Table S1.

Binary POCUS questions asked for each site within the thoracic and abdominal windows (yes/no). The most clinically significant question for each window is highlighted:

4-chamber heart	1. Is the left ventricle clearly distinguishable and fully visualized? 2. Is the left atrium clearly distinguishable and fully visualized? 3. Is the right ventricle clearly distinguishable and fully visualized? 4. Is the right atrium clearly distinguishable and fully visualized? 5. Is the interventricular septum clearly distinguishable and fully visualized? 6. Is the mitral valve clearly distinguishable and fully visualized? 7. Is the tricuspid valve clearly distinguishable and fully visualized? 8. Is the image of sufficient quality to compare the ventricles and atria? 9. Is the image of sufficient quality to determine if right sided heart failure is present?
5-chamber heart	1. Is the right ventricle clearly distinguishable and fully visualized? 2. Is the right atrium clearly distinguishable and fully visualized? 3. Is the aorta clearly distinguishable and fully visualized? 4. Is the left auricle clearly distinguishable and fully visualized? 5. Is the aortic valve clearly distinguishable and fully visualized? 6. Is the image of sufficient quality to assess the left ventricular outflow tract?
La:Ao	1. Is the left atrium clearly distinguishable and fully visualized? 2. Is the aorta clearly distinguishable and fully visualized? 3. Is the aortic valve clearly distinguishable and fully visualized? 4. Is there clear delineation of the aorta and left atrium? 5. Can the right outflow tract anatomy be discerned? 6. Is the image of sufficient quality to determine left atrial enlargement?
Mushroom	1. Is the left ventricle clearly distinguishable and fully visualized? 2. Is the right ventricle clearly distinguishable and fully visualized? 3. Is the left ventricular free wall clearly visible and distinguishable? 4. Is the right ventricular free wall clearly visible and distinguishable? 5. Is the interventricular septum clearly distinguishable and fully visualized? 6. Is the transition of lumen to myocardium clearly distinguishable and fully visualized? 7. Can volume status and contractility be assessed from these images? 8. Is the image of sufficient quality to assess the left ventricular lumen, free wall and interventricular septum?

Lung sliding	1. Is the pleural line and ribs with associated shadows distinguishable and fully visualized? 2. Is a shimmer along the pleural line visible? 3. Is the far field artifact/image fully visible? 4. Are A-lines visible extending to the far field? 5. Is the image of sufficient quality through-out the entire field of view to assess lung sliding?
Abdominal curtain	1. Is the interface between the thorax and abdomen clearly distinguishable and fully visualized? 2. Is the vertical edge artifact visible during inspiration? 3. Is the vertical edge artifact visible during expiration? 4. Are the organ structures caudal to the curtain fully visualized? 5. Is the costophrenic diaphragm visible? 6. Is the image of sufficient quality to assess directional movement of the abdominal contents? 7. Is the image of sufficient quality to assess the thoracic-abdominal interface?
Subxiphoid heart	1. Is the diaphragm fully clearly distinguishable and fully visualized? 2. Is the heart clearly distinguishable and fully visualized? 3. Is the heart lumen clearly distinguishable and fully visualized? 4. Are the heart valves clearly distinguishable and fully visualized? 5. Is the blend of the diaphragm and ventricle visible? 6. Is the image of sufficient quality to rule out pericardial effusion?
Caudal vena cava	1. Is the caudal vena cava clearly distinguishable and fully visualized throughout respiration? 2. Is the diaphragm clearly distinguishable and fully visualized through-out respiration? 3. Are the proximal and distal walls of the caudal vena cava clearly distinguishable and fully visualized 4. Is the reverberation artifact below the caudal vena cava visible? 5. Is the change in caudal vena cava diameter throughout respiration subjectively measurable? 6. Is the image of sufficient quality to assess caudal vena cava intravascular volume?
Stomach	1. Are the stomach wall layers clearly distinguishable and fully visualized? 2. Is the stomach lumen clearly distinguishable and fully visualized? 3. Is the image of sufficient quality to assess GI motility? 4. Is the image of sufficient quality to assess lumen contents echogenicity?
Gallbladder	1. Is the gallbladder clearly distinguishable and fully visualized? 2. Are the gallbladder walls identifiable? 3. Is the gallbladder contents visualized? 4. Is the image of sufficient quality to assess the presence of gallbladder wall edema?

	5. Is the image of sufficient quality to assess gallbladder wall thickness? 6. Is the image of sufficient quality to assess gallbladder contents echogenicity?
Short-axis kidney	1. Is the renal pelvis clearly distinguishable and fully visualized? 2. Is the renal sinus clearly distinguishable and fully visualized? 3. Is the renal papilla clearly distinguishable and fully visualized? 4. Can you differentiate between the renal cortex and medulla? 5. Is the image of sufficient quality to assess renal pelvis dilation? 6. Is the image of sufficient quality to assess for the presence of free fluid?
Long-axis kidney	1. Is the kidney clearly distinguishable and fully visualized? 2. Can you differentiate between the renal cortex and medulla? 3. Is the image of sufficient quality to assess the renal parenchyma? 4. Is the image of sufficient quality to assess for the presence of free fluid?

Table S2.

Results of Likert scale score analysis for each POCUS (point-of-care ultrasound) window assessed.

Window assessed	Friedman test[1]	Dunn's multiple comparison test[2]
4 chamber heart	P = 0.460	
5 chamber heart	P = 0.837	
LA:Ao	P = 0.607	
Mushroom	P = 0.206	
Lung slide (first Likert scale)	P = 0.003	IQ vs Clarius, p = 0.248 IQ vs Vscan, p = 0.785 Clarius vs VScan, p = 0.013*
Curtain	P = 0.013	IQ vs Clarius, p = 0.124 IQ vs Vscan, p > 0.999 Clarius vs VScan, p = 0.032*
Cardiac-subxiphoid	P = 0.008	IQ vs Clarius, p = 0.002* IQ vs Vscan, p > 0.999 Clarius vs VScan, p = 0.043*
Caudal vena cava	P < 0.001	IQ vs Clarius, p = 0.002* IQ vs Vscan, p = 0.057 Clarius vs VScan, p = 0.785
Gall bladder	P < 0.001	IQ vs Clarius, p = 0.003* IQ vs Vscan, p = 0.723 Clarius vs VScan, p = 0.099
Stomach	P < 0.001	IQ vs Clarius, p < 0.001* IQ vs Vscan, p = 0.377 Clarius vs VScan, p = 0.043*
Kidney long axis	P < 0.001	IQ vs Clarius, p = 0.001* IQ vs Vscan, p = 0.554 Clarius vs VScan, p = 0.074
Kidney short axis	P = 0.005	IQ vs Clarius, p = 0.018* IQ vs Vscan, p > 0.999 Clarius vs VScan, p = 0.096
Lung sliding (second Likert scale)	P < 0.001	IQ vs Clarius, p = 0.554 IQ vs Vscan, p = 0.074 Clarius vs VScan, p = 0.001*
All abdomen combined	P < 0.001	IQ vs Clarius, p < 0.001* IQ vs Vscan, p = 0.004* Clarius vs VScan, p < 0.001*
All thorax combined	P < 0.001	IQ vs Clarius, p = 0.028* IQ vs Vscan, p > 0.999 Clarius vs VScan, p = 0.008*

[1]$p < 0.05$ considered statistically significant; tests for overall significance (3 probes). When overall significance (Friedman test) was present, a pairwise comparison (Dunn's multiple comparison test) was performed.

[2]$p < 0.05$ considered statistically significant; reflects comparison of probe pairs. Where no results are shown, individual probes were not compared, as the Friedman test was non-significant.
*denotes statistically significant comparisons.
LA, left atrium; Ao, aortic root; and Mushroom, transverse view of left and right ventricles and interventricular septum.

Table S3.

Results of total binary POCUS (point-of-care ultrasound) questions for each POCUS window assessed.

Window assessed	Chi-square test[1]	Chi square test with Yates correction[2]
4-chamber heart	P < 0.001	IQ vs VScan, p < 0.001* IQ vs Clarius, p = 0.002* VScan vs Clarius, p = 0.746
5-chamber heart	P = 0.068	
LA:Ao	P = 0.736	
Mushroom	P = 0.292	
Lung sliding	P = 0.015	IQ vs VScan, p = 0.036 IQ vs Clarius, p = 0.095 VScan vs Clarius, p > 0.999
Abdominal curtain	P = 0.177	
Subxiphoid Heart	P < 0.001	IQ vs VScan, p > 0.999 IQ vs Clarius, p < 0.001* VScan vs Clarius, p < 0.001*
Caudal vena cava	P < 0.001	IQ vs VScan, p < 0.001* IQ vs Clarius, p < 0.001* VScan vs Clarius, p = 0.997
Gall bladder	P < 0.001	IQ vs VScan, p = 0.009* IQ vs Clarius, p < 0.001* VScan vs Clarius, p = 0.225
Stomach	P < 0.001	IQ vs VScan, p = 0.066 IQ vs Clarius, p < 0.001* VScan vs Clarius, p < 0.001*
Short-axis kidney	P < 0.001	IQ vs VScan, p = 0.060 IQ vs Clarius, p < 0.001* VScan vs Clarius, p = 0.003*
Long-axis kidney	P = 0.007	IQ vs VScan, p = 0.867 IQ vs Clarius, p = 0.006* VScan vs Clarius, p = 0.015*

[1]$p < 0.05$ was considered statistically significant for group comparison (3 probes compared together; Chi-square test). Where the Chi-square test was significant, differences between pairs of probes was assessed using Yates continuity corrected Chi-square test. If non-significant, the Yates continuity corrected Chi-square test was not performed.
[2]$p < 0.017$ considered statistically significant (lower p value accounts for multiple comparisons).
*denotes statistically significant comparisons.
LA, left atrium; Ao, aortic root; and Mushroom, transverse view of left and right ventricles and interventricular septum.

Statistical analysis results of the key binary POCUS questions for each POCUS window assessed. Where the Fischer's exact test is significant, a Chi-square test with Yates correction was performed.

Window assessed	Fisher's exact test[1]	Chi-square test with Yate's correction[2]
4-chamber heart	P = 0.092	
5-chamber heart	P > 0.999	
La:Ao	P > 0.999	
Mushroom	P > 0.999	
Lung sliding	P > 0.999	
Abdominal curtain	P > 0.999	
Subxiphoid heart	P = 0.332	
Caudal vena cava	P = 0.037*	IQ vs VScan, p = 0.214 IQ vs Clarius, p = 0.030 VScan vs Clarius, p = 0.584
Gall bladder	P > 0.999	
Stomach	P = 0.294	
Long-axis kidney	P > 0.999	
Short-axis kidney	P = 0.308	

[1]$p < 0.05$ is significant for group comparison (3 probes compared together). If significant, paired probes compared with Chi-square test with Yate's correction. If non-significant, the Chi-square test with Yate's correction was not performed.
[2]$p < 0.017$ is significant (lower p value accounts for multiple comparisons).
*denotes statistically significant comparisons.