

# MR CARDIAC+C

## CLINICAL NOTES

Assess cardiac viability. Presented for OOHVFA in the setting of lymphocytic myocarditis with 9min down time and 1x shock. post ROSC ECG inferolateral STE resolved prior to ED. Follow-up TTE showed improvement in LV function

## TECHNIQUE:

Functional and viability protocol with IV Gadolinium.

## FINDINGS:

### MYOCARDIAL FUNCTION REPORT

Height: 178cm  
Weight: 78kg  
BSA: 1.96m<sup>2</sup>

### LEFT VENTRICULAR FUNCTION

ED Phase Used:

ES Phase Used:

ES Phase Used:					Male Mean	Normal Values				
	Absolute	BSA Indexed	Range	Range		Mean	Female			
ED Volume (ml)	132		67			69-120	95	59-107	83	
ES Volume (ml)	65		33			26-56	41	22-46	34	
Stroke Volume(ml)		67		34			37-71	54	31-67	49
Ejection Fraction(%)		51%				47-67	57	48-70	59	
LV ED mass (g)	89		45			39-73	56	27-57	42	

Conventional four-chamber cardiac anatomy. The aortic root appears prominent at 30 mm. Main pulmonary artery measures 29 mm, at the upper limit of normal.

Slightly suboptimal image quality from gating artefact.

The left ventricle is of normal size, with normal indexed end diastolic volume. There is reasonable left ventricle contractility, no regional wall motion abnormality. LVEF 51%. Uniform thickness of left ventricle myocardium. No definite LV thrombus. Left ventricle outflow tract and LV trabeculation within normal limits.

No significant mitral or aortic valvular abnormality. Aortic valve appears trileaflet. Right ventricular volume systolic function is within normal limits on visual assessment only.

No significant pericardial thickening or pericardial effusion.

No evidence of myocardial oedema.

On the delayed enhancement imaging, there is no significant abnormal late gadolinium enhancement in the left or right ventricular myocardium. No definite evidence of post ischaemic scarring or myocardial infiltration. No features to suggest active myopericarditis.

The average native T1 myocardial time is 995 +/- 85ms.  
ECV is 22%, normal.

## COMMENT:

1. Normal left ventricular volume. Reasonable left ventricle contractility, no regional wall motion abnormality. LVEF 51%, mildly reduced.
2. No definite abnormal myocardial LGE to suggest post ischaemic scarring or myocardial infiltration. No features to suggest active myopericarditis.
3. Right ventricular volume and systolic function is within normal limits on visual assessment.