



# GLENMARK CARDIAC CENTRE NEWSLETTER

July : 2010

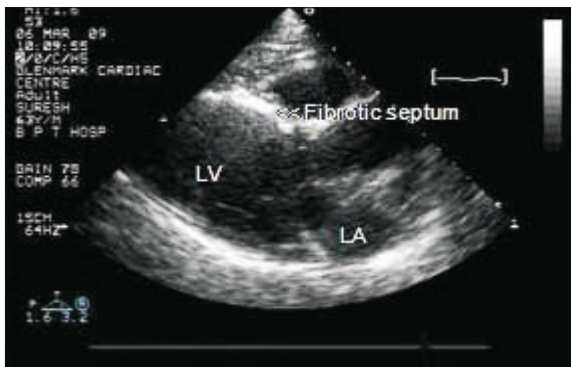
Issue : 9

## ECHOCARDIOGRAPHIC IMAGES IN HEART FAILURE

Echocardiography plays an important role not only in diagnosing cause of heart failure but also in guiding treatment and prognostication. In this issue, we present some interesting images of different etiologies of heart failure.

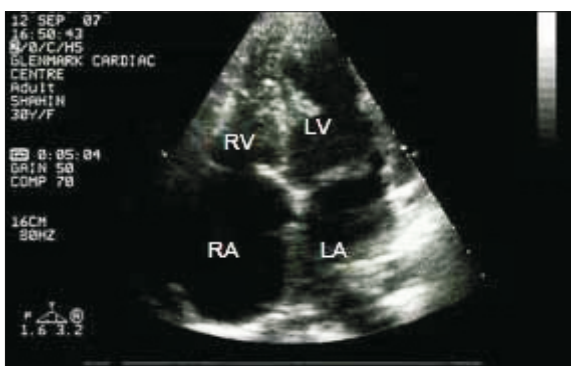
**CASE 1:** Following is a case of ischemic cardiomyopathy in a 63 year old man. Figure 1 show PLAX view. The left ventricle (LV) is dilated with a scarred and fibrotic anterior septum.

Figure 1



**CASE 2:-** Figure 2 is a case of restrictive cardiomyopathy. The diagnostic features are bi-atrial enlargement, normal LV cavity size and systolic function and characteristic restrictive diastolic LV filling pattern. The severe diastolic dysfunction is the cause of heart failure.

Figure 2



**CASE 3:-** In patients with refractory heart failure, one should carefully look for LV aneurysms. Figure 3a and 3b show sub-mitral aneurysm, and figure 3c shows an apical aneurysm in a case of ischemic heart disease.

Figure 3 a

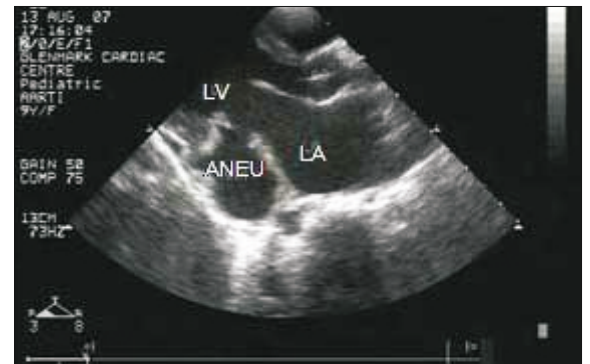


Figure 3 b

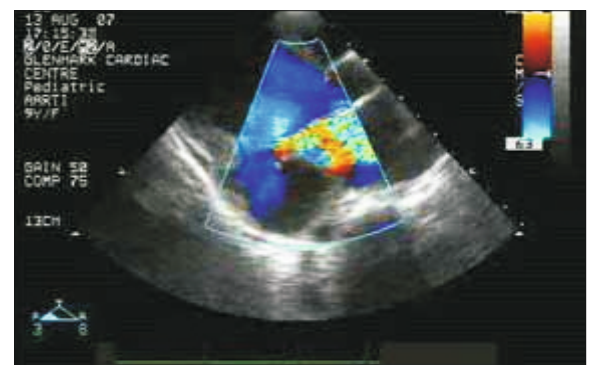


Figure 3c

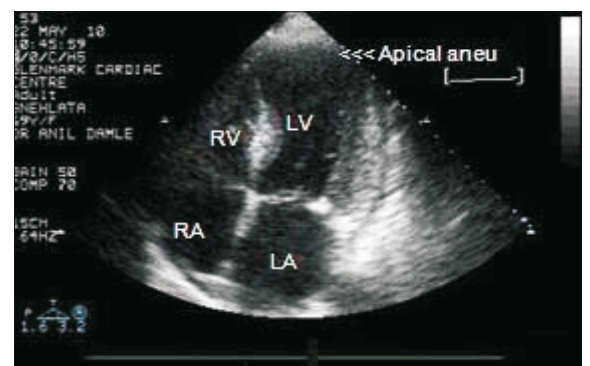


Figure 4 a

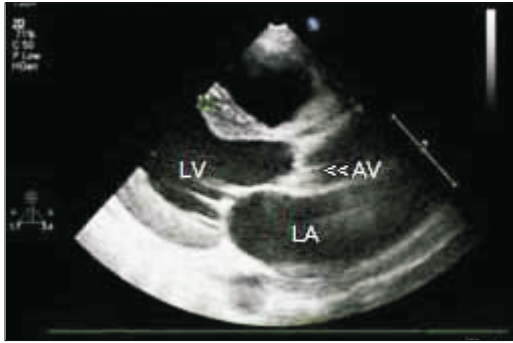


Figure 4 b

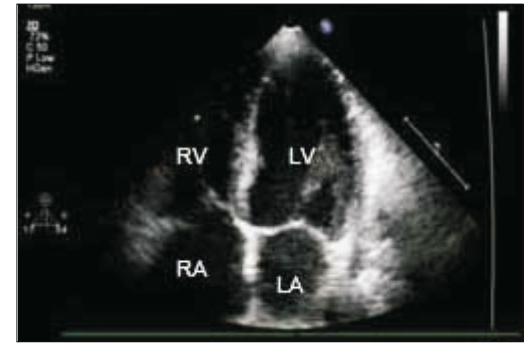
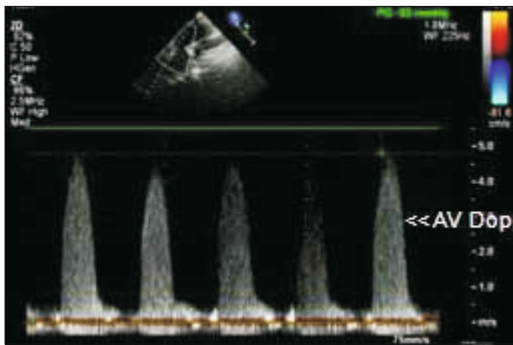


Figure 4c



**CASE 4:-** A 50 year old man presented with heart failure. His echo showed dilated LV with LV ejection fraction of 25 %, LV hypertrophy and thickened, calcific aortic valve. (Figure 4a – PLAX and 4b – Apical 4 C). The peak systolic gradient across the aortic valve as recorded in right parasternal view was 93 mmHg - figure 4c). The gradients are high despite depressed LV and suggest very severe aortic stenosis (AS). It is important to rule out obstructive lesion like AS or coarctation of aorta in patients with heart failure, as these are reversible causes of heart failure.

**CASE 5:** A 56 year old gentleman presented with ascites and dyspnea. His echo showed thickened pericardium (Figure 5a – PLAX and 5b – Apical 4 C) with significant respiratory variation in the Doppler velocities across mitral valve (Figure 5c) and tricuspid valve (Figure 5d) suggestive of constrictive pericarditis (CP).

Figure 5 a



Figure 5b



Figure 5 c

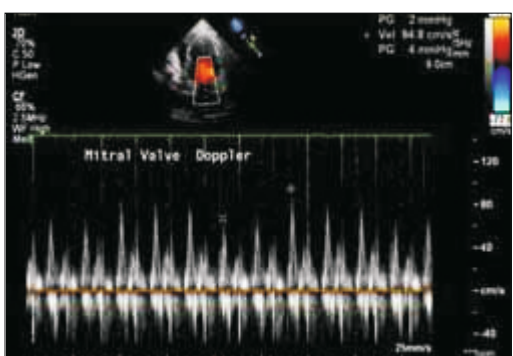
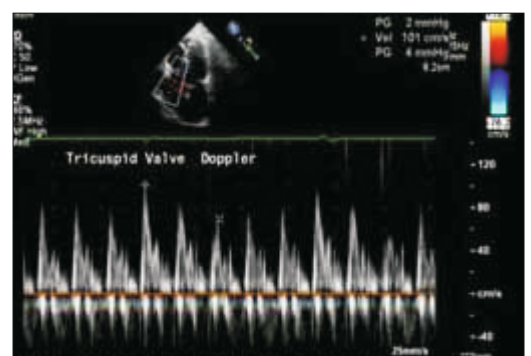


Figure 5 d



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### INVESTIGATIONS PROVIDED AT OUR CENTRE

- ✦ 2D Colour Doppler Echocardiography
- ✦ Head-up Tilt Test
- ✦ Event Recorder
- ✦ Pediatric Echocardiography
- ✦ Peripheral Vascular Doppler
- ✦ Tissue Doppler
- ✦ Fetal Echocardiography
- ✦ Computerised Stress Test
- ✦ 3D Colour Doppler Echocardiography
- ✦ Transesophageal Echocardiography
- ✦ Ambulatory B.P. Monitoring
- ✦ Diet Consultant : Dr. Sheetal R. Mhamunkar
- ✦ Dobutamine Stress Echocardiography
- ✦ Ambulatory Holter Monitoring
- ✦ Comprehensive Cardiac Medical Check-up

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