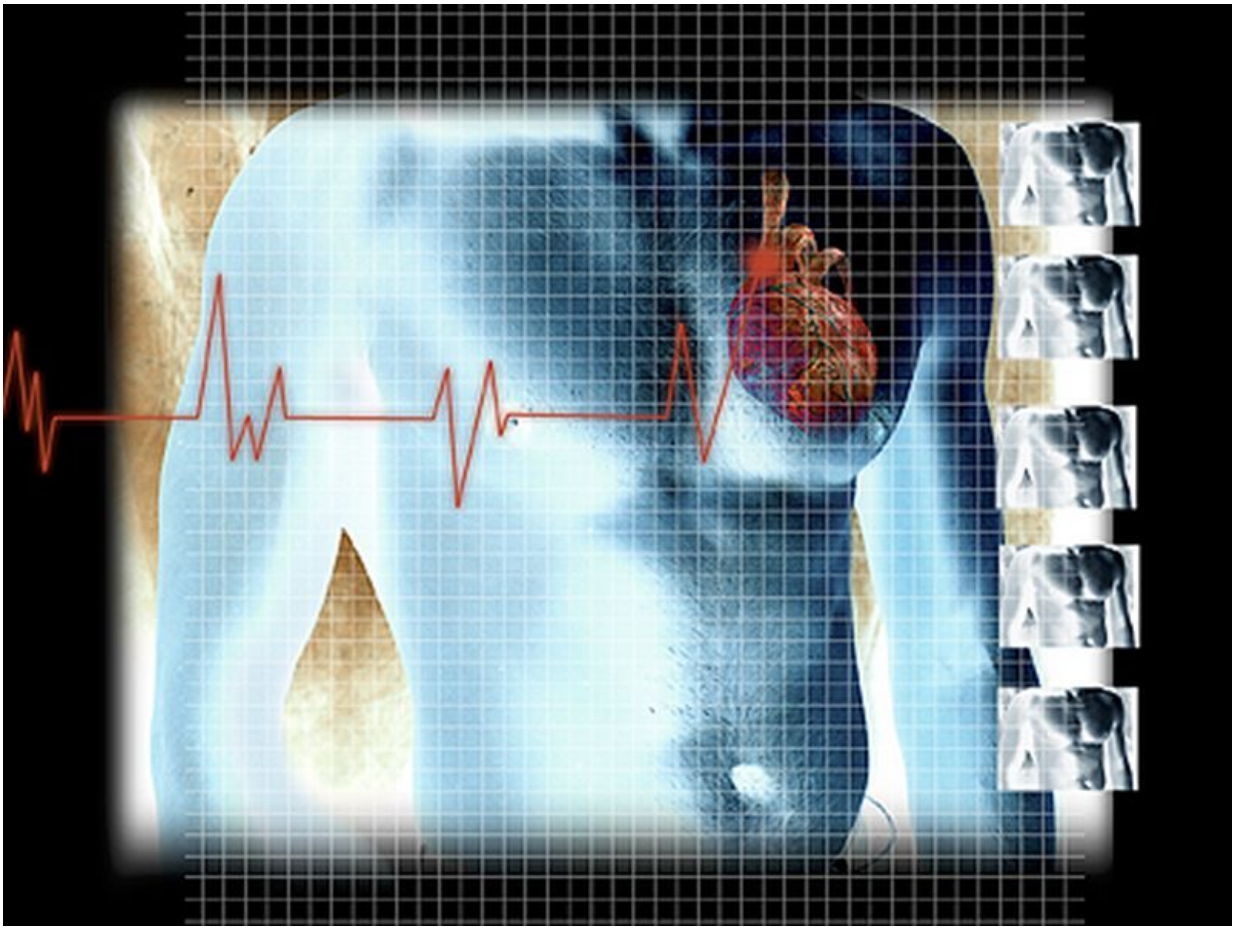

(HealthDay)—Focused cardiac ultrasonographic (FoCUS) examination

can be used by trained internal medicine physicians to discriminate normal from reduced left ventricular systolic function (LVSF), according to a study published in the February issue of the *Journal of Clinical Ultrasound*.

Benjamin K. Johnson, M.D., from Abbott Northwestern Hospital in Minneapolis, and colleagues conducted a prospective observational study involving 178 inpatients examined by 10 internal medicine physicians who had completed an internal medicine bedside ultrasound training program. The authors examined their ability to estimate LVSF with FoCUS as normal, mild to moderately deceased, or severely decreased, as compared with cardiologist-interpreted left ventricular ejection fraction identified on formal echocardiography.

The researchers found that the sensitivity and specificity of FoCUS were 0.91 and 0.88, respectively, for any degree of LVSF impairment. For any LVSF impairment, the interrater agreement between internal medicine physician-performed FoCUS and formal echocardiography was good/substantial ($\kappa = 0.77$; P echocardiography was classified as technically limited due to patient factors; echogenicity was sufficient to classify LVSF in 100 percent of FoCUS exams.

"These results support the role of cardiac FoCUS by properly trained internal medicine physicians for discriminating normal from reduced LVSF," the authors write.

More information: Abstract
Full Text (subscription or payment may be required)