

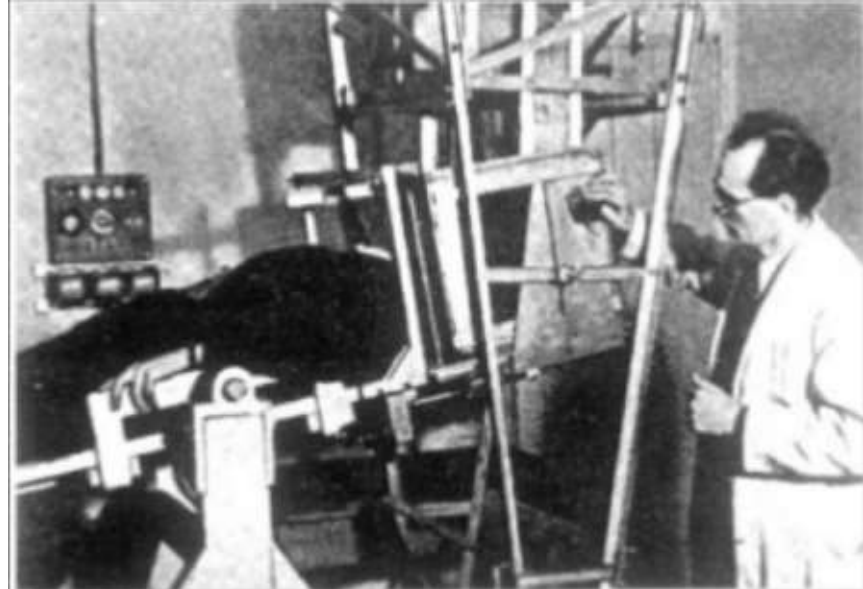
# **Clinical anatomy**

## **Imaging in Cardiology**

**Radka Kočková**

# History of US imaging

- **Dussik KT in Australia in 1941**  
**US brain imaging**
- **Keidel WD in Germany in 1950**  
**US heart imaging**



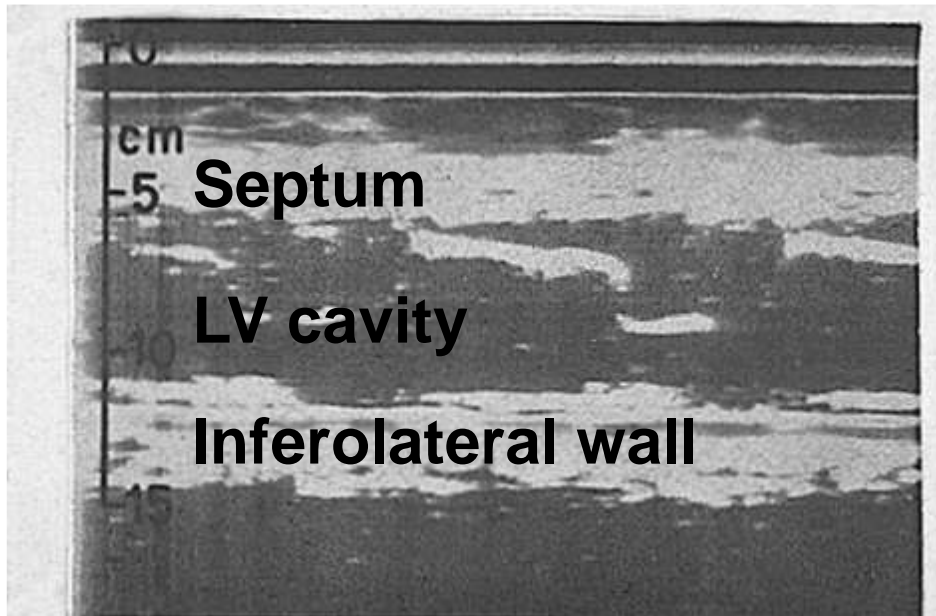
# High-end modern ultrasounds



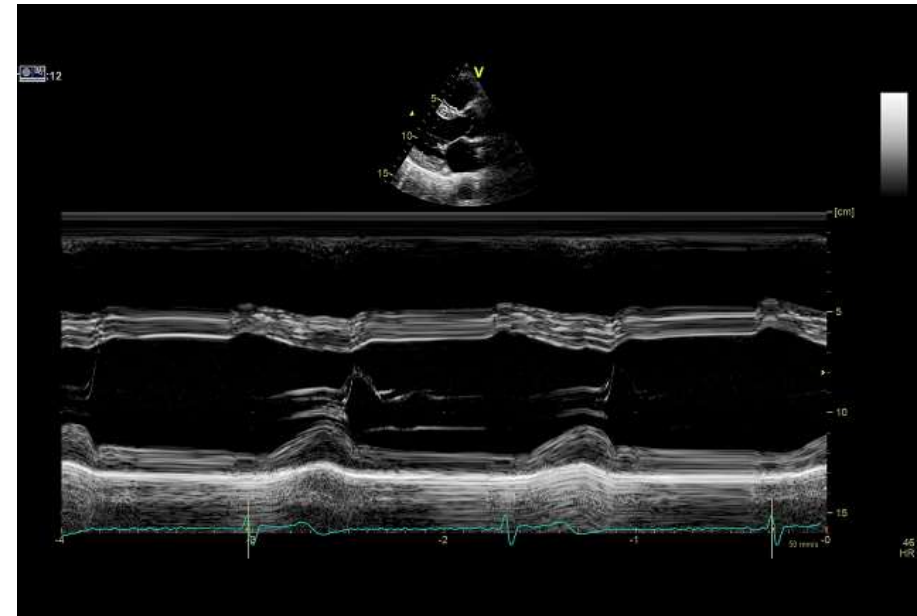
# Handheld ultrasound



# M-mode US imaging

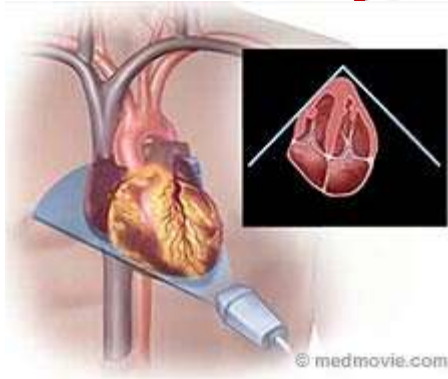


**1953 – Edler a Hertz**

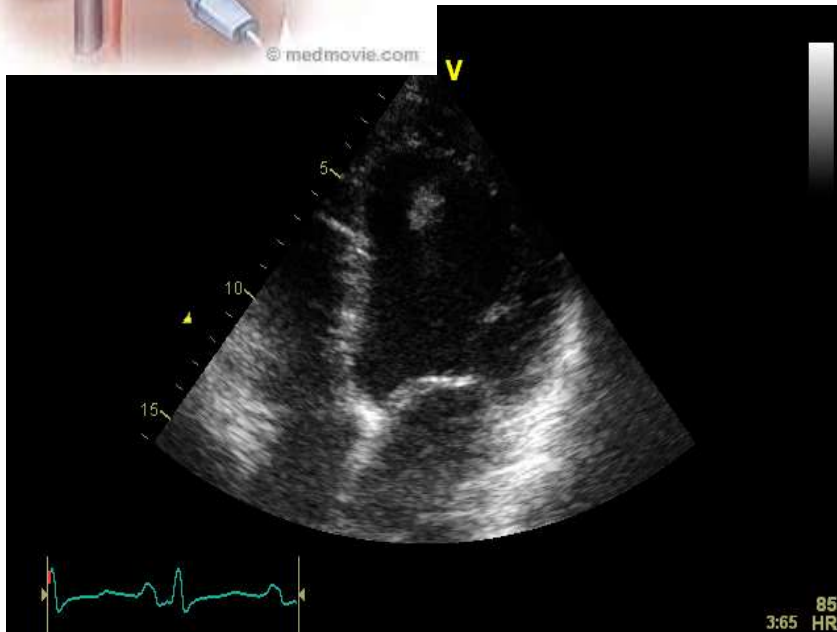


**2022**

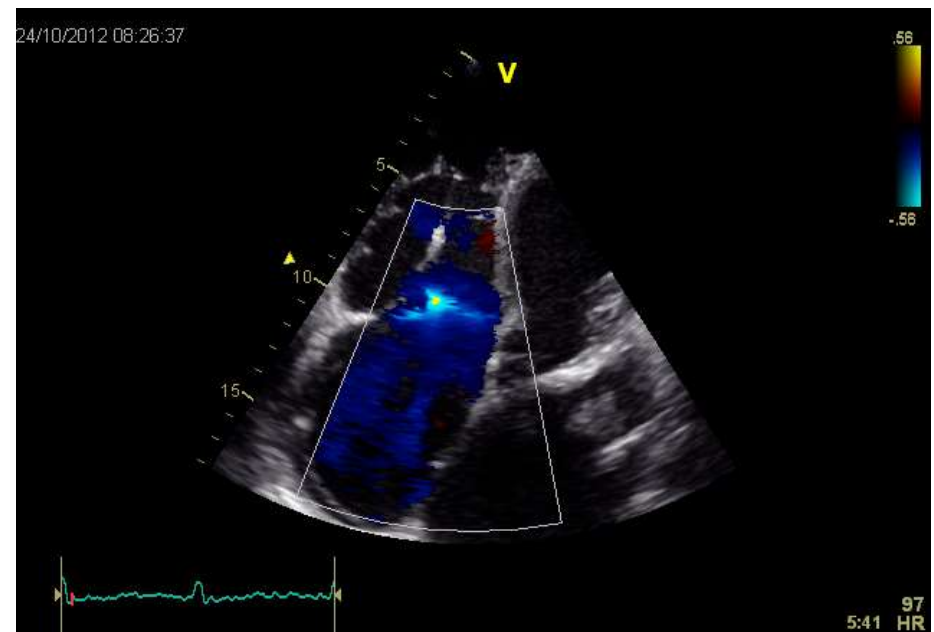
# 2D (2 dimensional imaging) TTE (transthoracic echocardiography)



4 – chamber view



2D – TTE

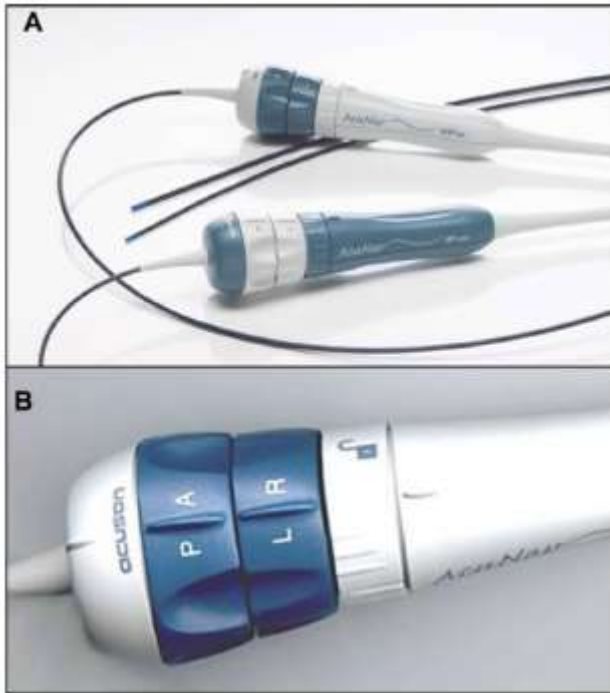


Colour doppler TTE

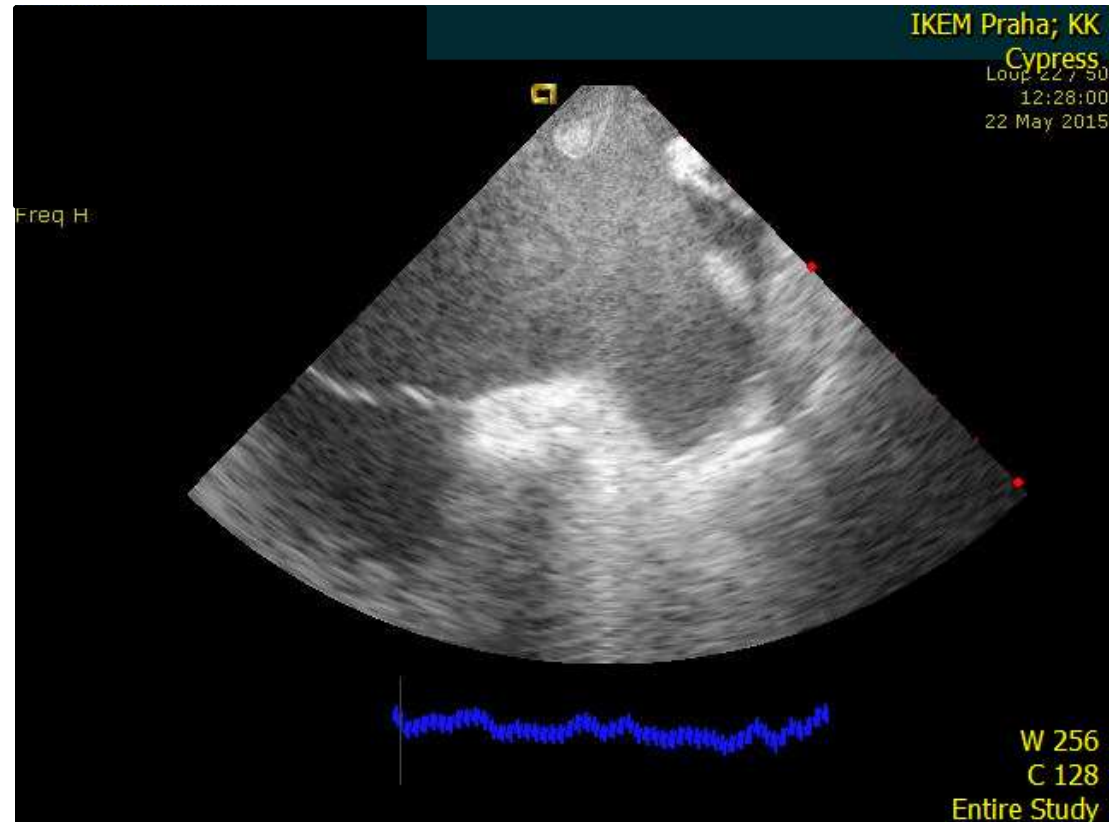


# Intracardiac echocardiography

## Infective endocarditis



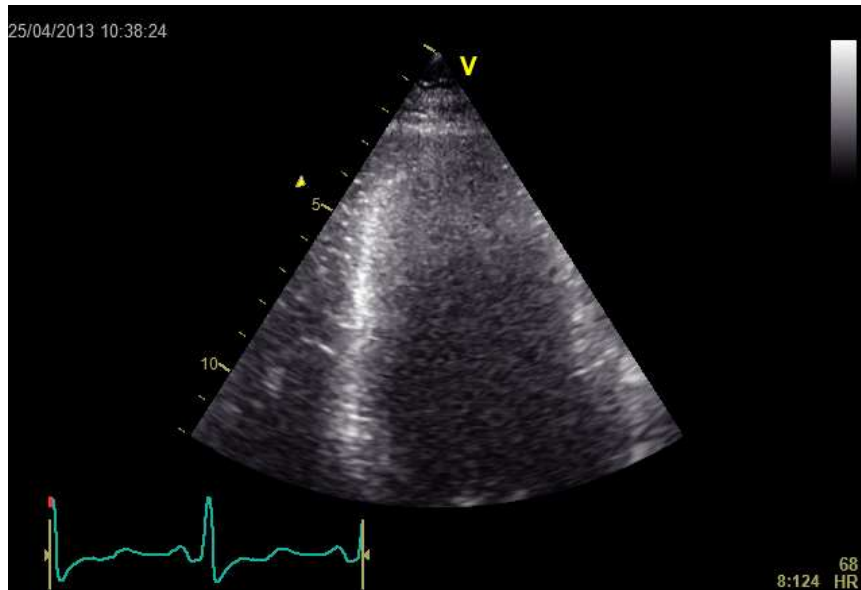
[https://www.dovepress.com/cr\\_data/article\\_fulltext/s49000/49567/img/fig1.jpg](https://www.dovepress.com/cr_data/article_fulltext/s49000/49567/img/fig1.jpg)



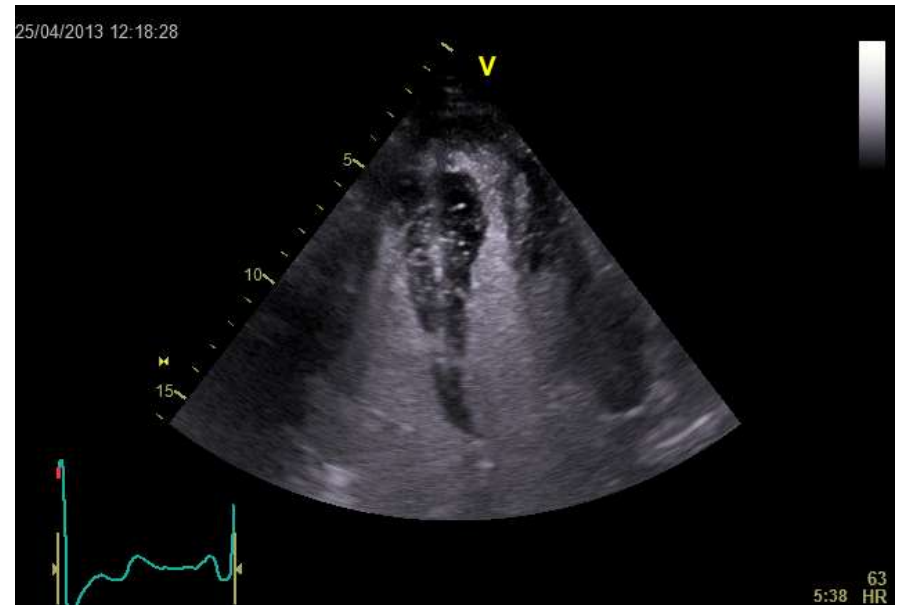


# Contrast US imaging

**Gramiak R and Shah PM discovered in 1968**



**Native TTE**

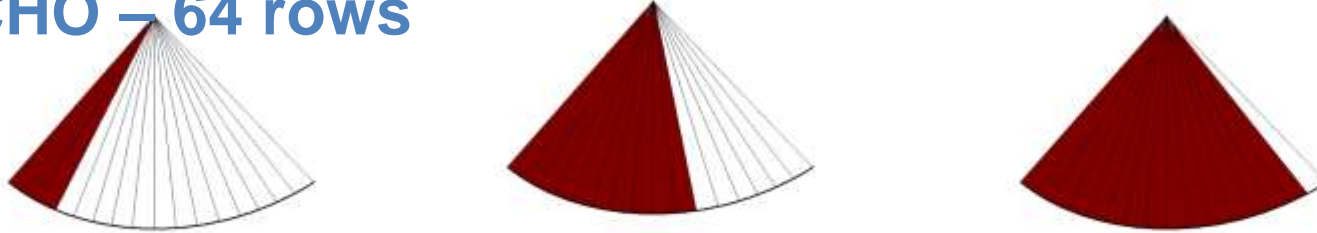


**Contrast TTE**

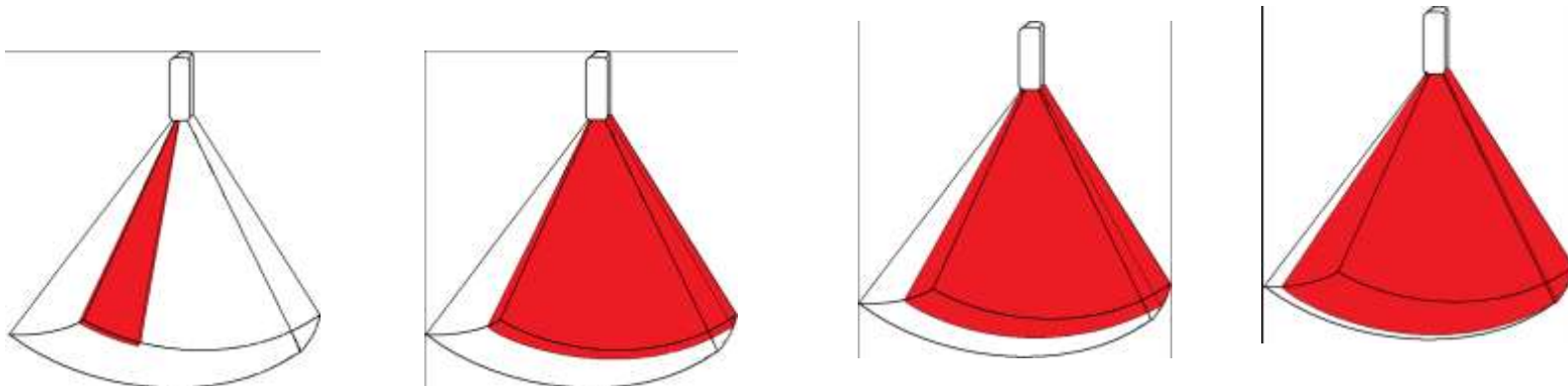
# 3D ECHO

- 1973 – Tom Brown
- Rapid PC and US probe technology development (3000 piezoelectric crystals in matrix)

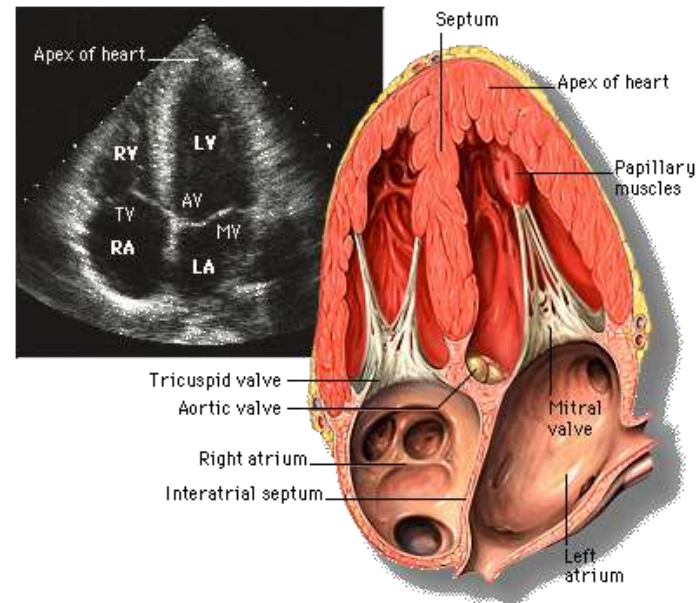
## 2D ECHO – 64 rows



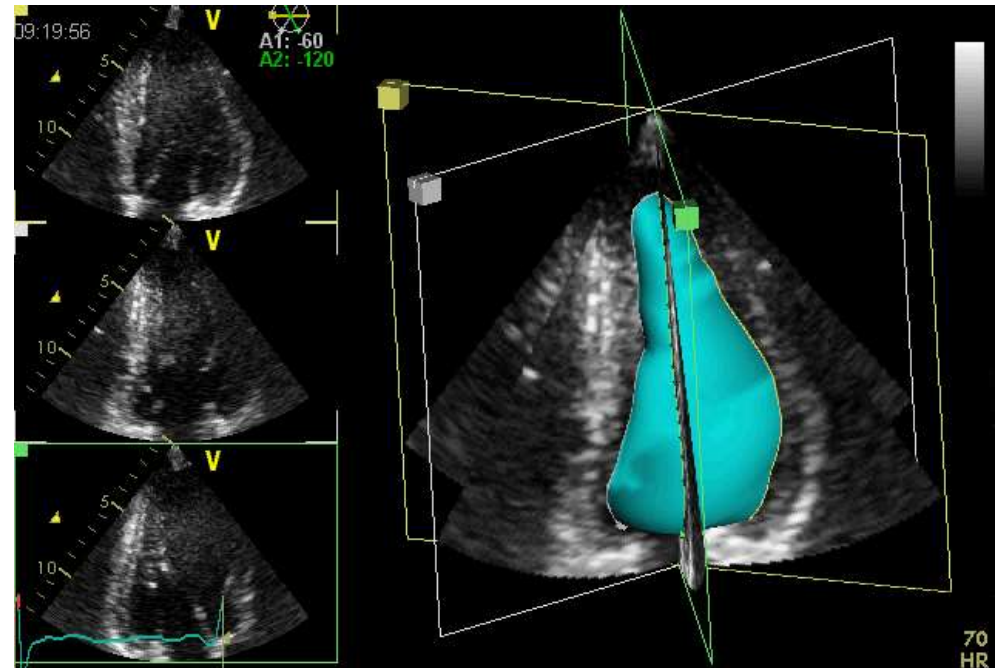
## 3D ECHO - 64 x 64 = 4096 rows



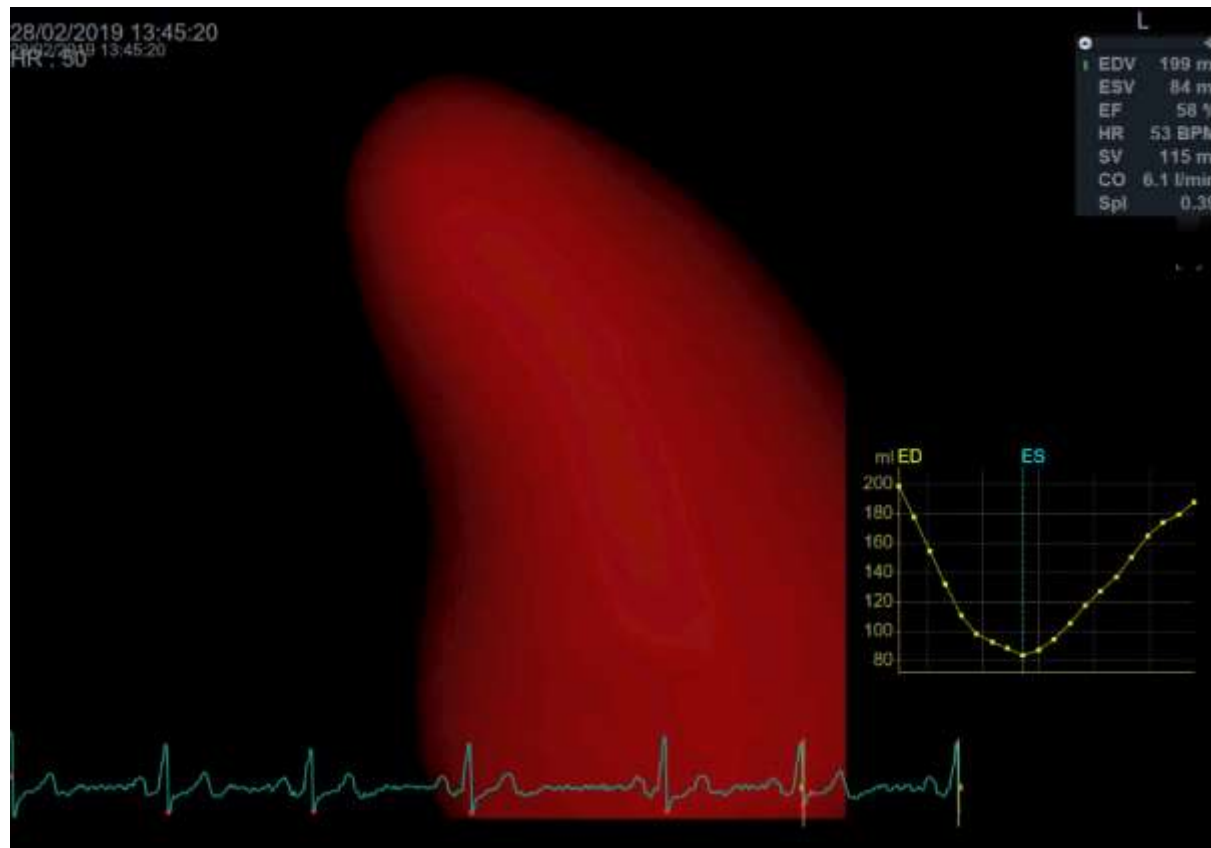
# 3D – LV volumes and systolic function



Dr Vencatesan MD



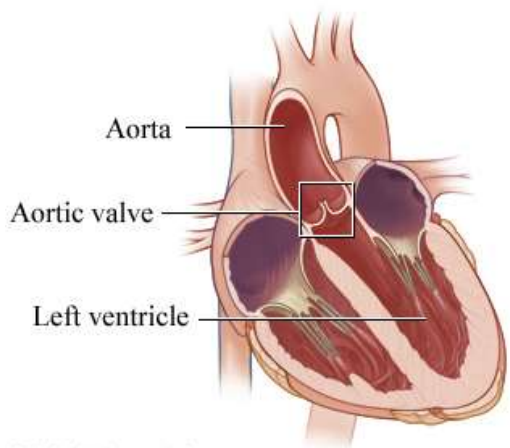
# 3D LV volumes and ejection fraction



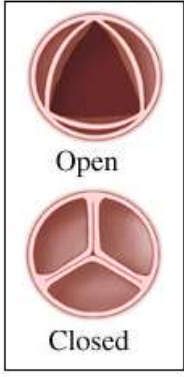
$$EF = \frac{\text{volume}_{\text{diastole}} - \text{volume}_{\text{systole}}}{\text{volume}_{\text{diastole}}}$$

EF > 52% is normal

# 3D – aortic valve

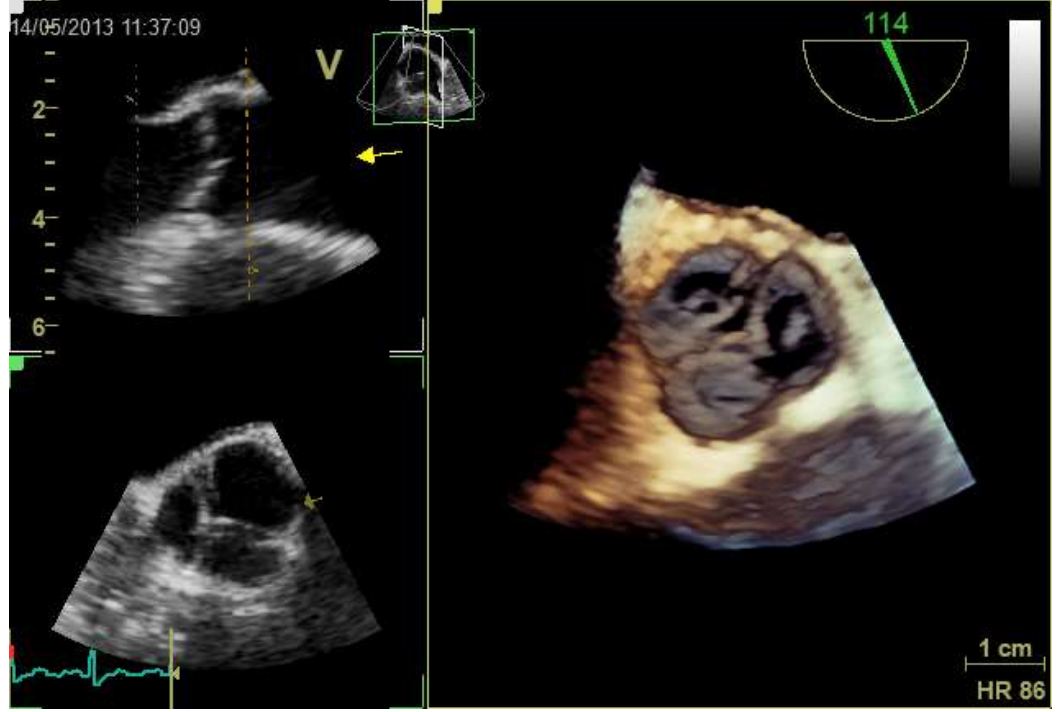


Normal aortic valve

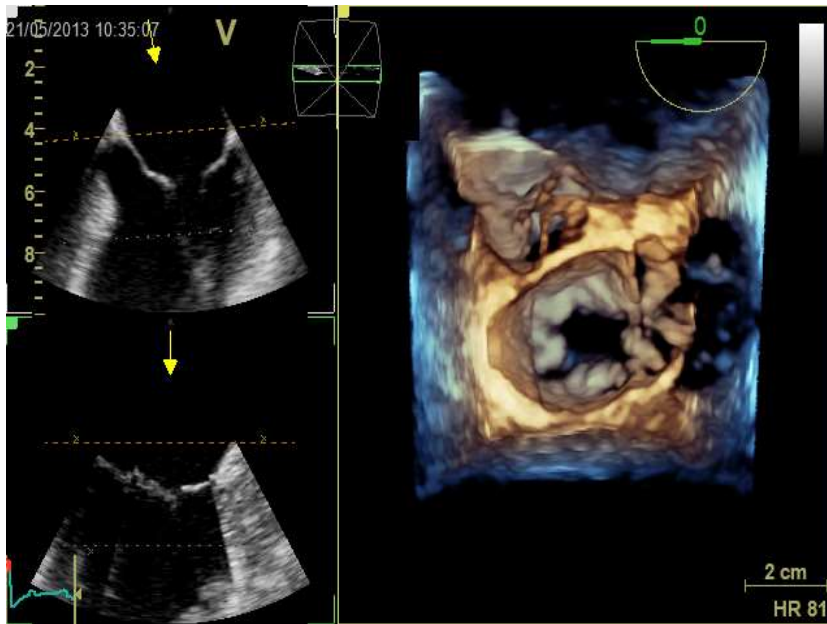
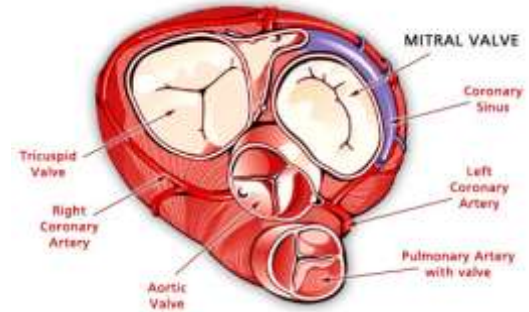


© Healthwise, Incorporated

<http://www.webmd.com/heart-disease/heart-failure/aortic-valve>



# 3D mitral valve

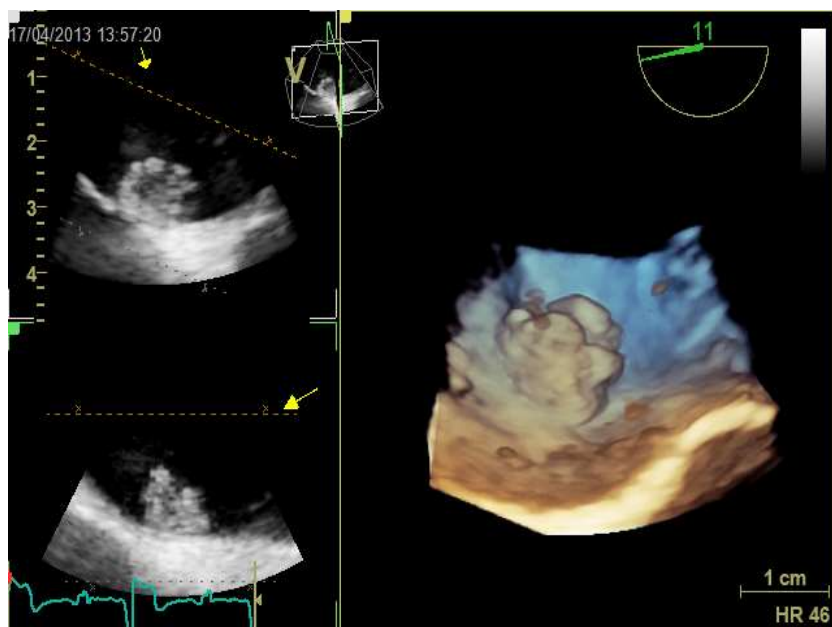


Normal mitral valve

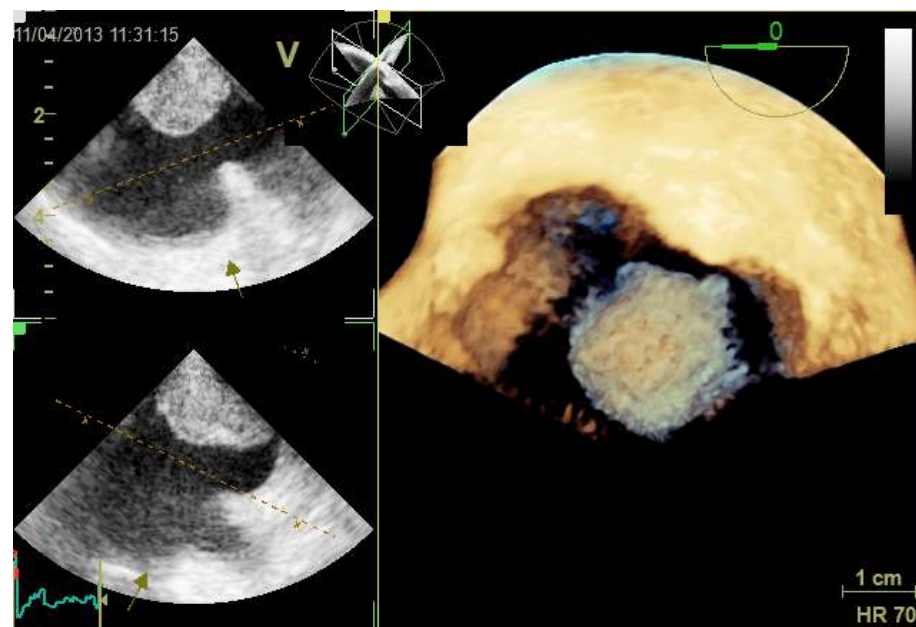


Mitral valve prolaps

# 3D – intracardiac mass

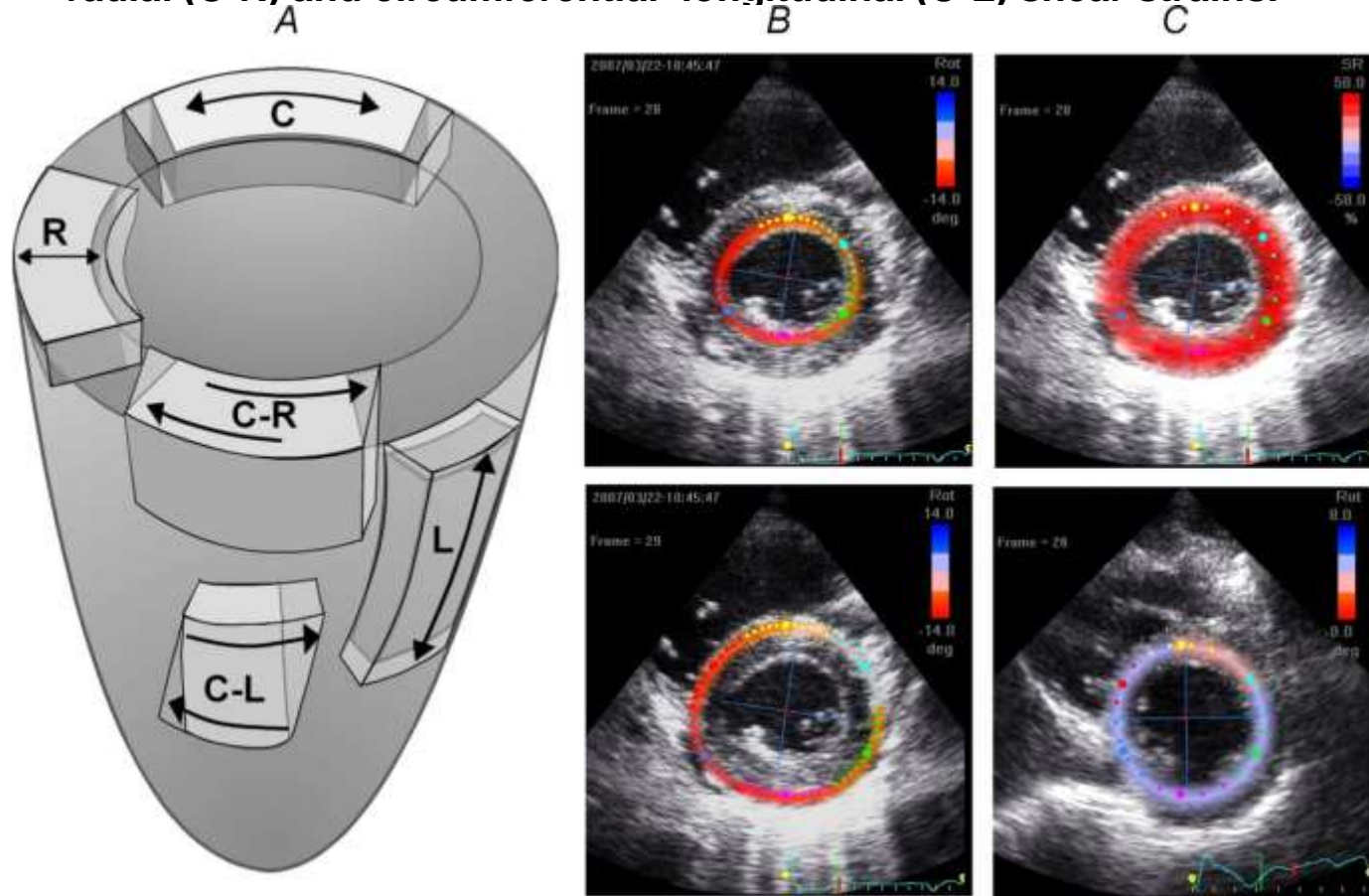


**Myxoma in fossa ovalis**



**Left atrial thrombus**

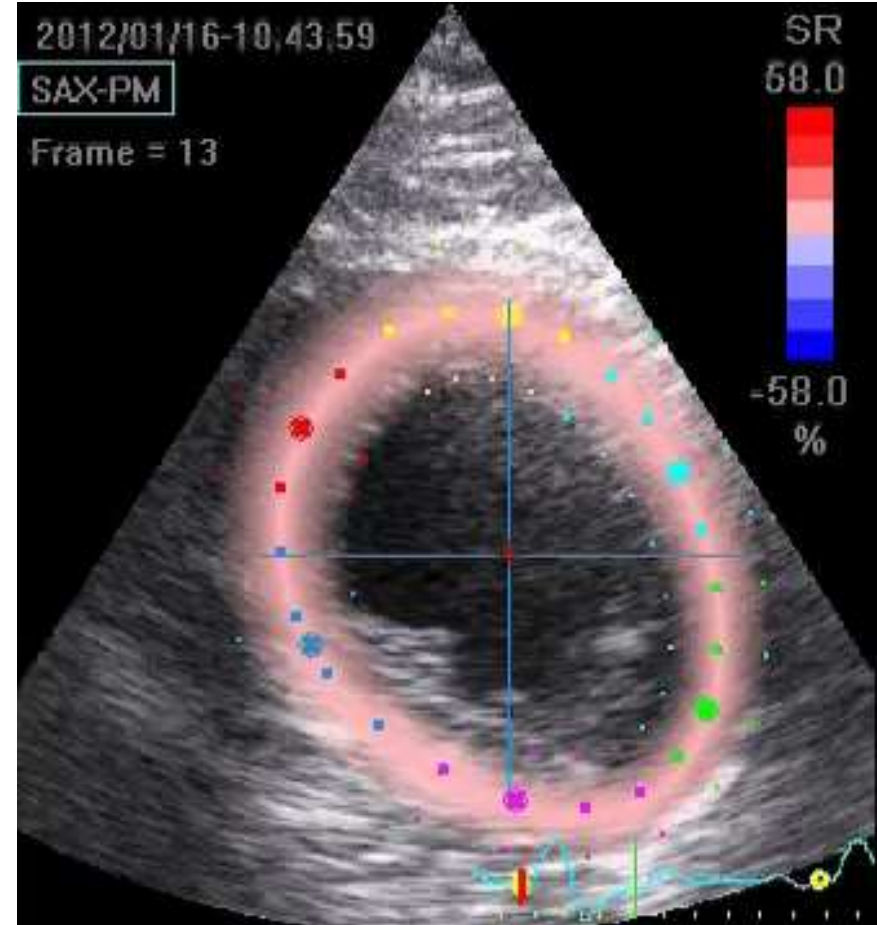
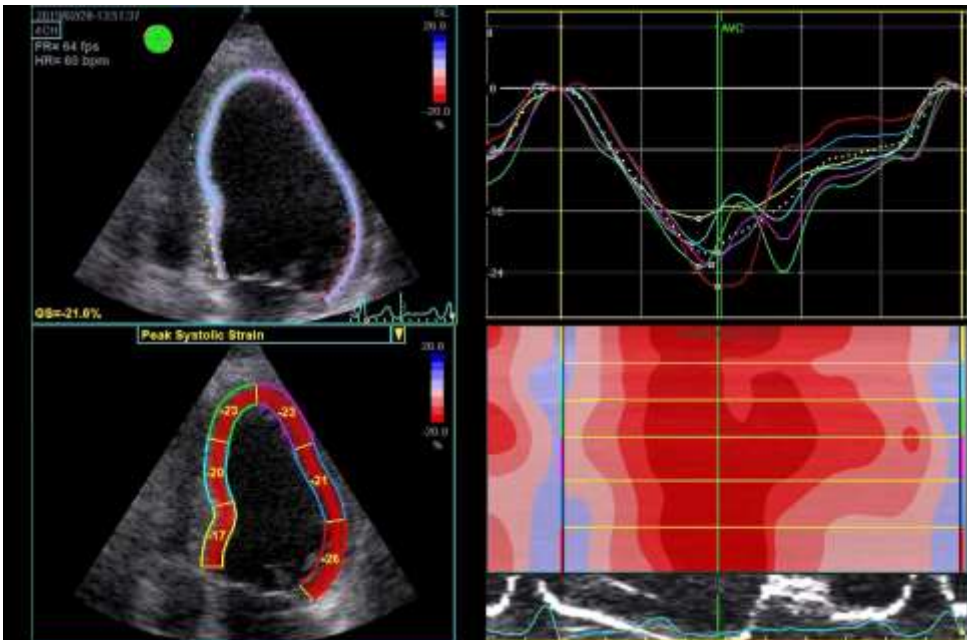
**Figure 1** Directions of normal and shear strains A, illustration of the systolic strains evaluated in the study: longitudinal (L), radial and circumferential (C) strains; circumferential–radial (C-R) and circumferential–longitudinal (C-L) shear strains.



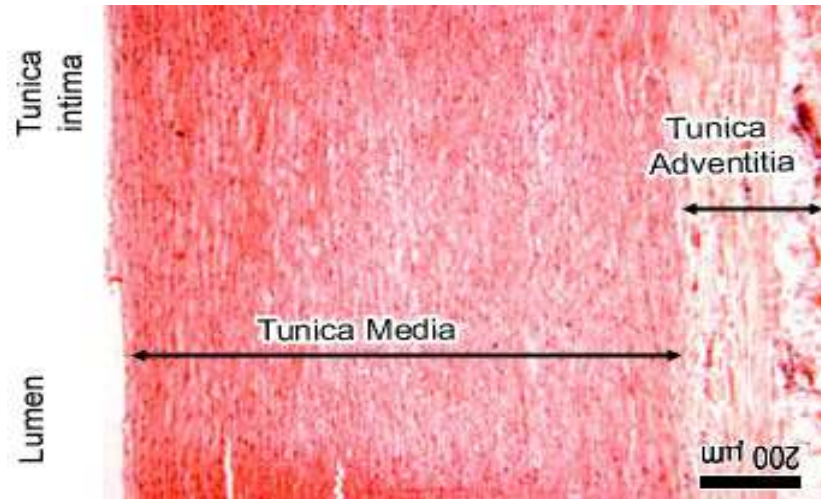
Nottin S et al. J Physiol 2008;586:4721-4733



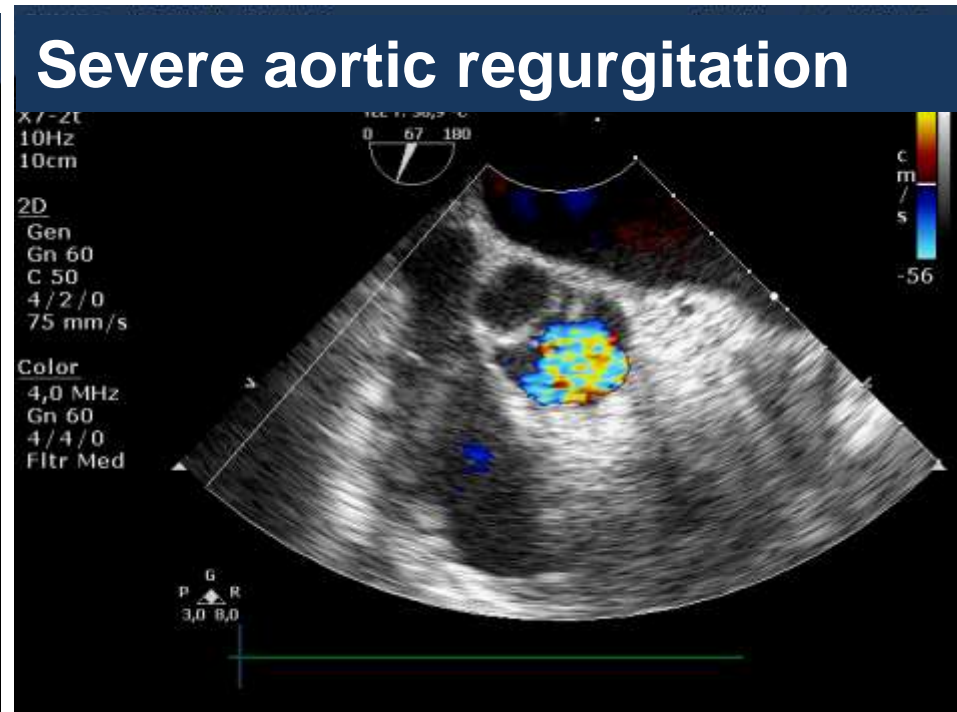
# Speckle tracking



# Aortic dissection

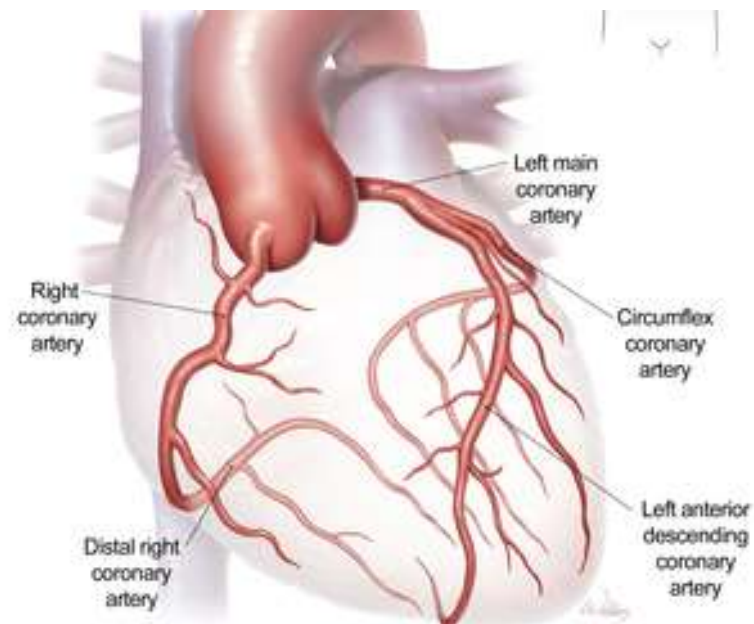
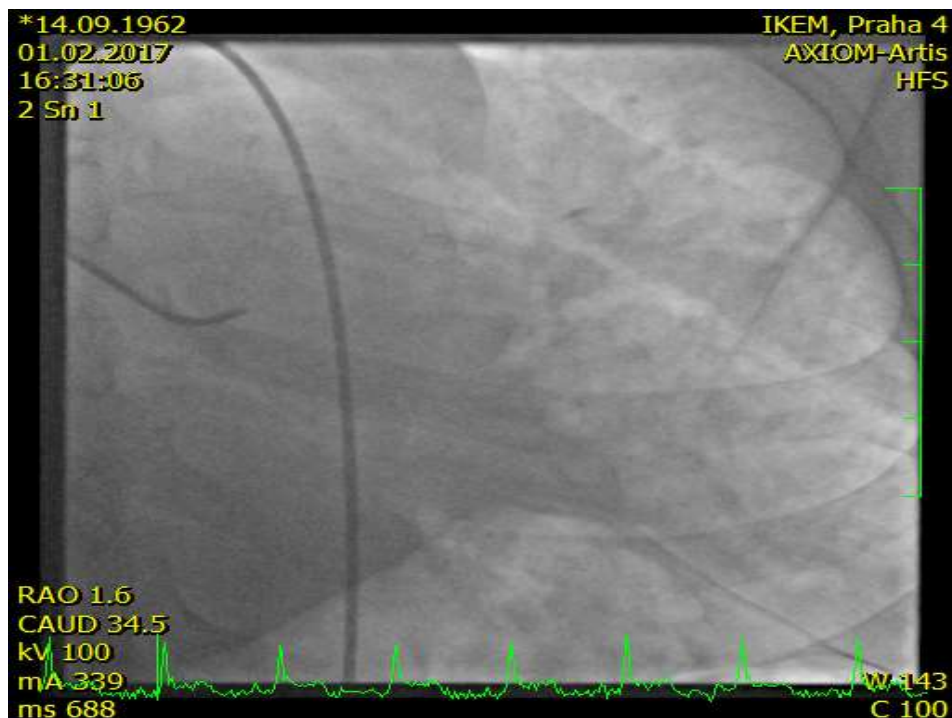


[www.pinterest.com](http://www.pinterest.com)



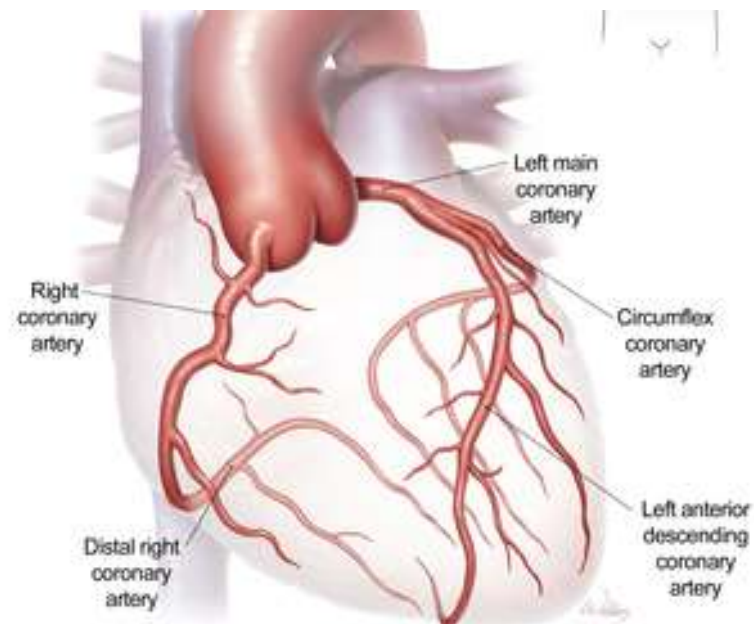
# Acute myocardial infarction imaging

## Left coronary artery – invasive coronary angiography

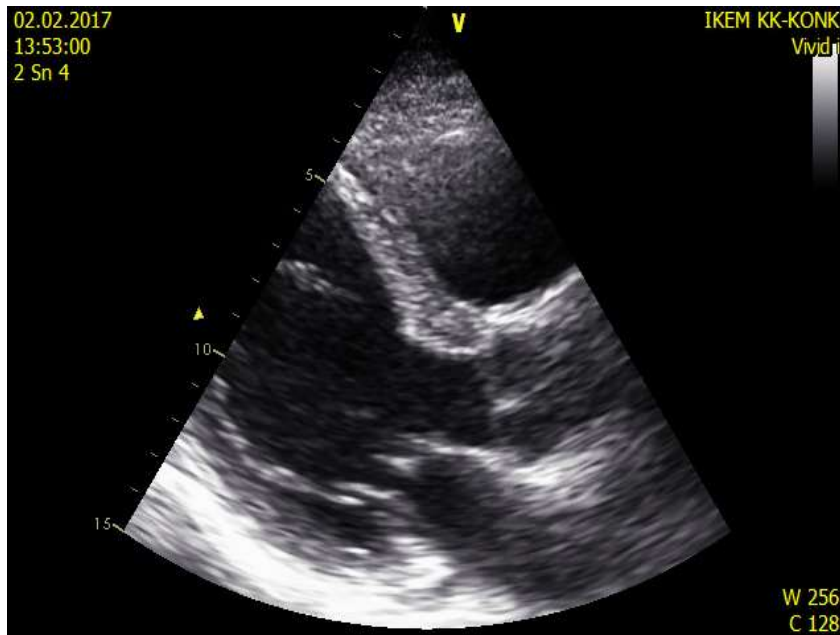


# Acute myocardial infarction imaging

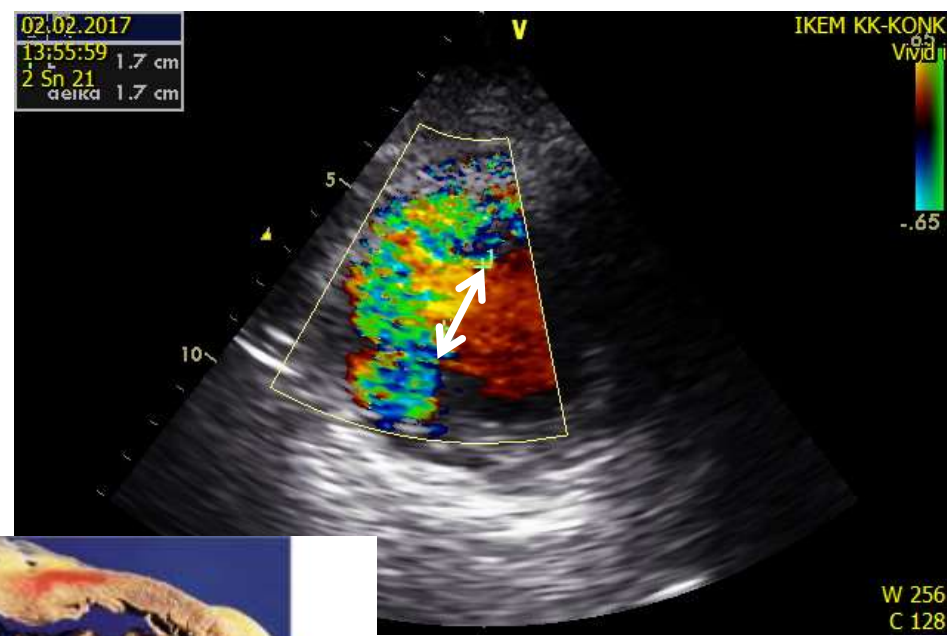
## Right coronary artery – invasive coronary angiography



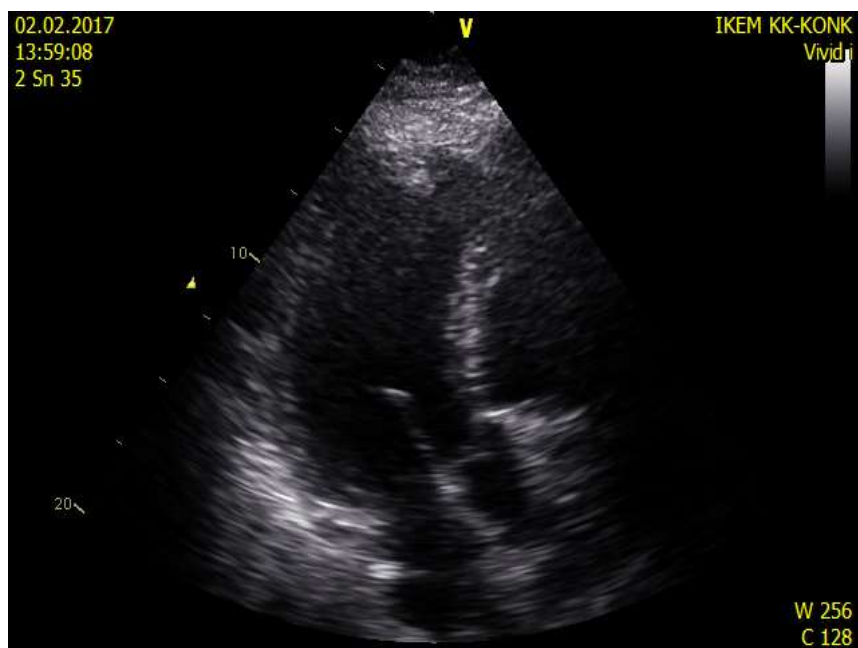
# Akinetic septum secondary to left anterior descending artery occlusion



# Large septal defect secondary to left anterior descending artery occlusion



# Large septal defect secondary to left anterior descending artery occlusion



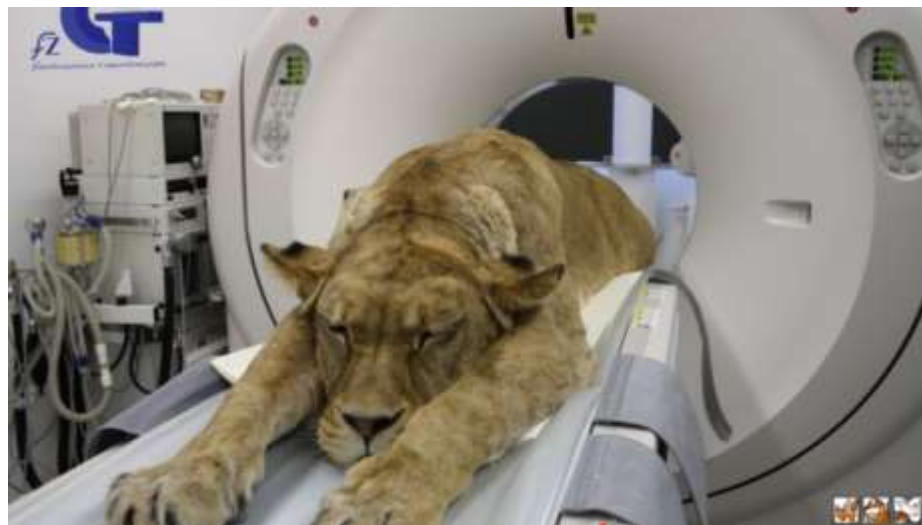
# MRI magnetic resonance imaging

# CT computed tomography



"The good news is THIS TIME  
he's coming out the other side!"

Wildt Chris





# CT X MRI

## Cardiac CT

## Cardiac MRI

**10 minutes**

**30-90 minutes**

**CPR in the scanner - YES**

**CPR in the scanner - NO**

**Radiation - YES**

**Radiation – NO = safe**

**Contrast agent – > 90%**

**Contrast agent – 60% = safe**

**Spacial resolution < 1 mm**

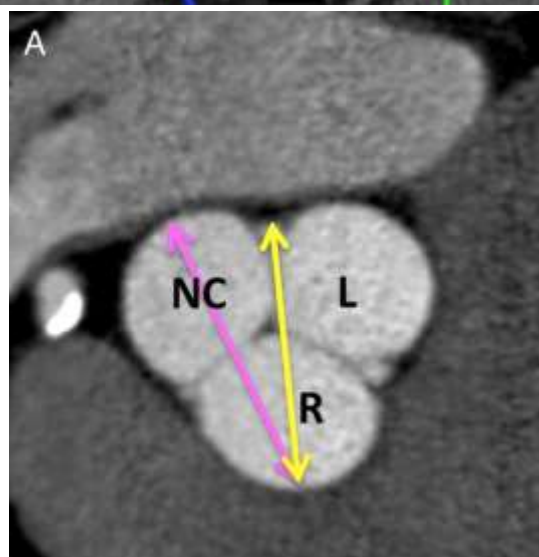
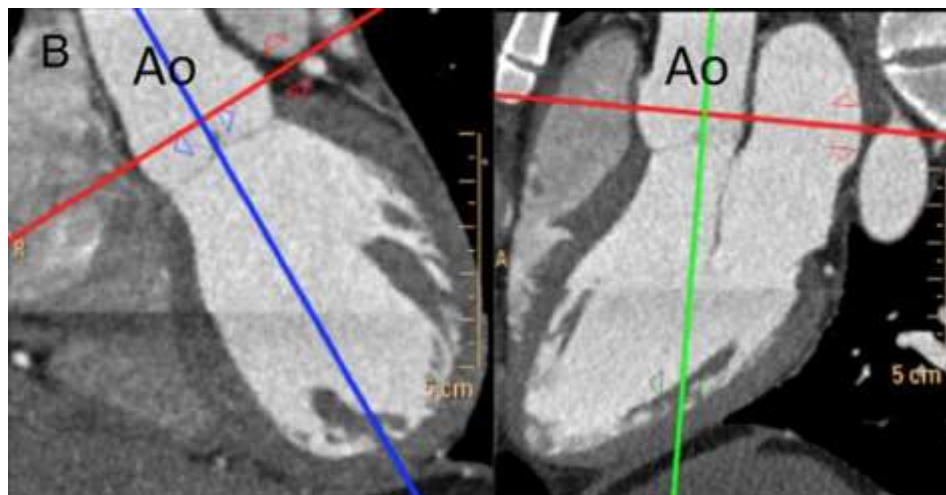
**Spacial resolution < 1-2 mm**

**Tissue characteristics – limited**

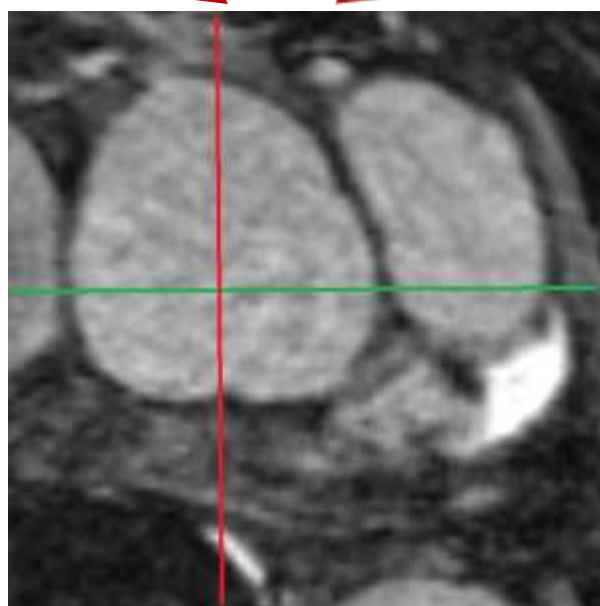
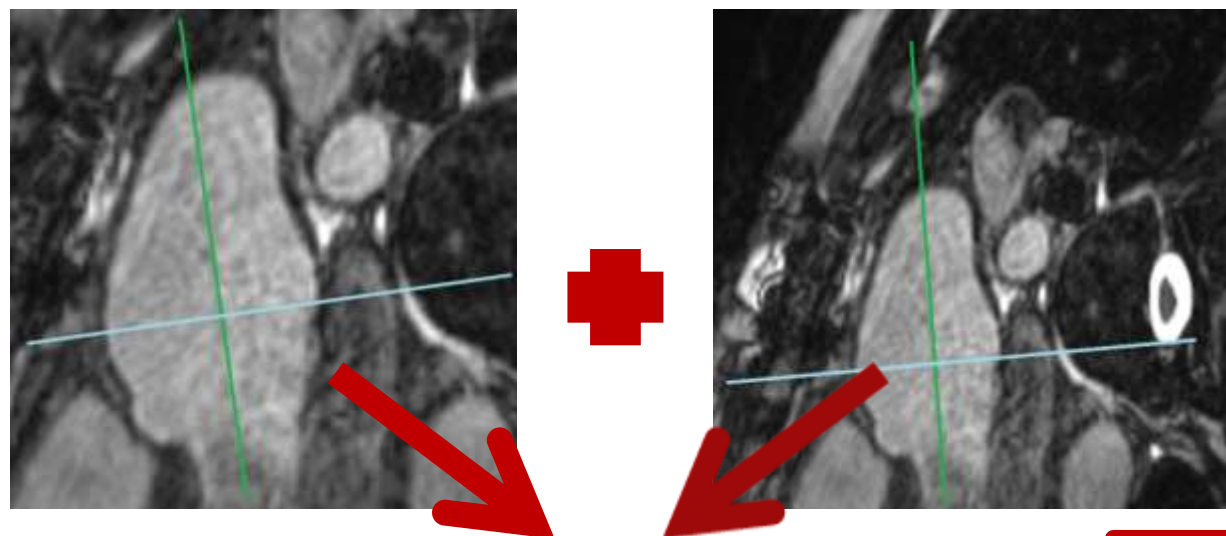
**Tissue characteristics - excellent**

# Computed tomography – CT

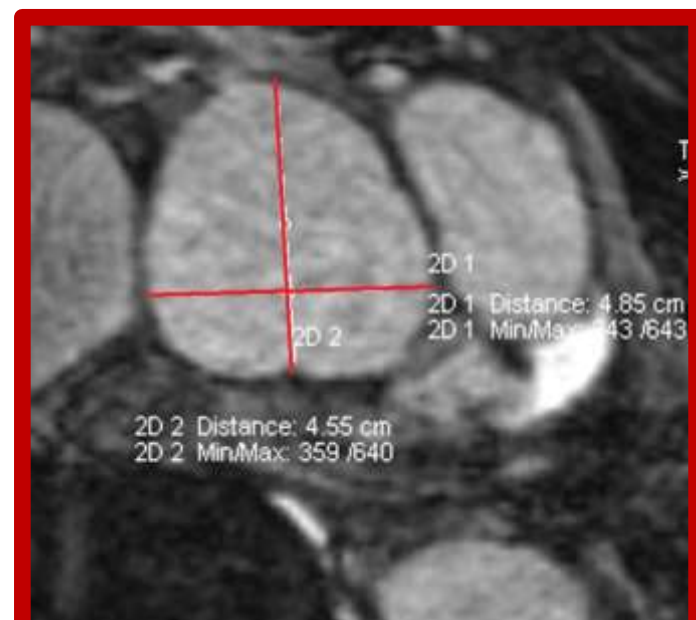
## Aortic root size



# Native MRI = Aortic root size



=



# Aortic coartation

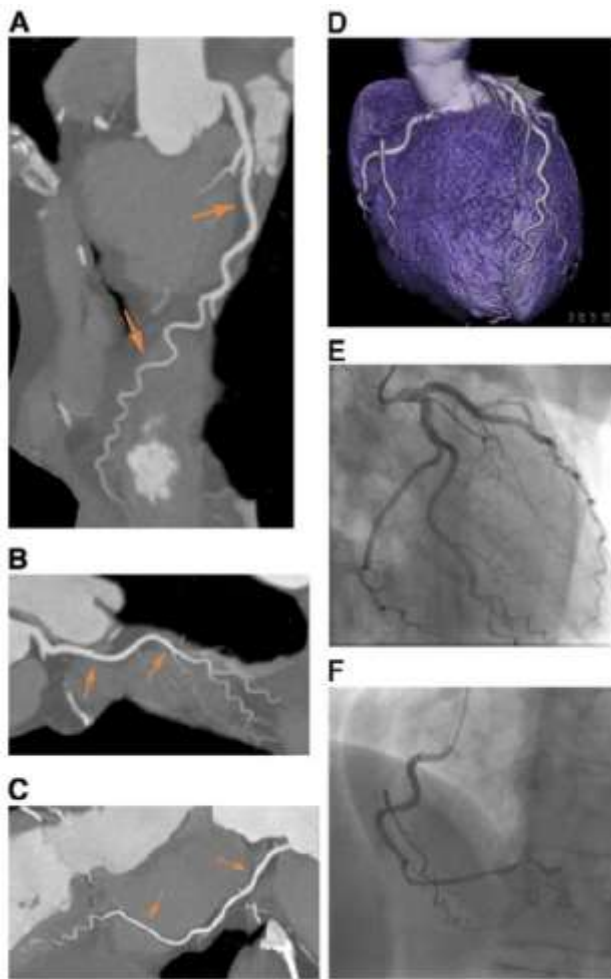
Hypoplastic aortic arch and coartation – MRI *with contrast*



# CT coronary angiography

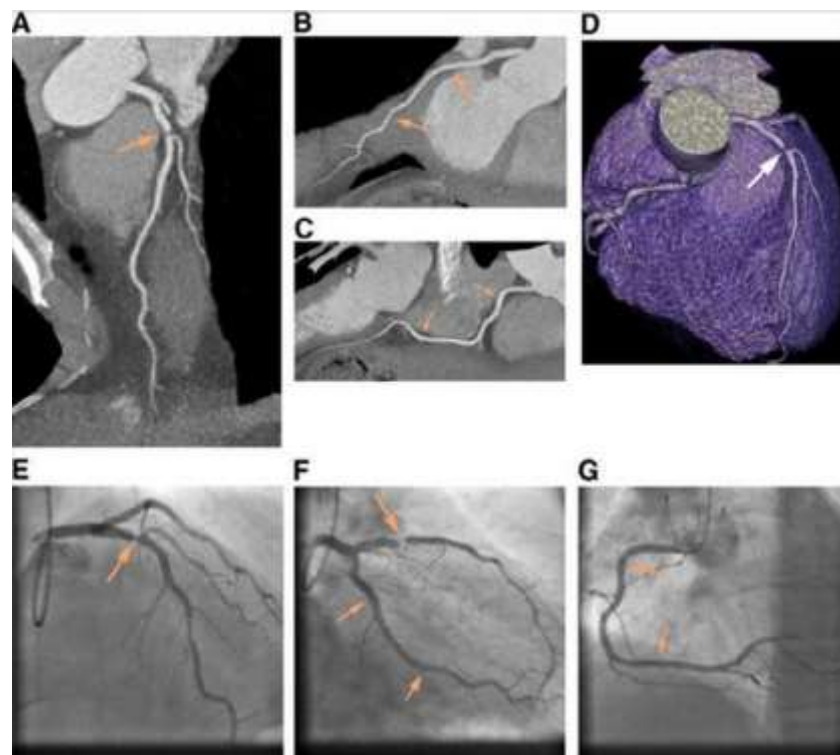
## Normal finding

Female 54 kg, HR 56/min, 0.87 mSv

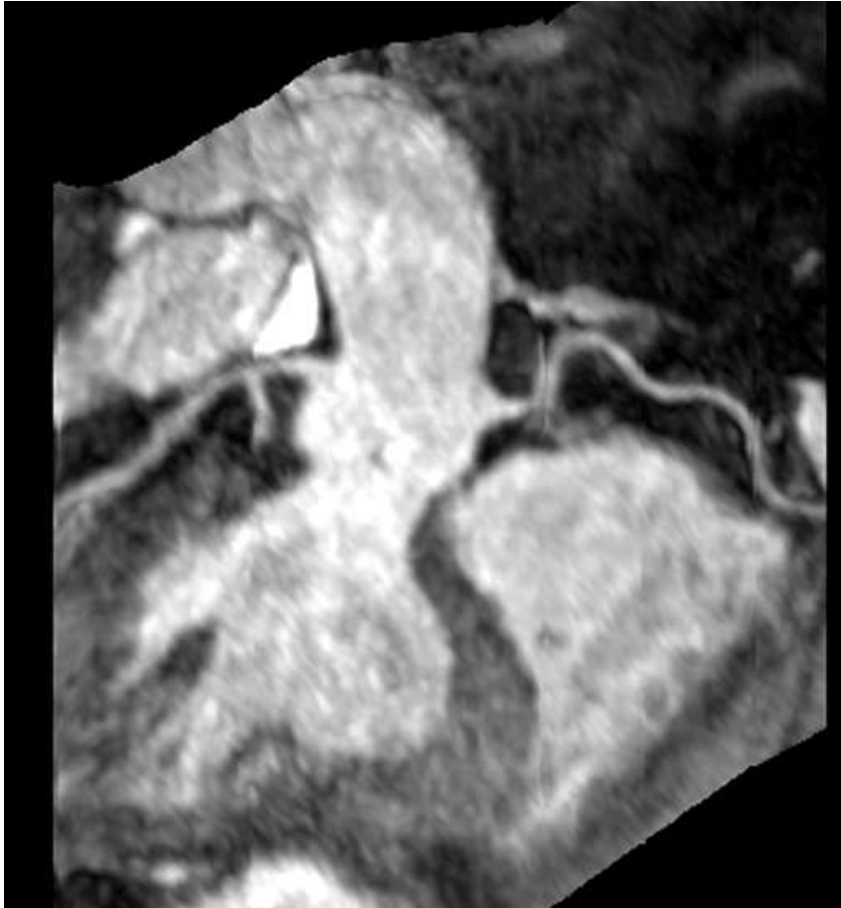


## Severe LAD stenosis

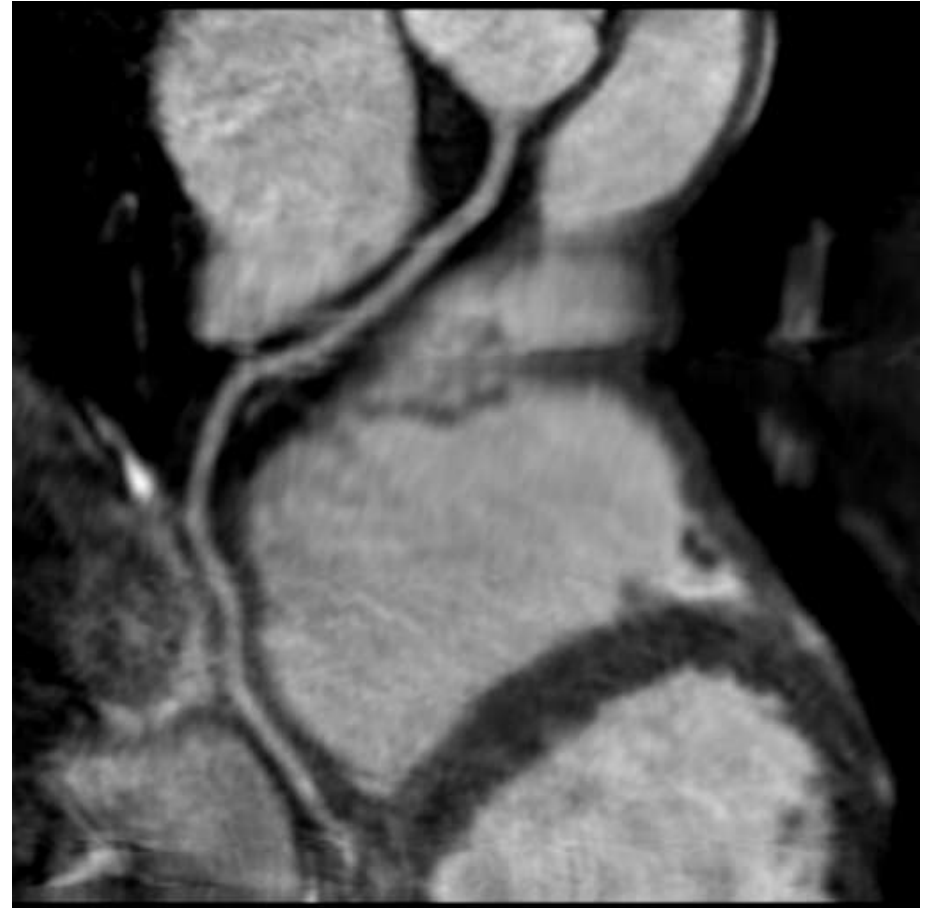
Male 98 kg, HR 54/min 0.81 mSv



# MR coronary angiography



**Right and left coronary art.**



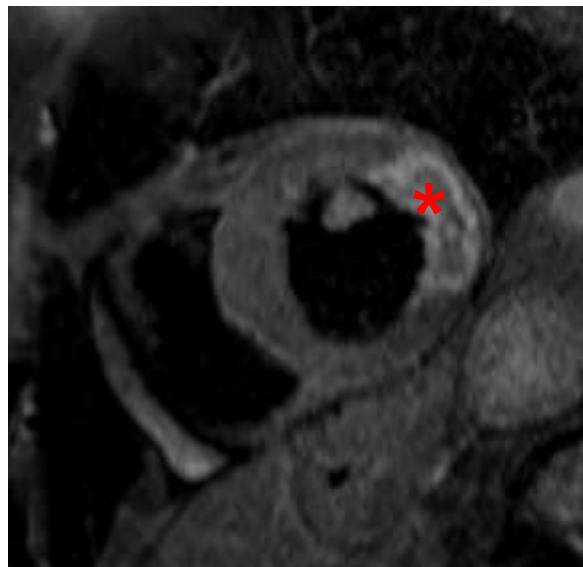
**Right coronary art.**

# Tissue characteristic

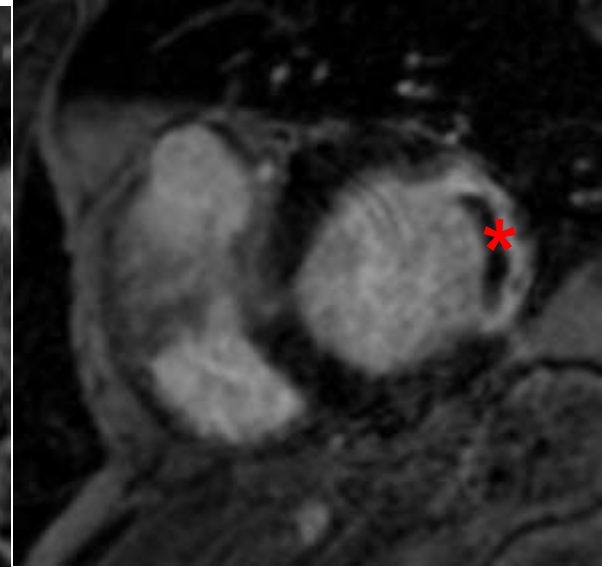
**CT** *contrast*



**MRI** *T2 native*



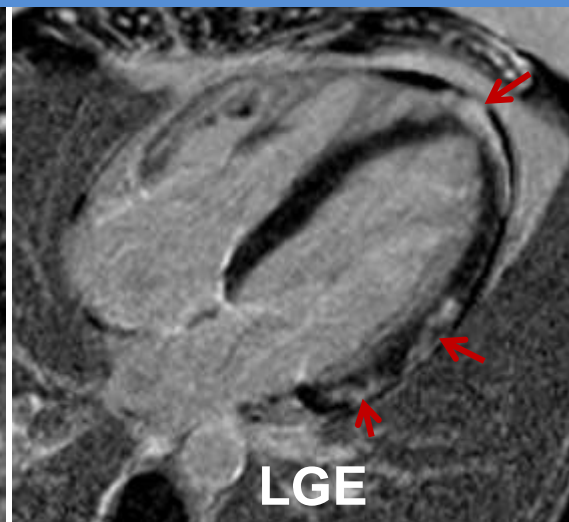
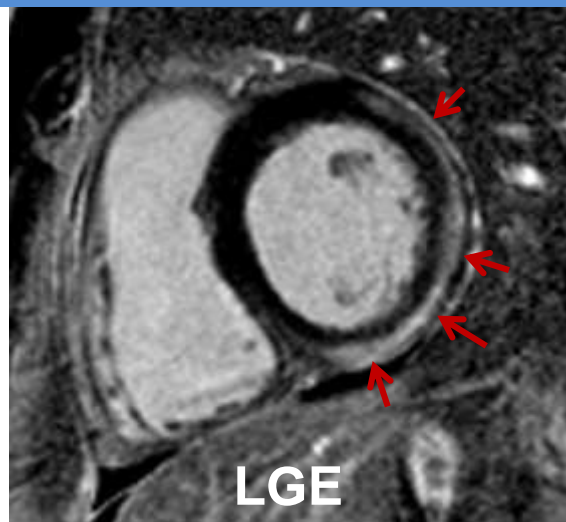
**MRI** *LGE contrast*



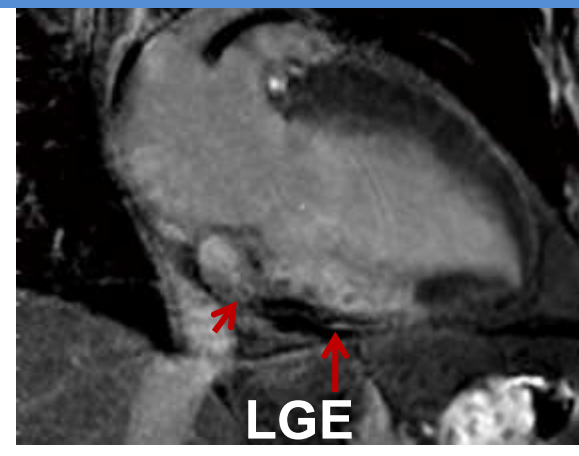
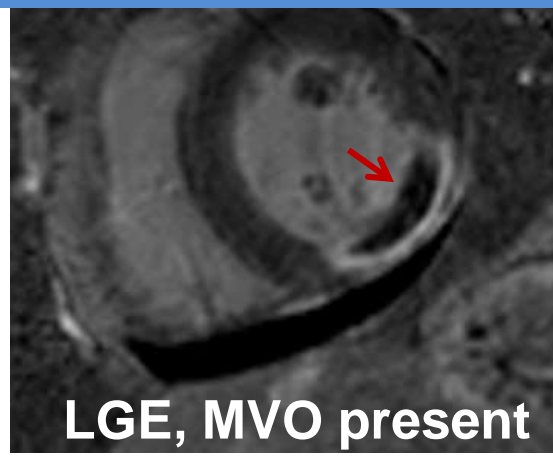
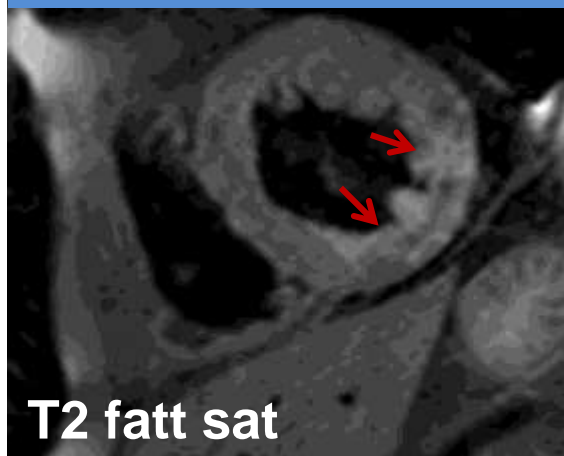
**Subacute myocardial infarction**

# MRI – tissue characteristics

## Acute perimyocarditis



## Acute myocardial infarction





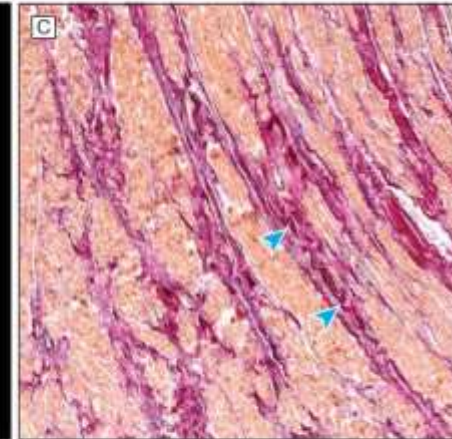
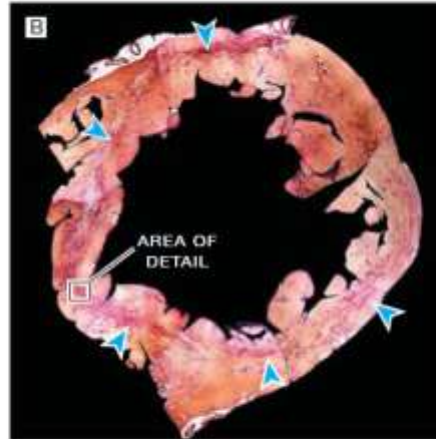
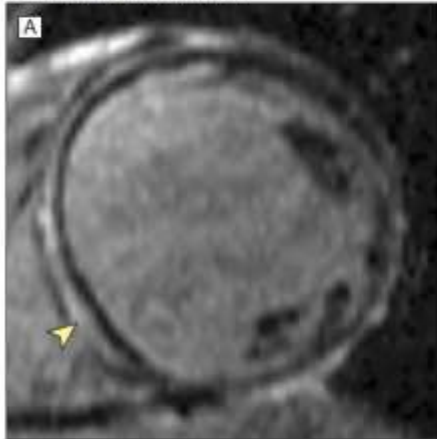
# MRI – tissue characteristic

## Midwall fibrosis

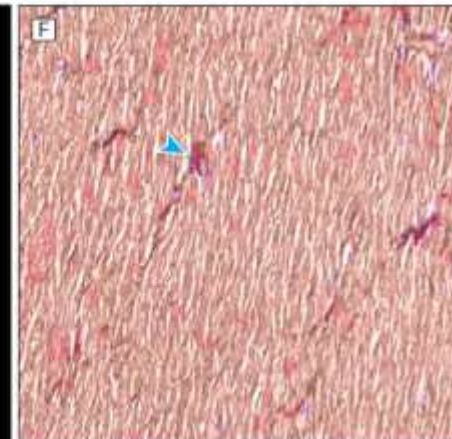
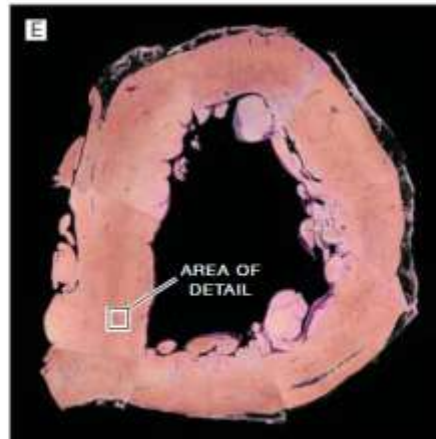
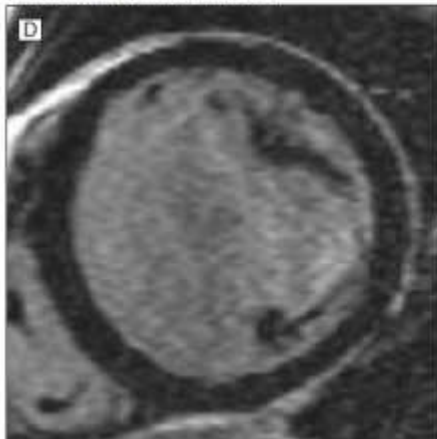
Premortem in vivo late gadolinium enhancement cardiovascular magnetic resonance imaging

Picrosirius red staining

Patient with midwall fibrosis

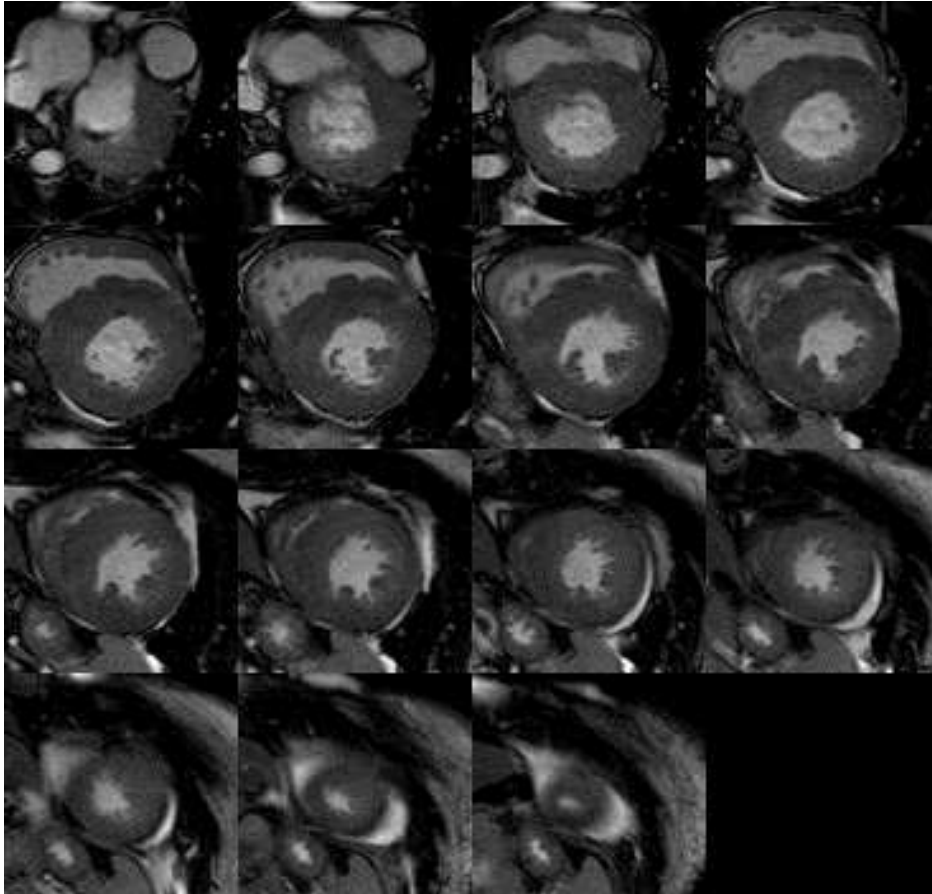


Patient without midwall fibrosis

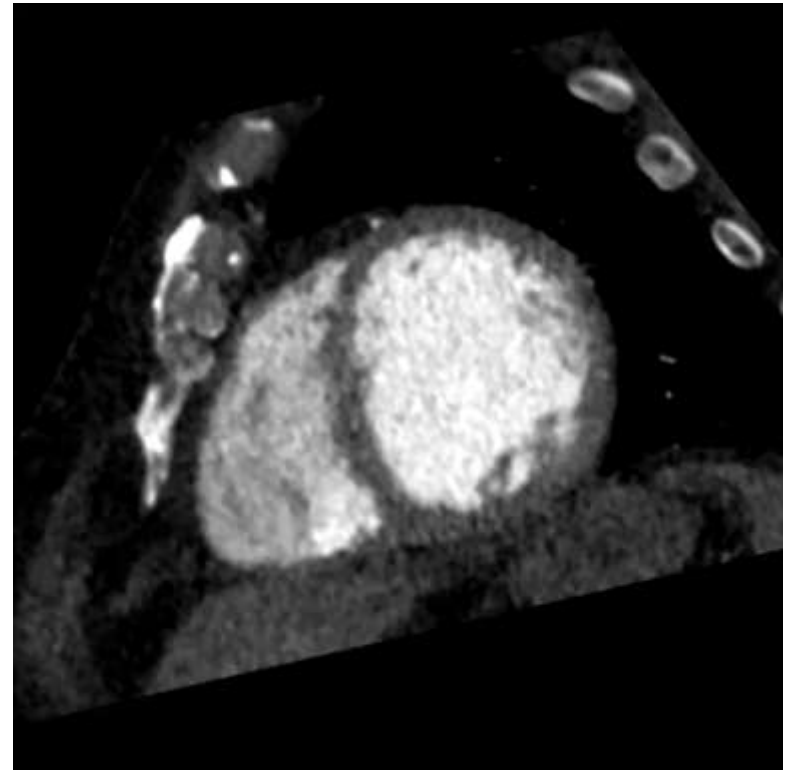


# Ventricular function

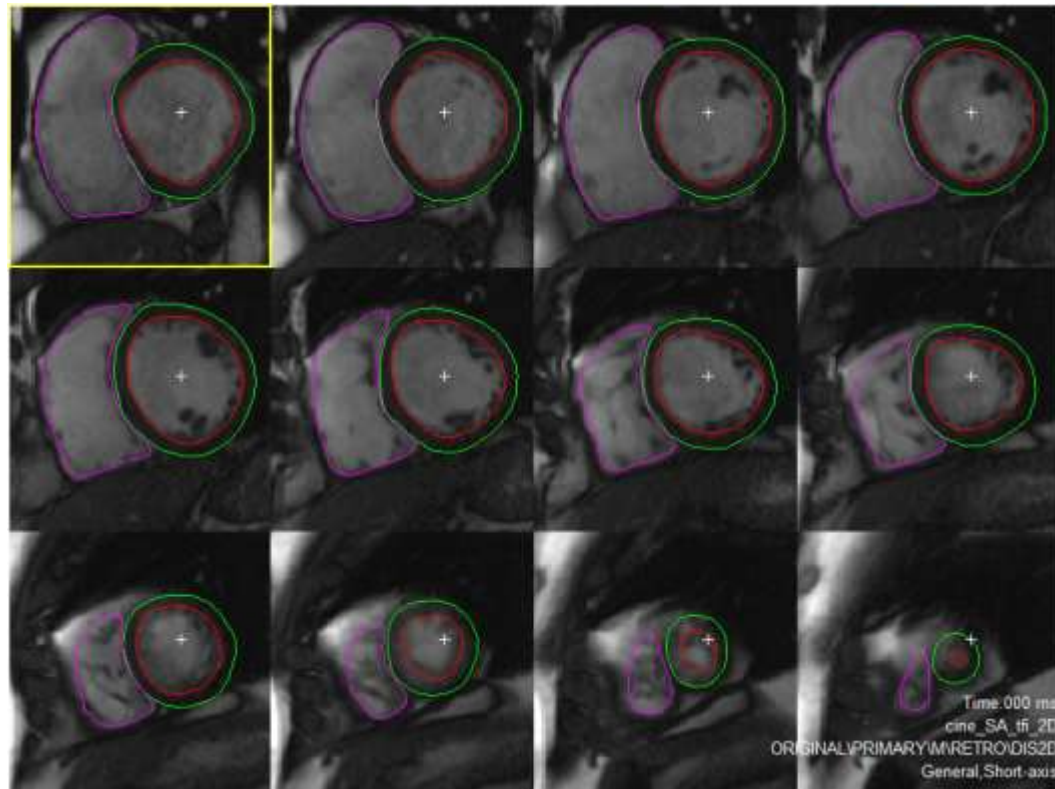
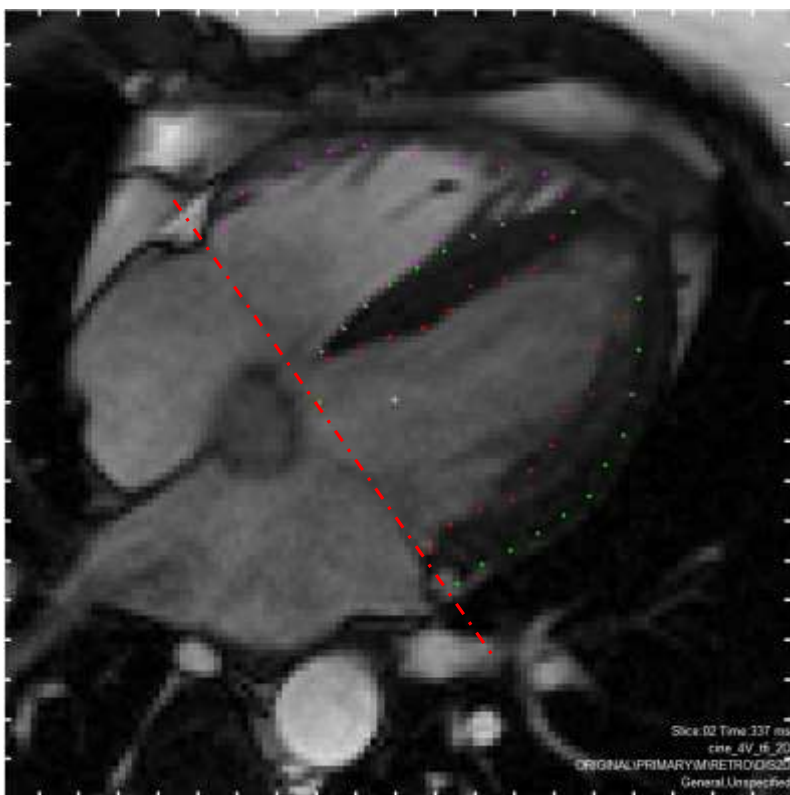
**MRI – the gold standard**



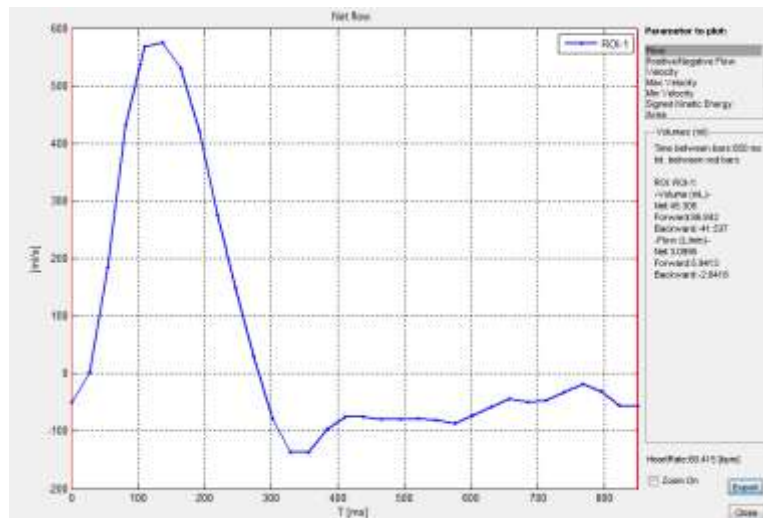
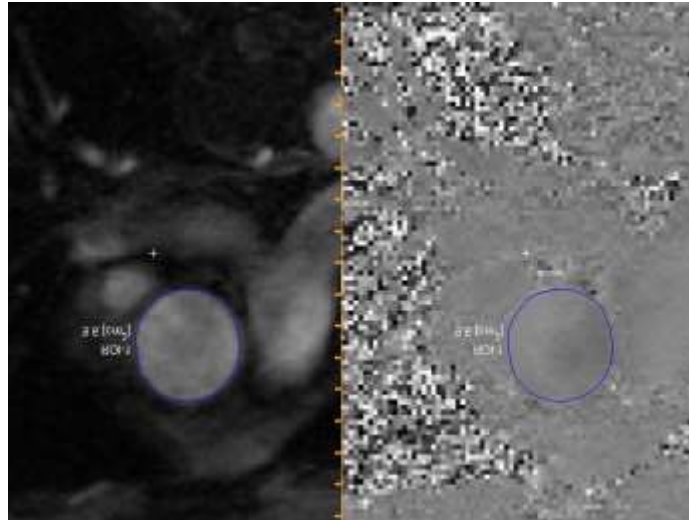
**CT**



# MRI - Left and right ventricular function



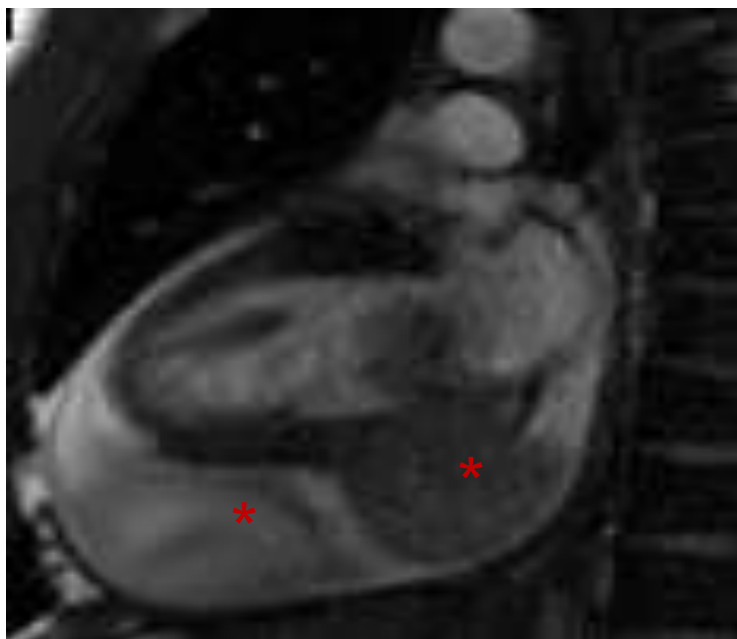
# MRI - Valve function Aortic regurgitation



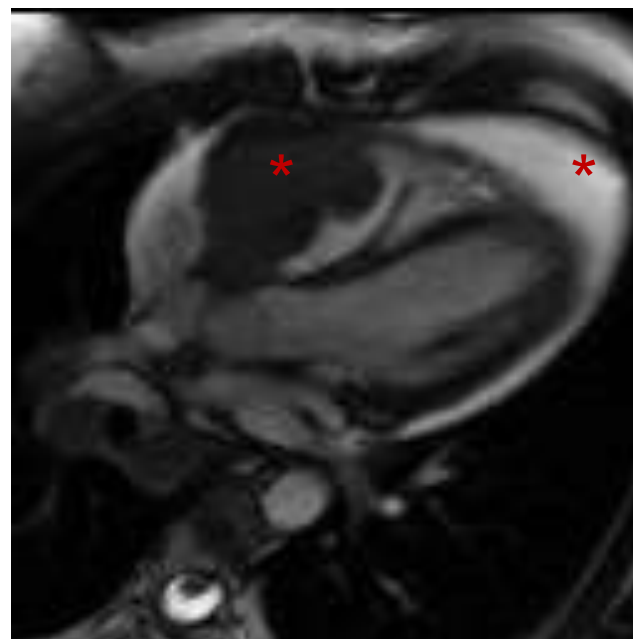
**Forward flow 87 ml  
Backward flow 45 ml  
RF 48% - severe  
Aortic regurgitation**

# Cardiac tumors malignant

Differential diagnosis, complications, invasive grow

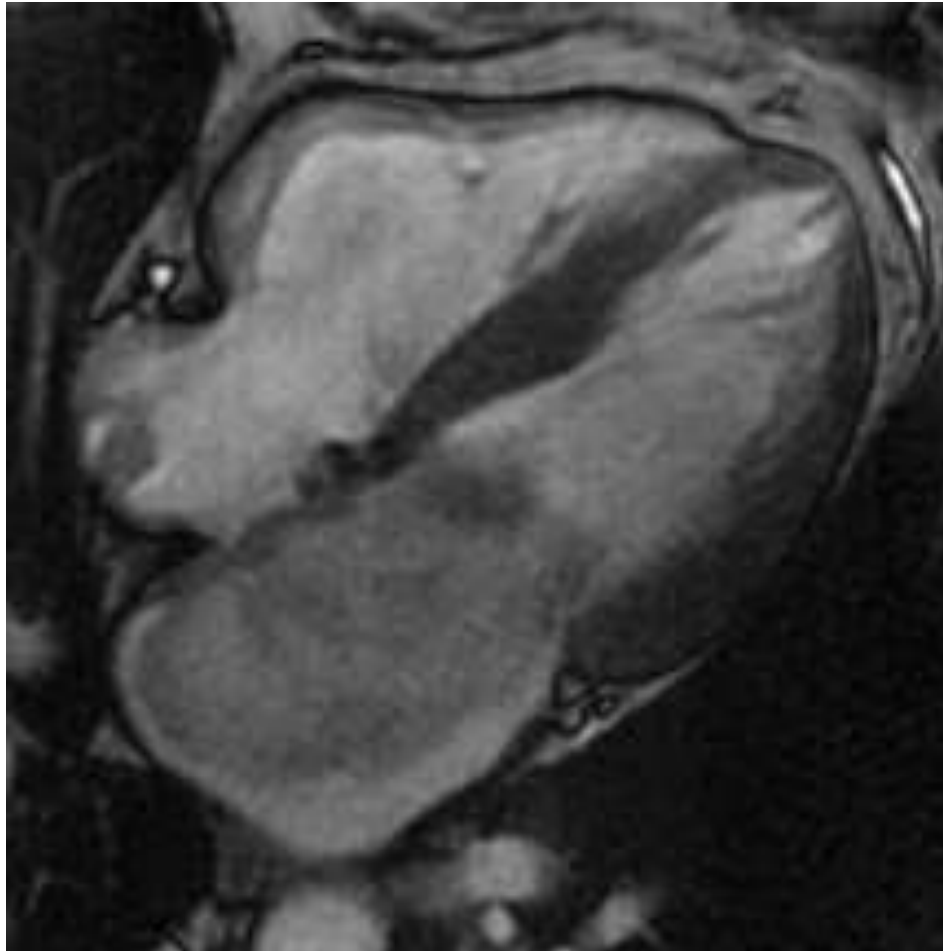


**Sarkoma**

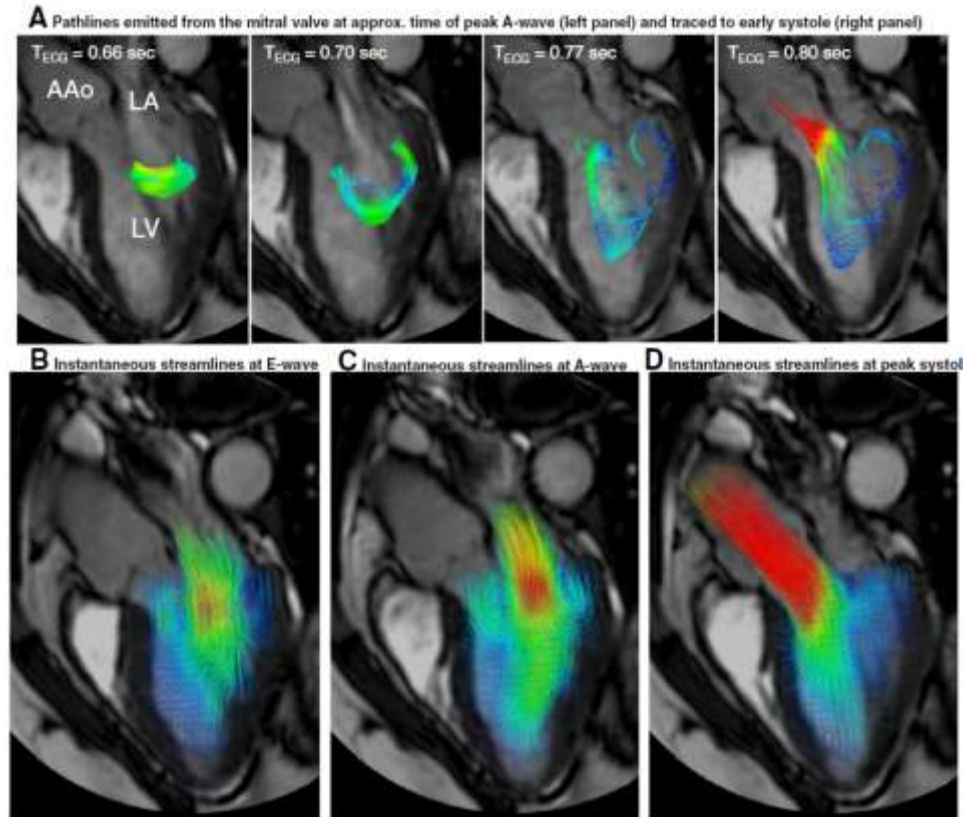
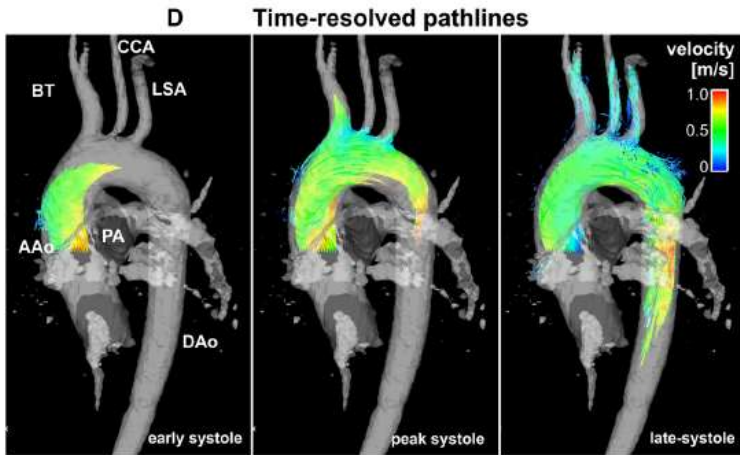
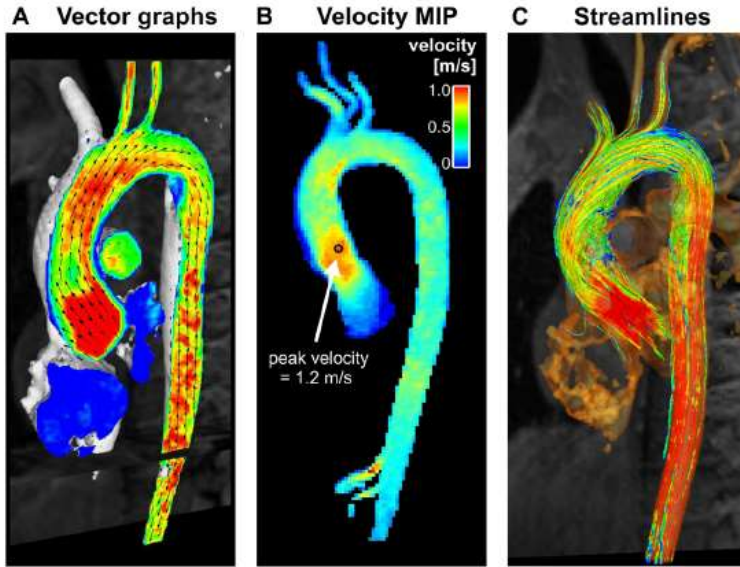


**Brest Ca - metastasis**

# Cardiac tumors benign - myxoma

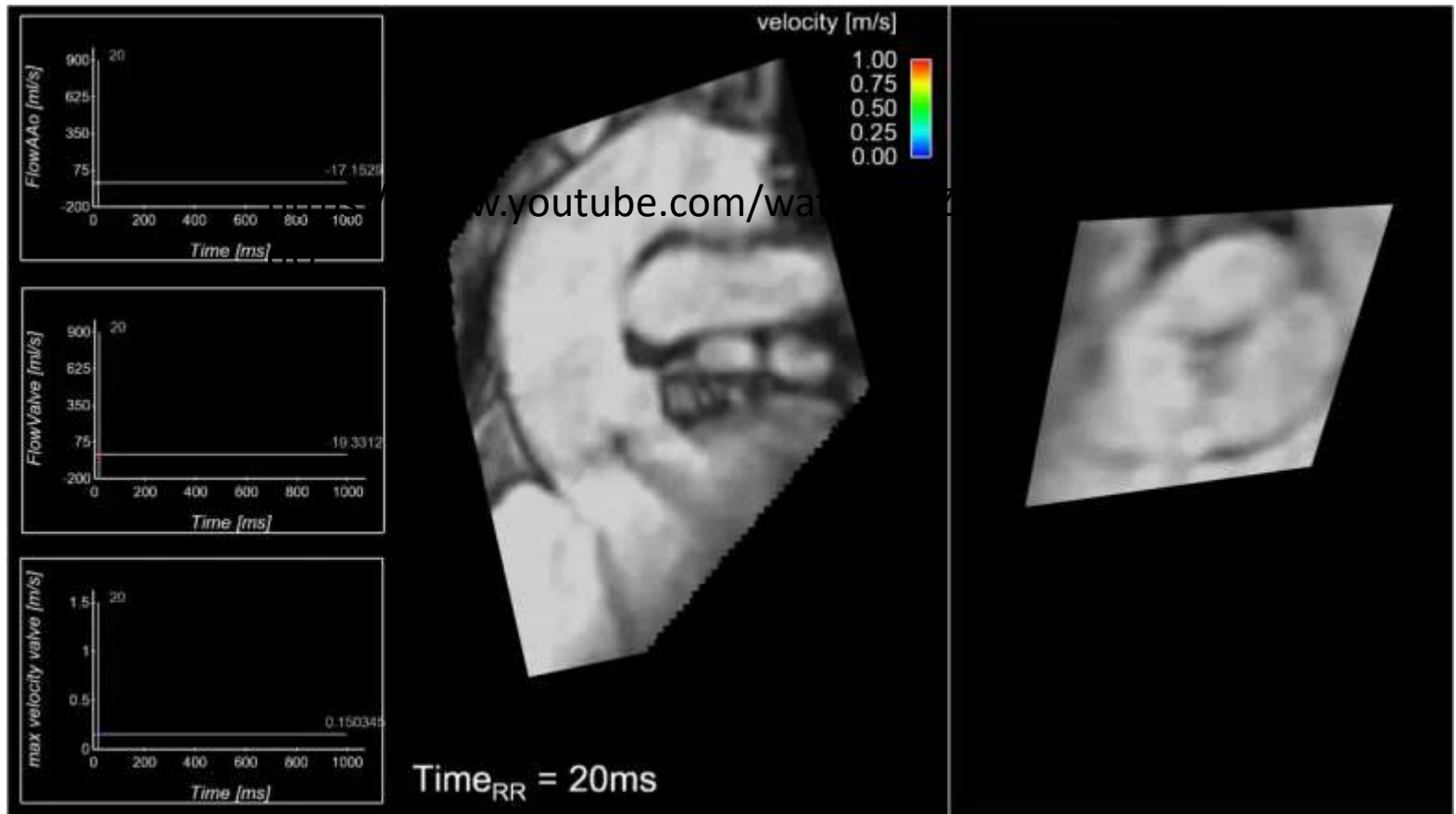


# 4D flow CMR



# 4D flow CMR

- video





# 4D flow CMR



**Thank you for your attention**