The aim of the study was to compare the conventional and developed echocardiographic (EchoCG) criteria of severity of the course and prognosis of pulmonary embolism (PE) outcomes and to establish the most significant of them. Methods. The study included 428 patients with PE, of whom 42 died and 51 had hemodynamically significant course of the disease. The remaining patients were hemodynamically stable. Of these, 193 had evidence of right heart overload on echocardiography and 142 did not. The prevalence of commonly accepted and developed EchoCG criteria was assessed in the study groups with subsequent comparative analysis and determination of the significance of each parameter. Results. The significance of such common EchoCG criteria of right heart overload as the presence of interventricular septal flattening (74.1% and 82.6%, respectively) and right ventricular free wall dyskinesia (67.3% and 88.2%, respectively), which have the highest diagnostic sensitivity and specificity for determining the severity of the disease course and fatal outcome, was confirmed. It has been proved that it is more informative to estimate not the level of pressure in the pulmonary artery, but to calculate the pressure gradient on its valve. Decrease of this parameter less than 16 mmHg is highly (r=0.99) associated with hemodynamically significant course of the disease, and less than 12 mmHg — with death. The calculated volume of tricuspid regurgitation, especially in correlation with the right atrial volume, more clearly and informatively reflects the overload of the right heart chambers than the degree of tricuspid regurgitation, and allows to assess its dynamics during therapy. Conclusion. The determined generally accepted and developed EchoCG criteria allow to optimize the stratification of patients according to the severity of PE course and prediction of its outcomes.