

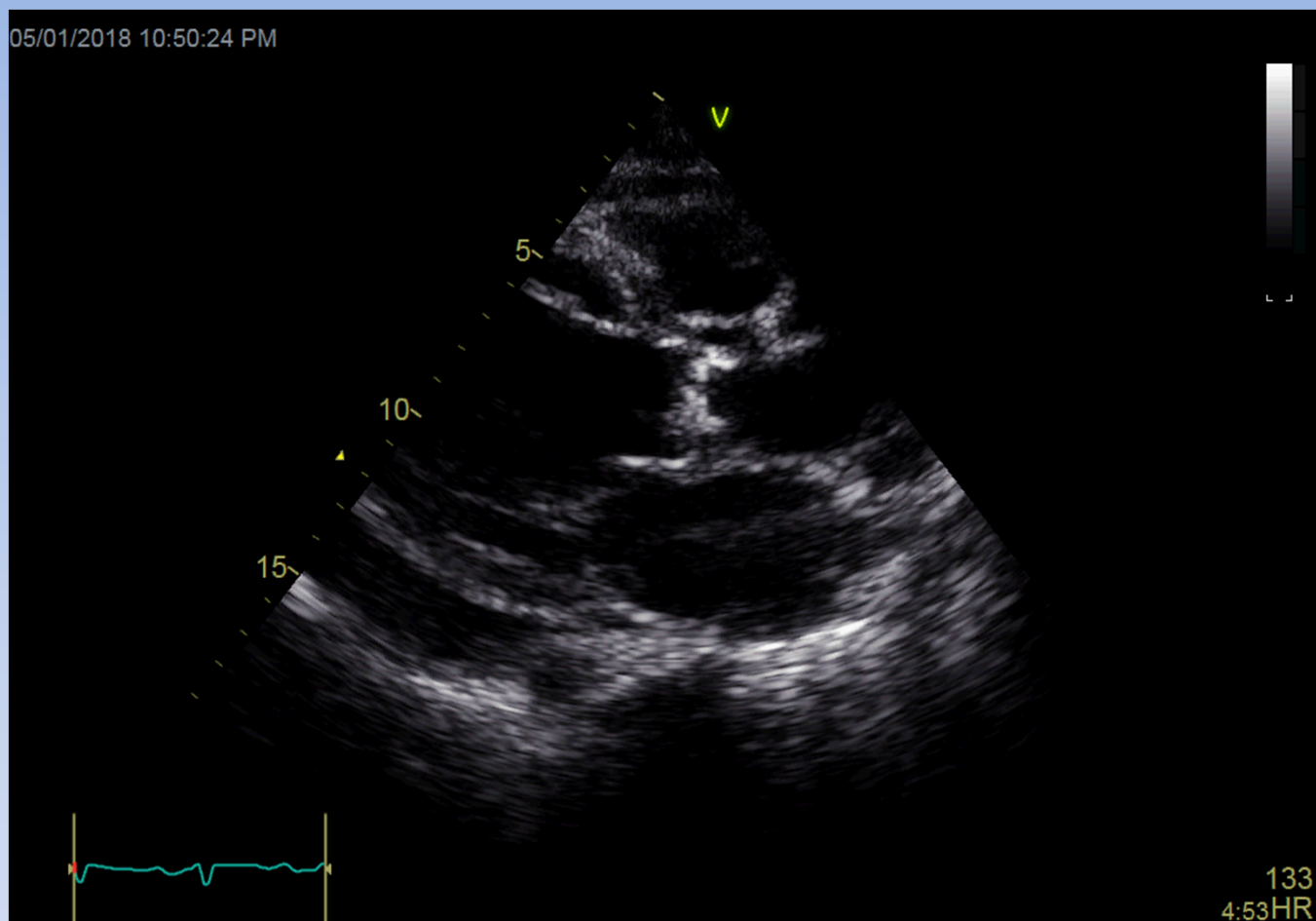
Case 3

- Acknowledgement: This case is for Dr. Abdel Haleem Shawky

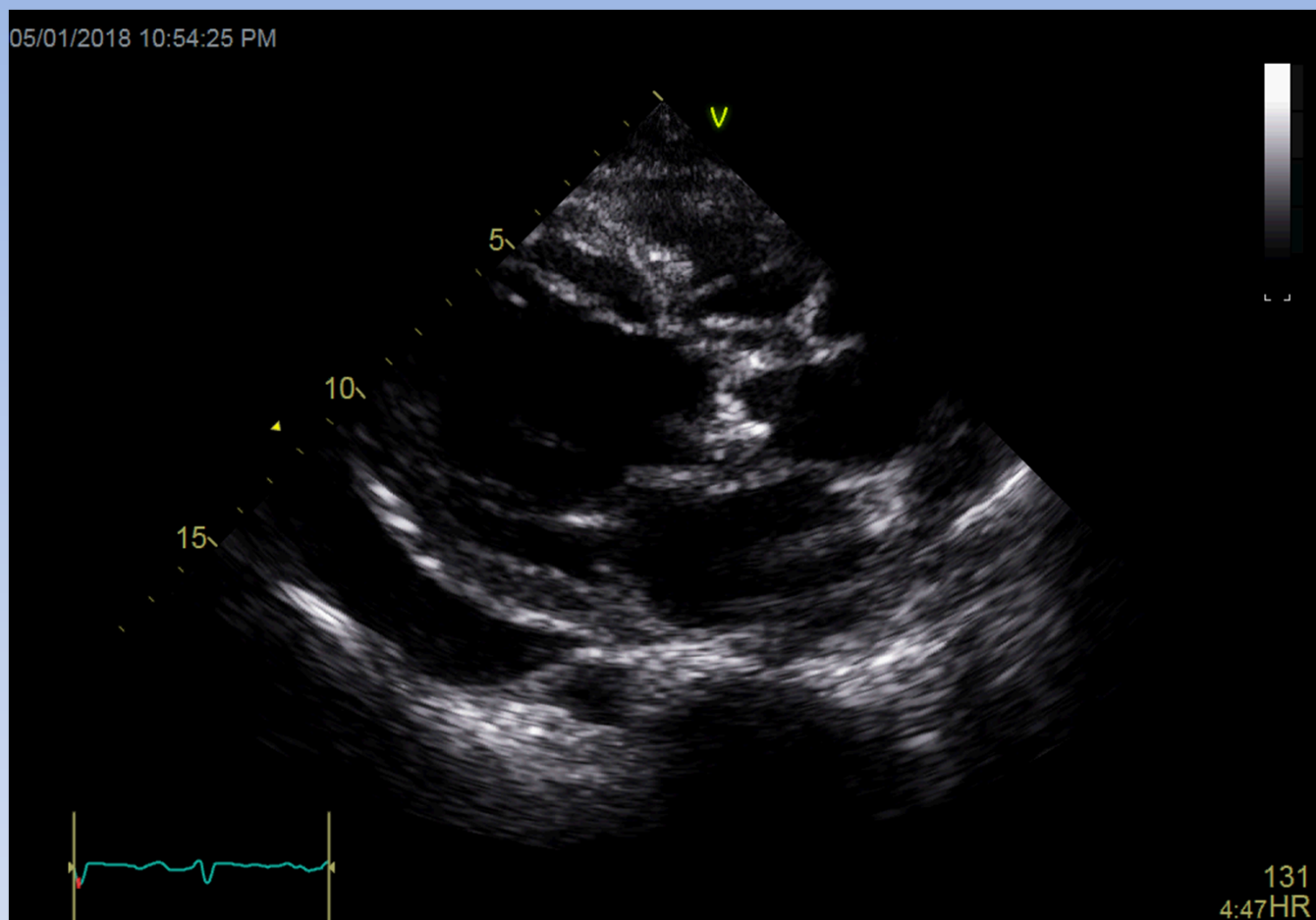
Case 3

- 29 Y gentleman , no significant PMH.
- Presented to ED with two months H/O progressive SOB.
- H/O cough , intermittent fever which was not documented.
- H/O LL edema.

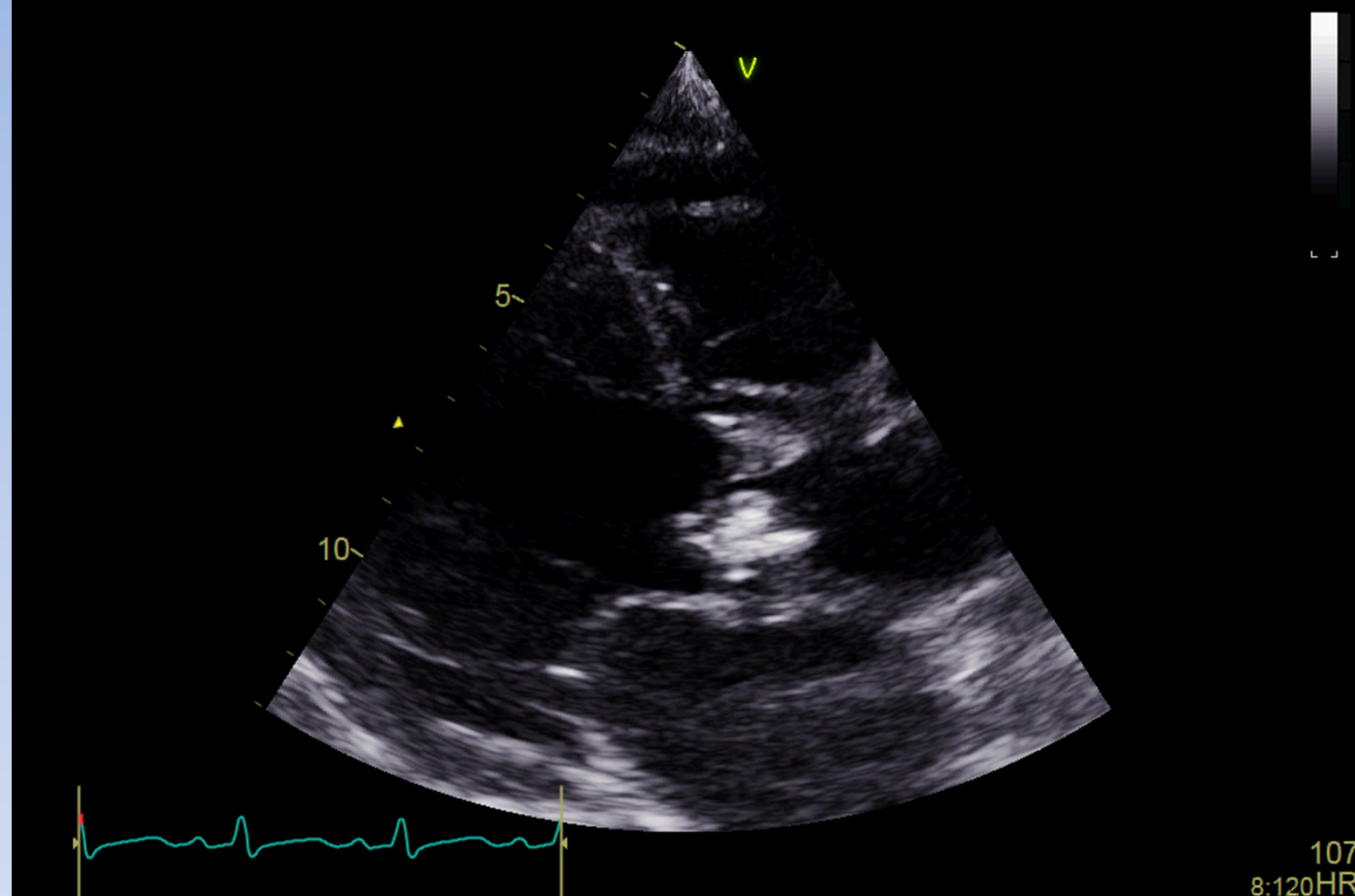
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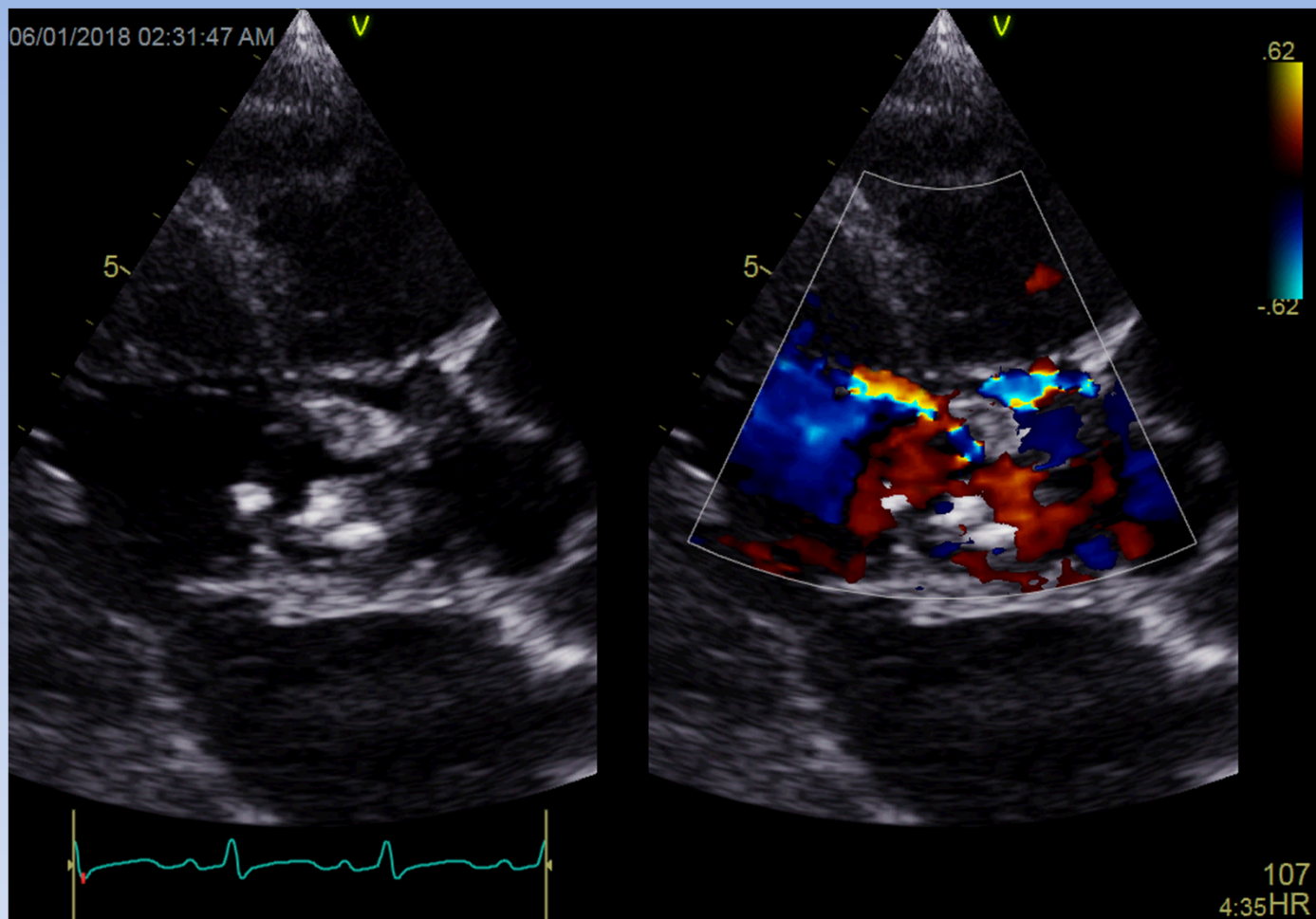


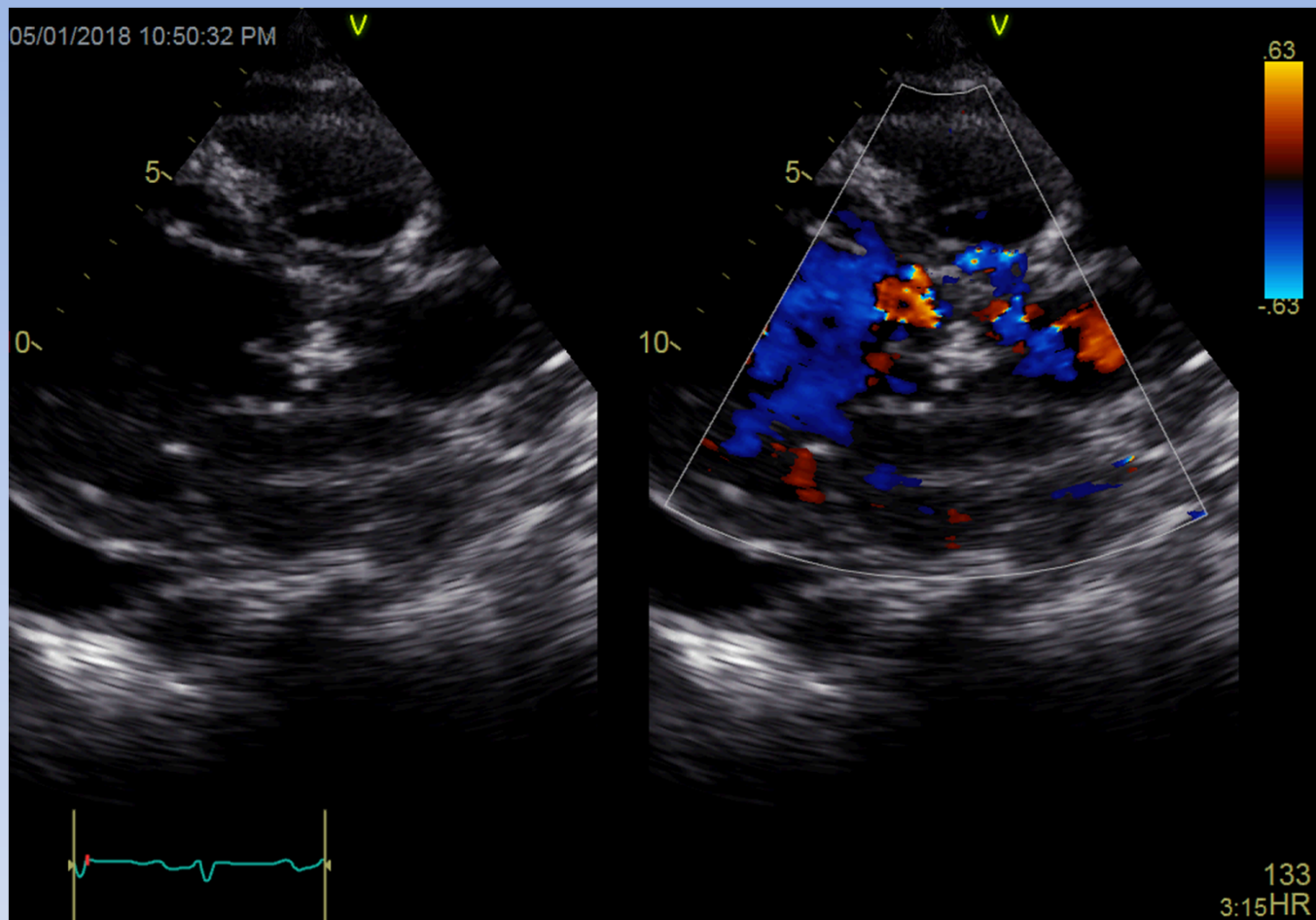
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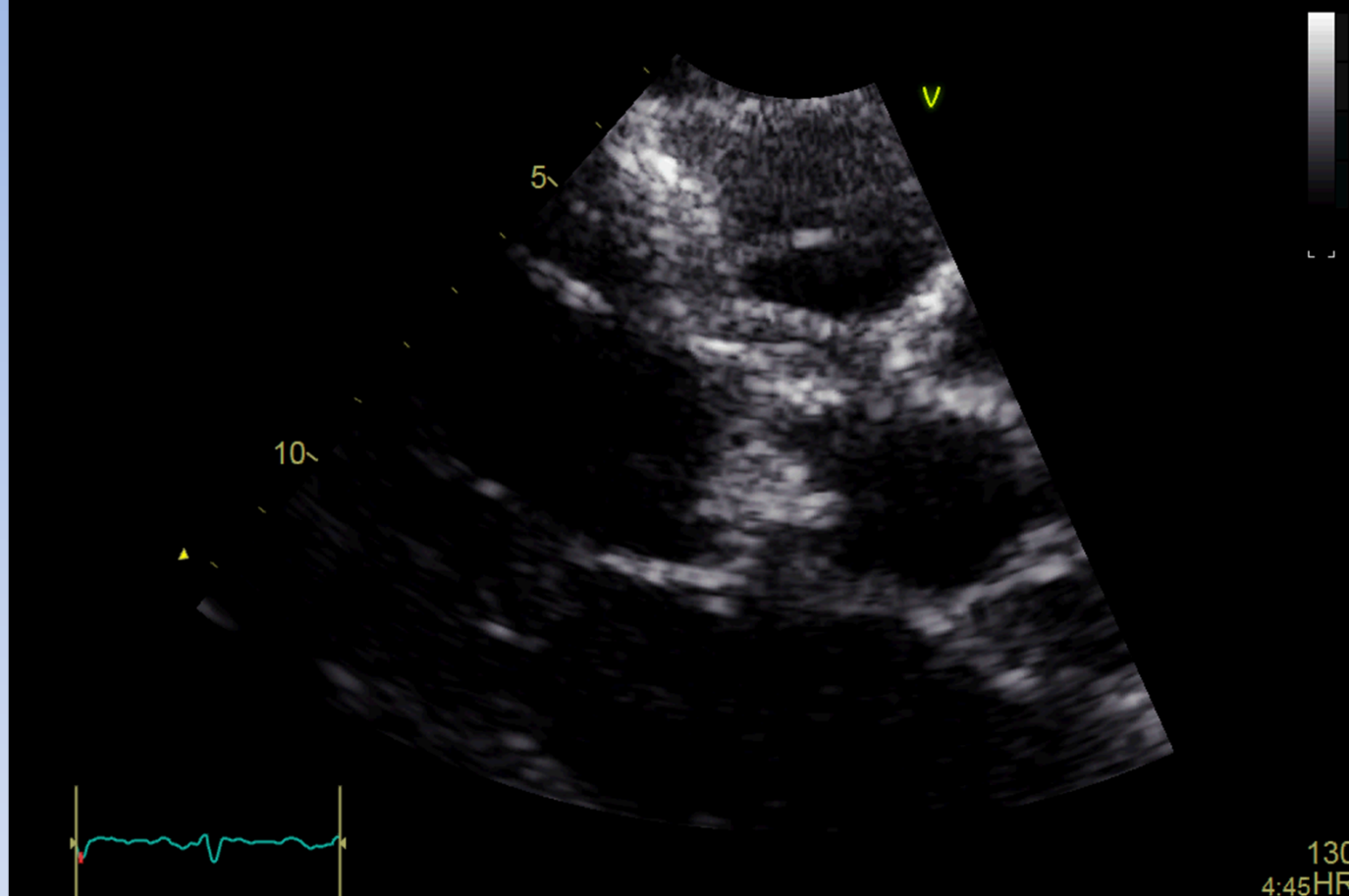
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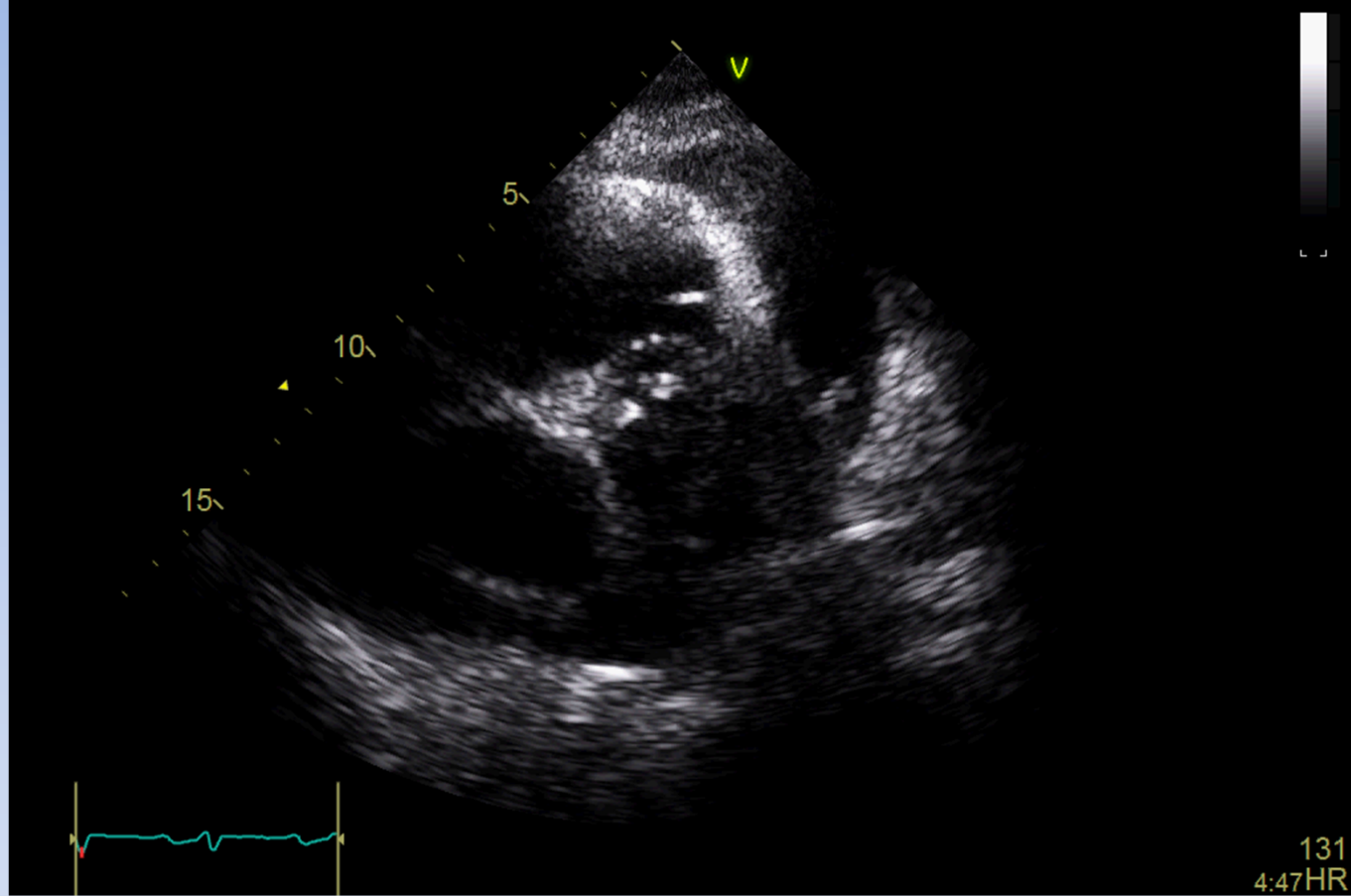


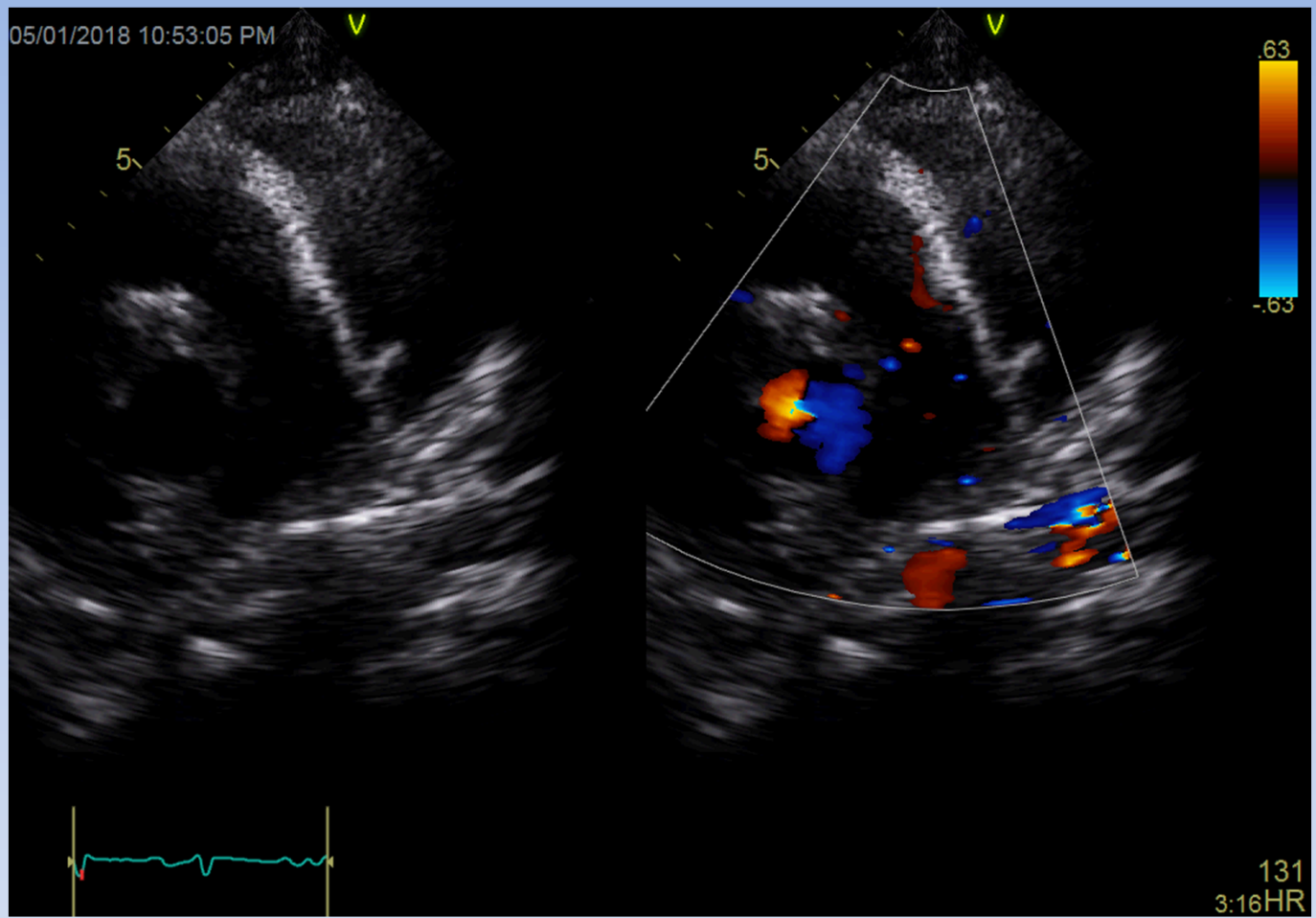
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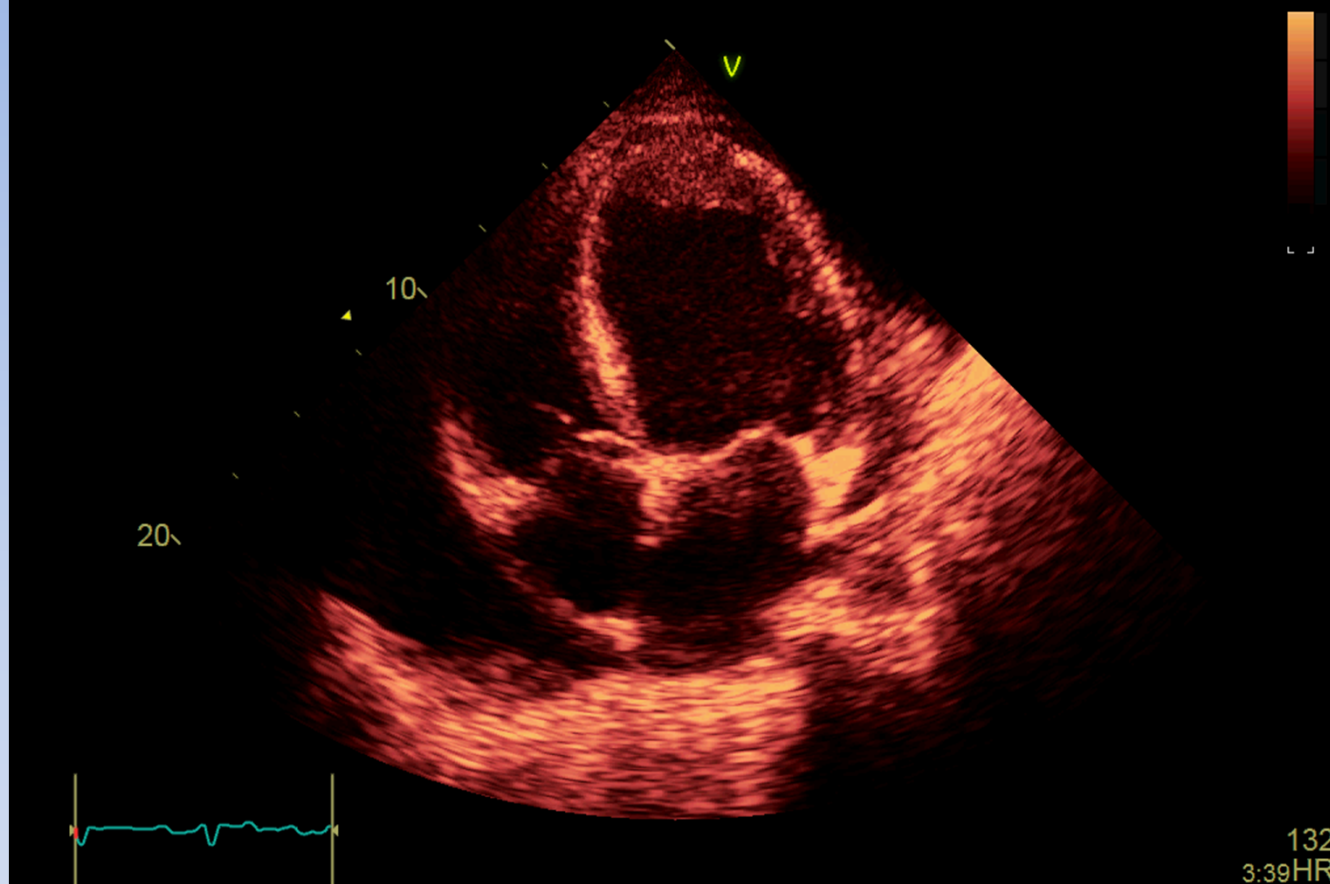
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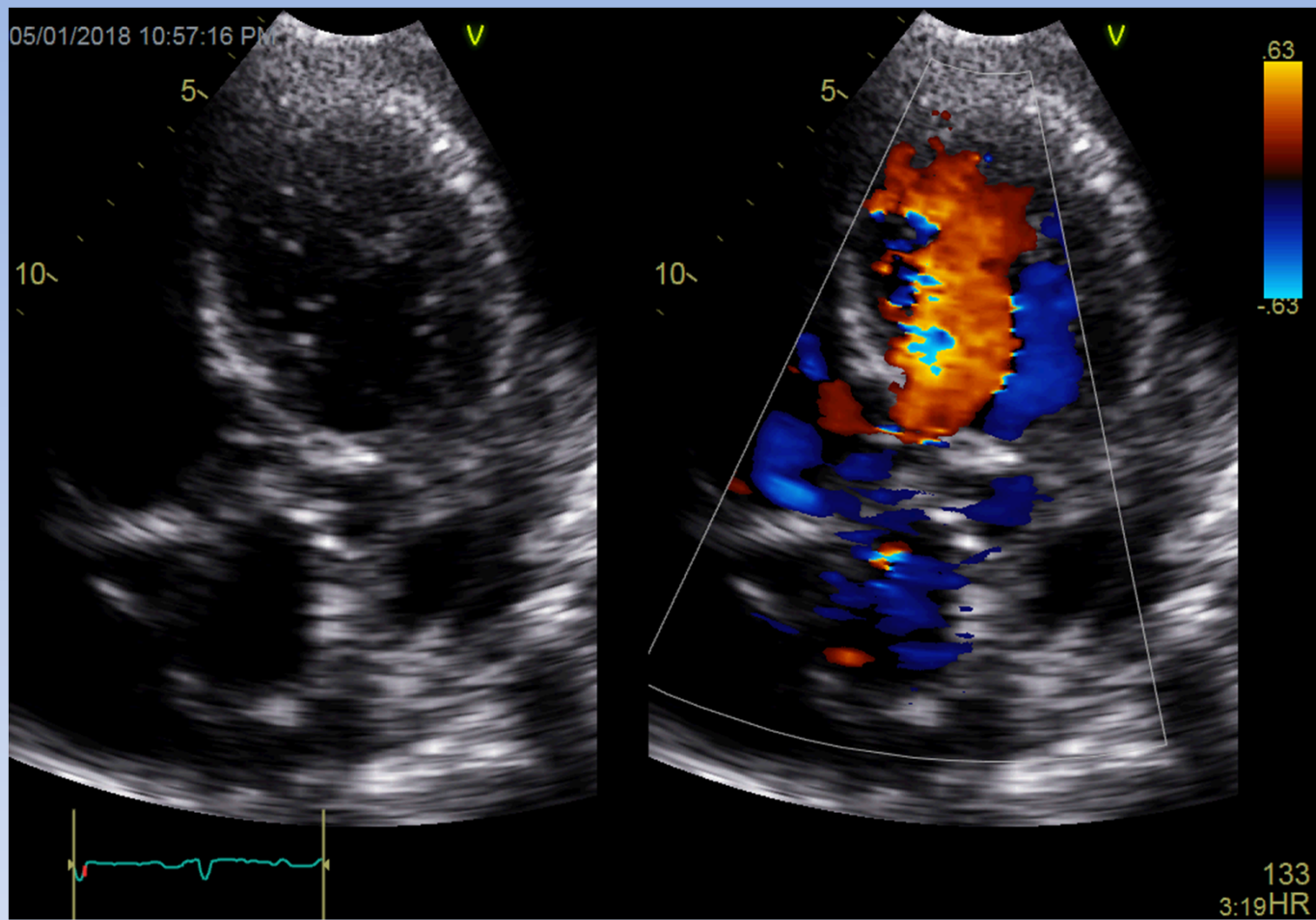
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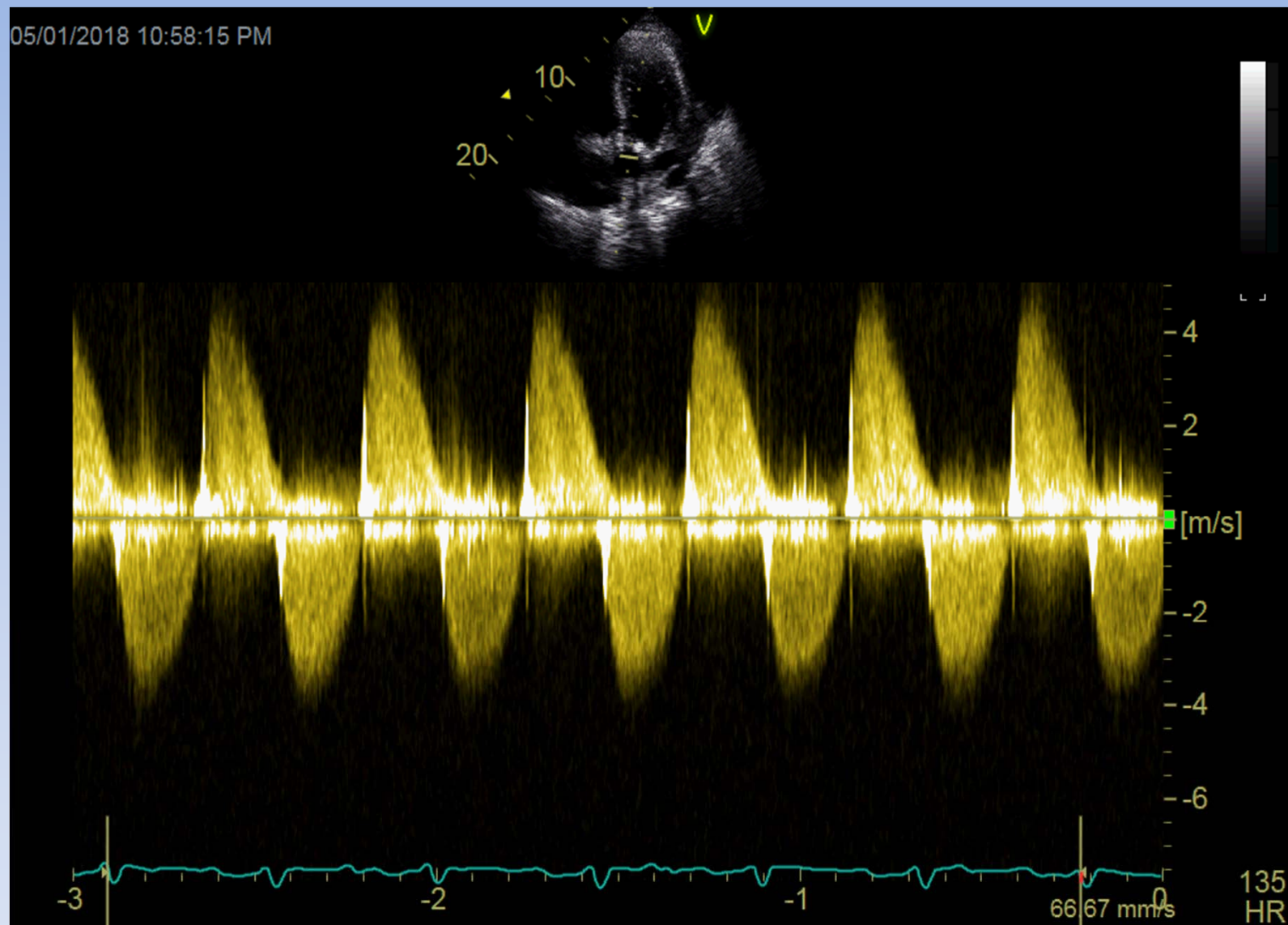


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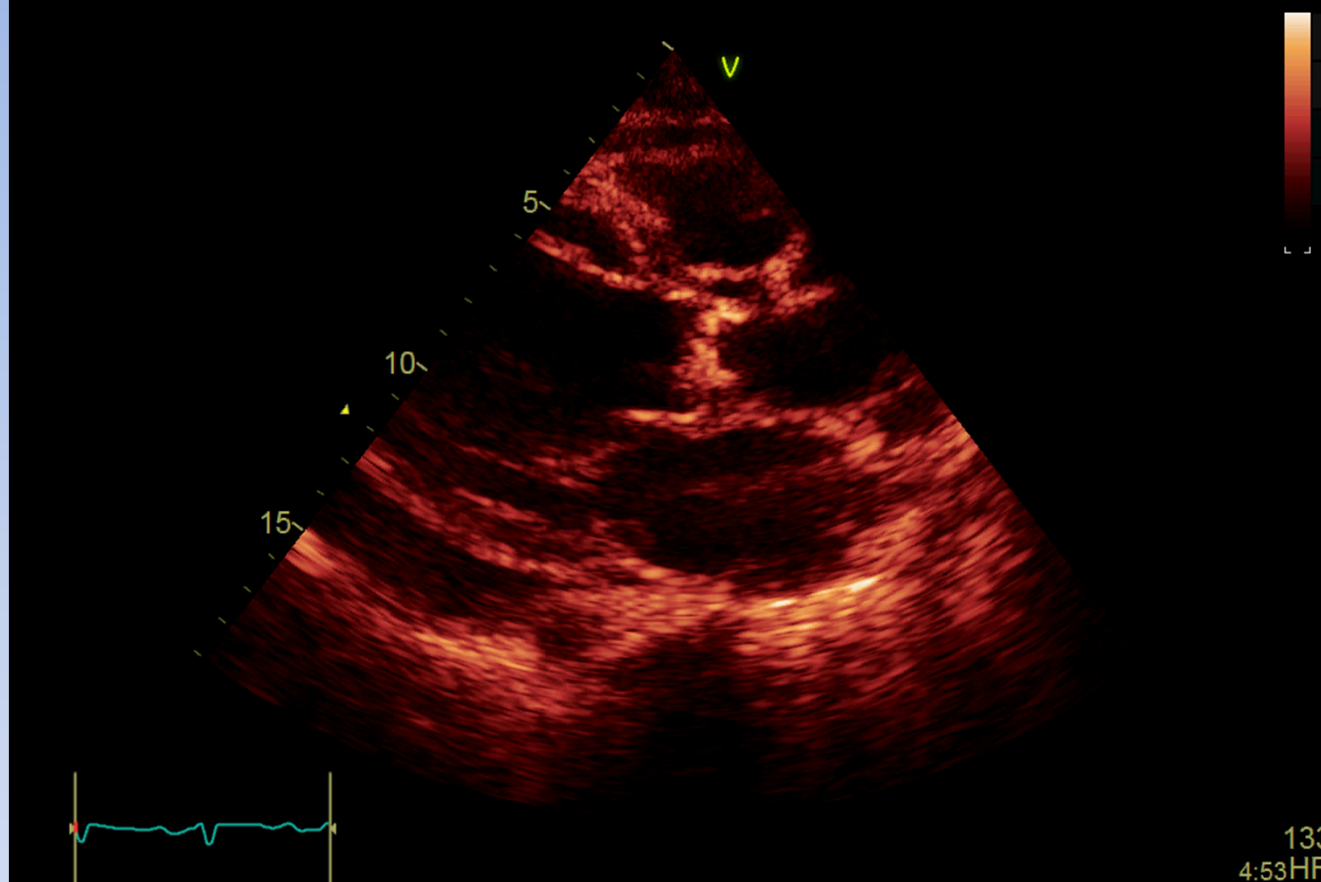




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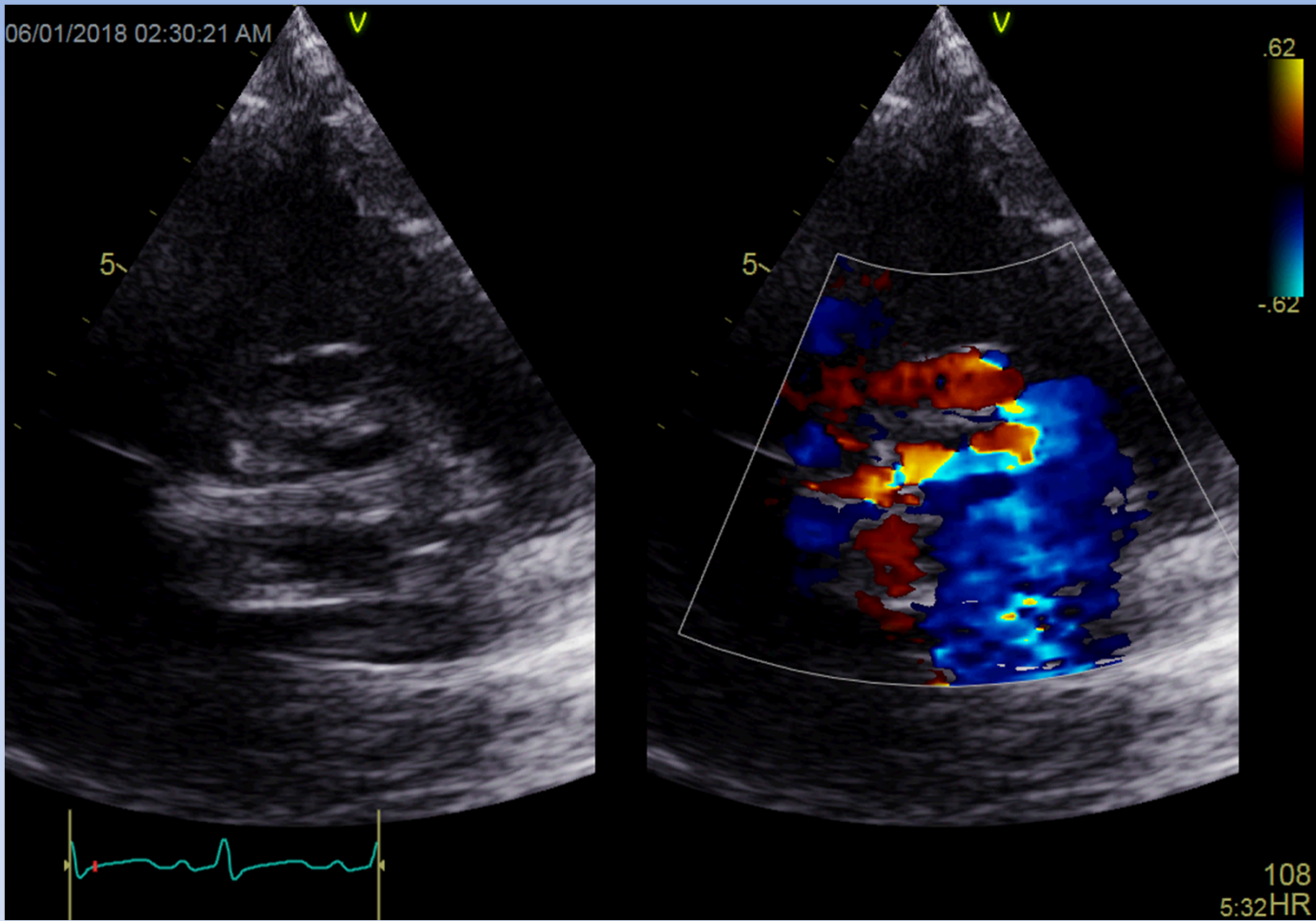


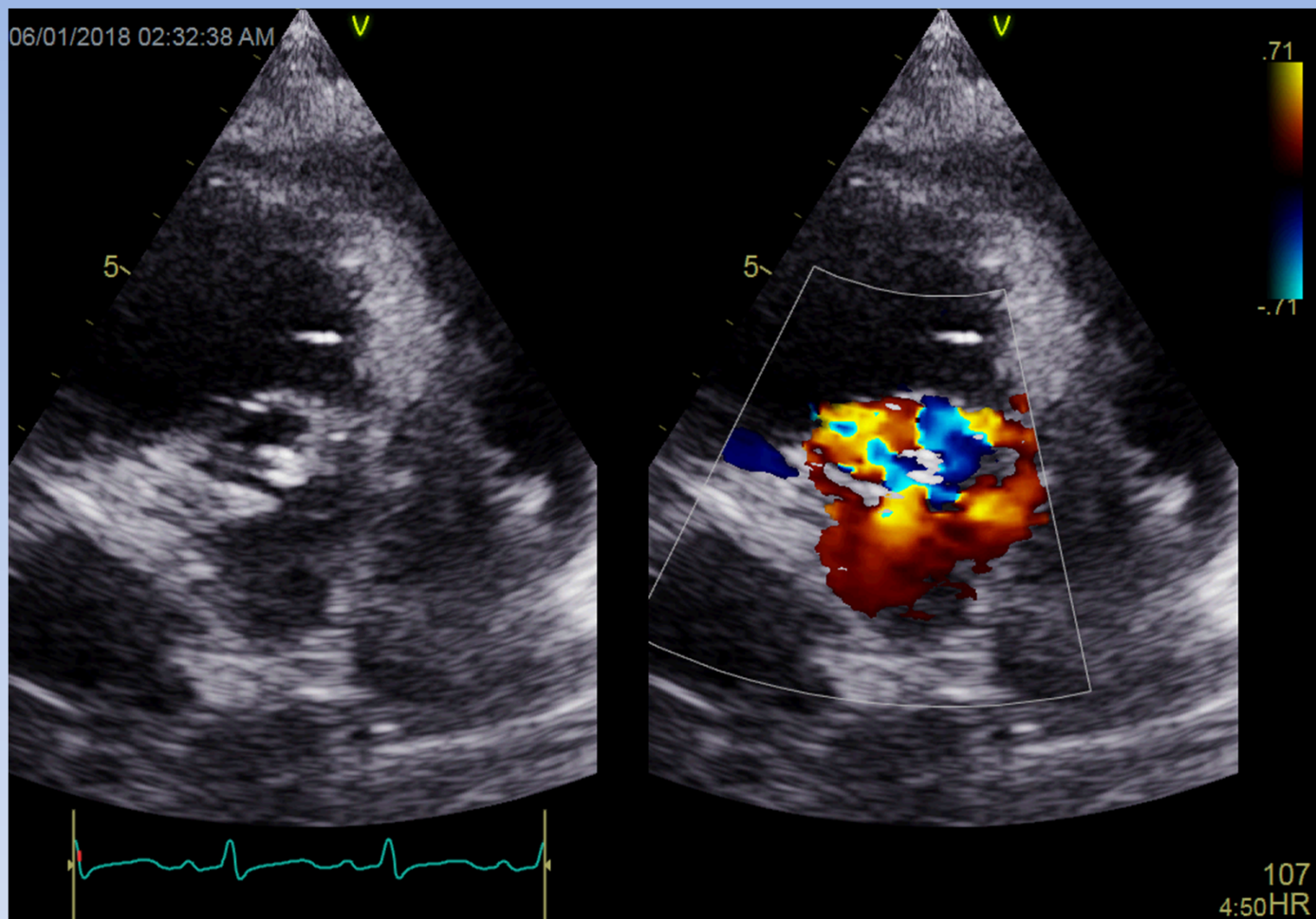
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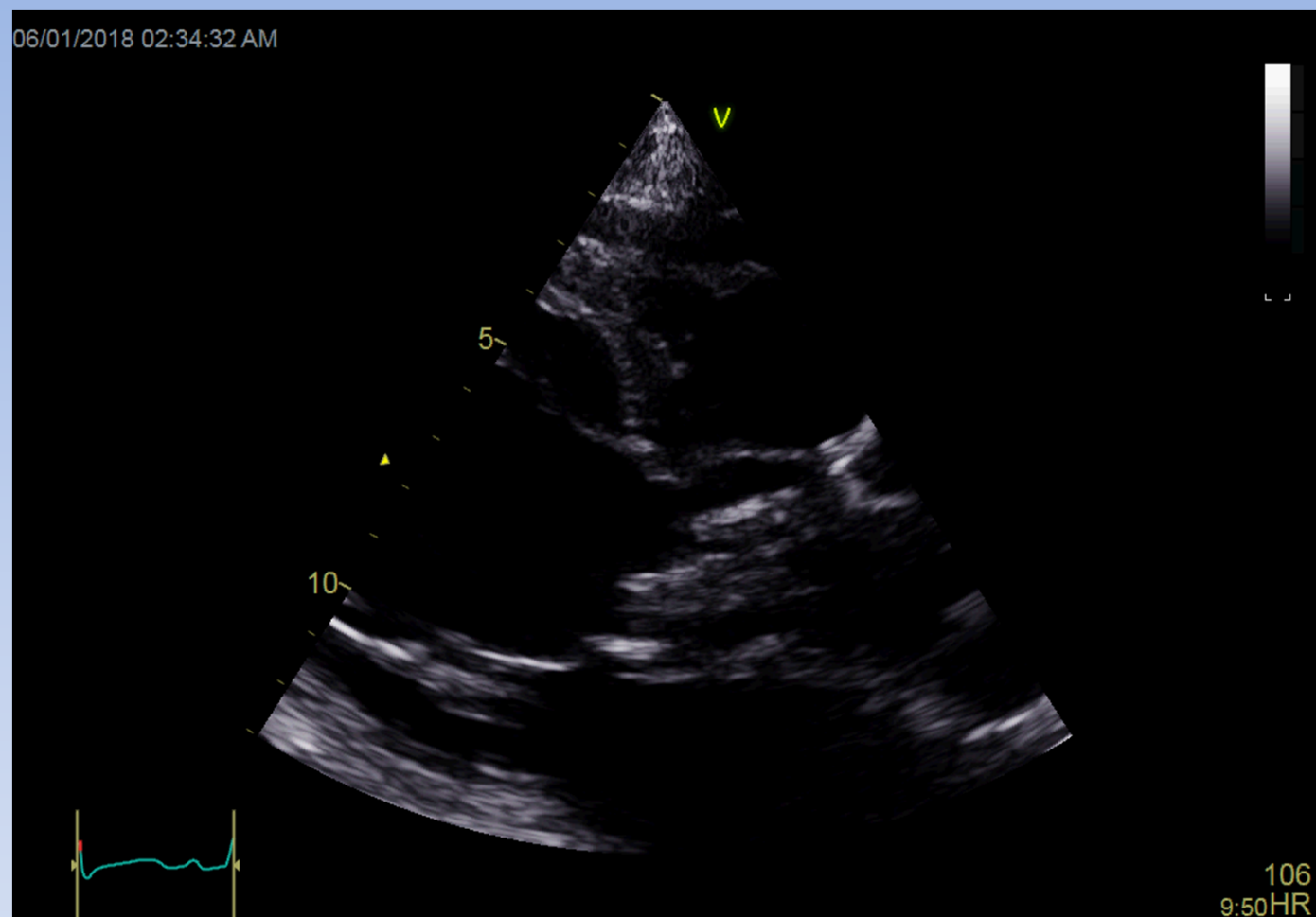
Conclusion:

- Severely reduced systolic LV function (EF 28 %).
 - Severe global Hypokinesis of LV.
 - Severely reduced RV function.
 - Moderate aortic cusp calcification is present.
 - **The aortic valve appears type A bicuspid.**
 - **Severe aortic valve regurgitation is present. Moderate calcific aortic valve stenosis.**
 - There is a large pedunculated highly mobile mass attached to the ventricular surface of AV (non coronary cusp), with to and fro motion and measures 1 X 1 cm causing gradient Peak/Mean 48/34 mmHg and severe AR which **is likely a vegetation DD : Flail aortic cusp..**
 - There is **an echo lucent space adjacent to the right coronary cusp** measuring 2.0 X 0.7 cm in diameter with turbulent flow across it ; **highly suggestive of abscess formation**
 - Large pericardial effusion.
 - The pericardial effusion mainly superior to the RA, (5.0 cm), Posterior to LV (2.5 cm) , the effusion is less anterior to the RV (0.8 cm), features are suggestive of **impending cardiac tamponade , for clinical correlation.**
- * A further focused study is needed to assess the aortic pathology.

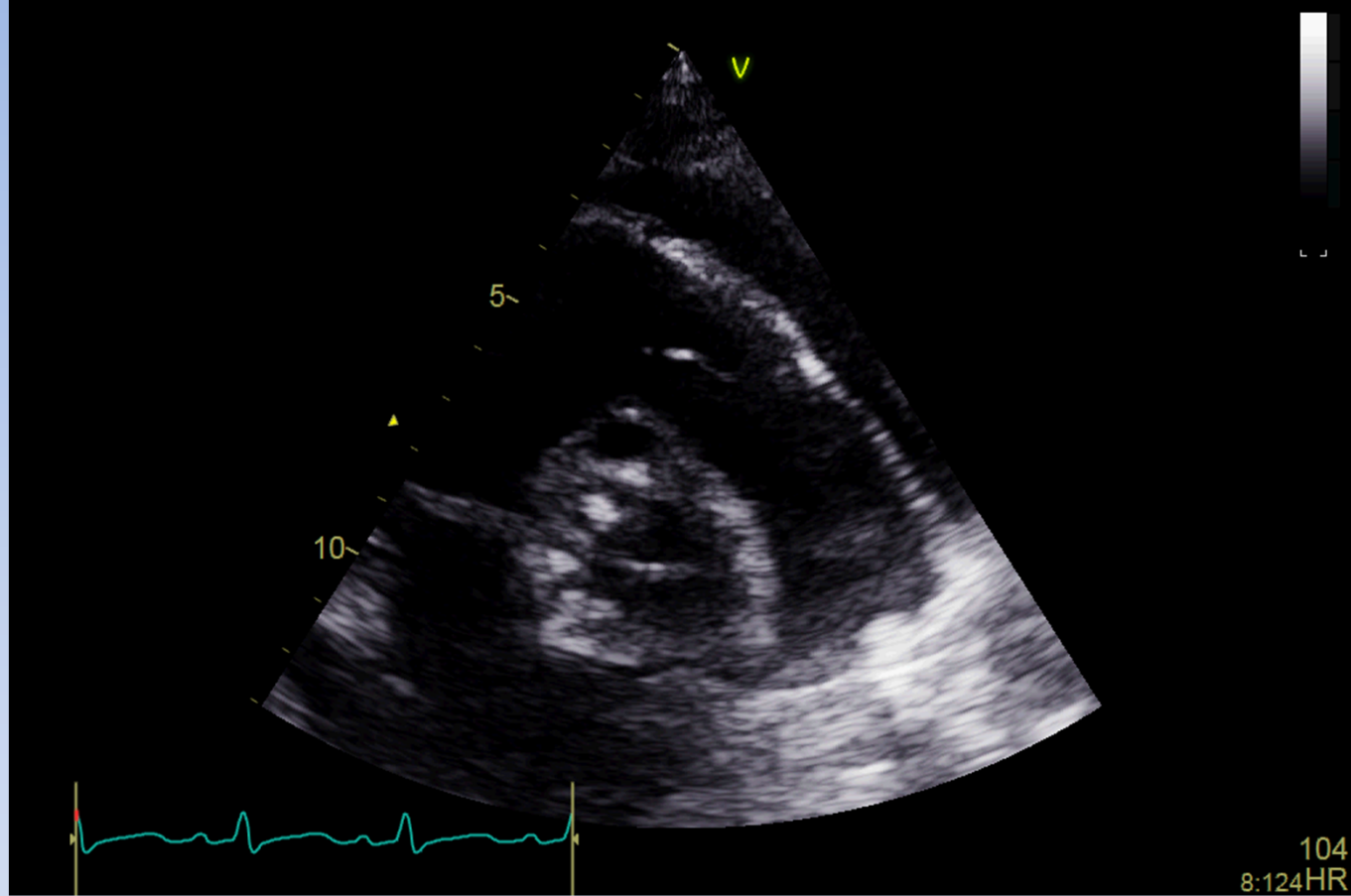


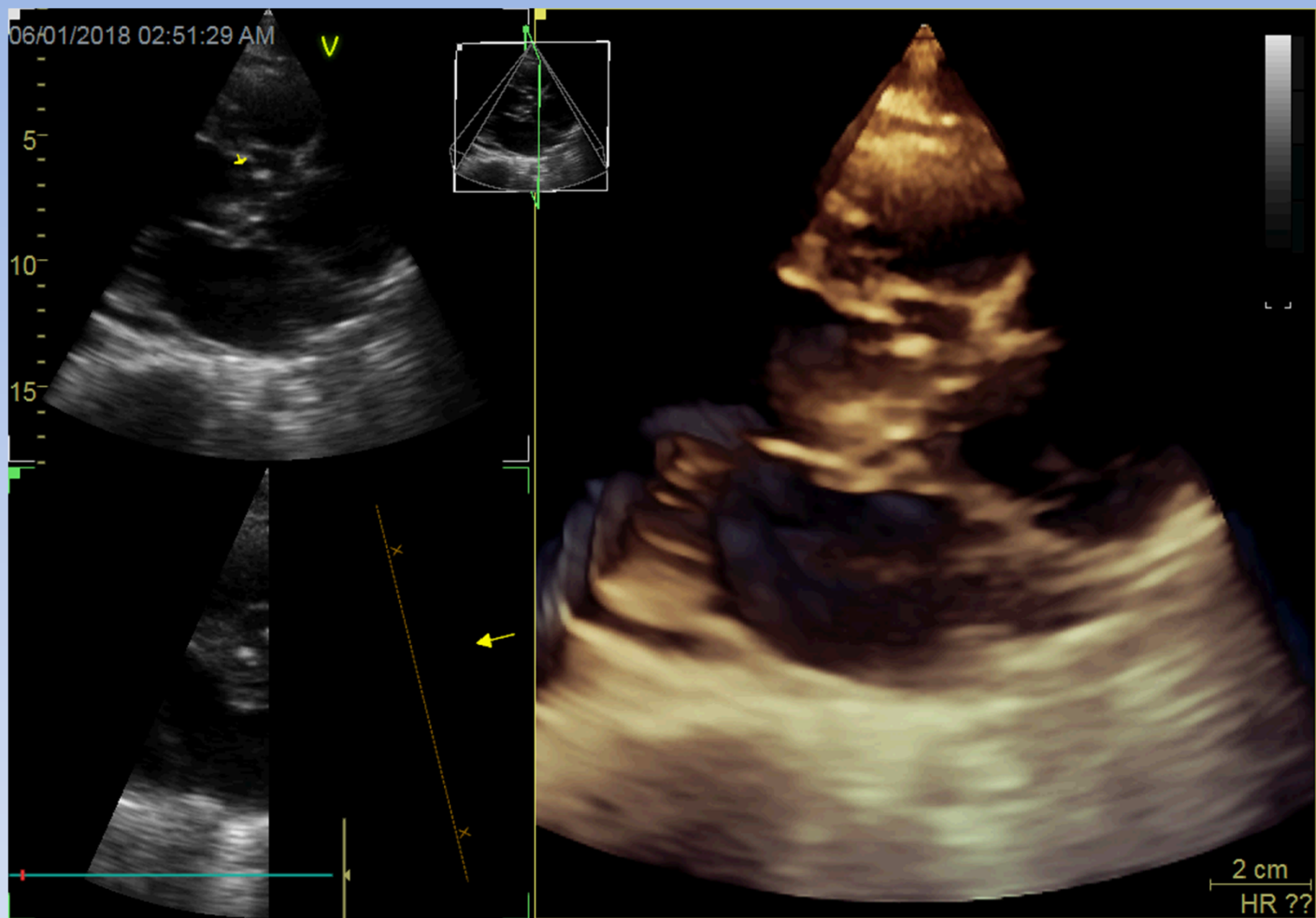


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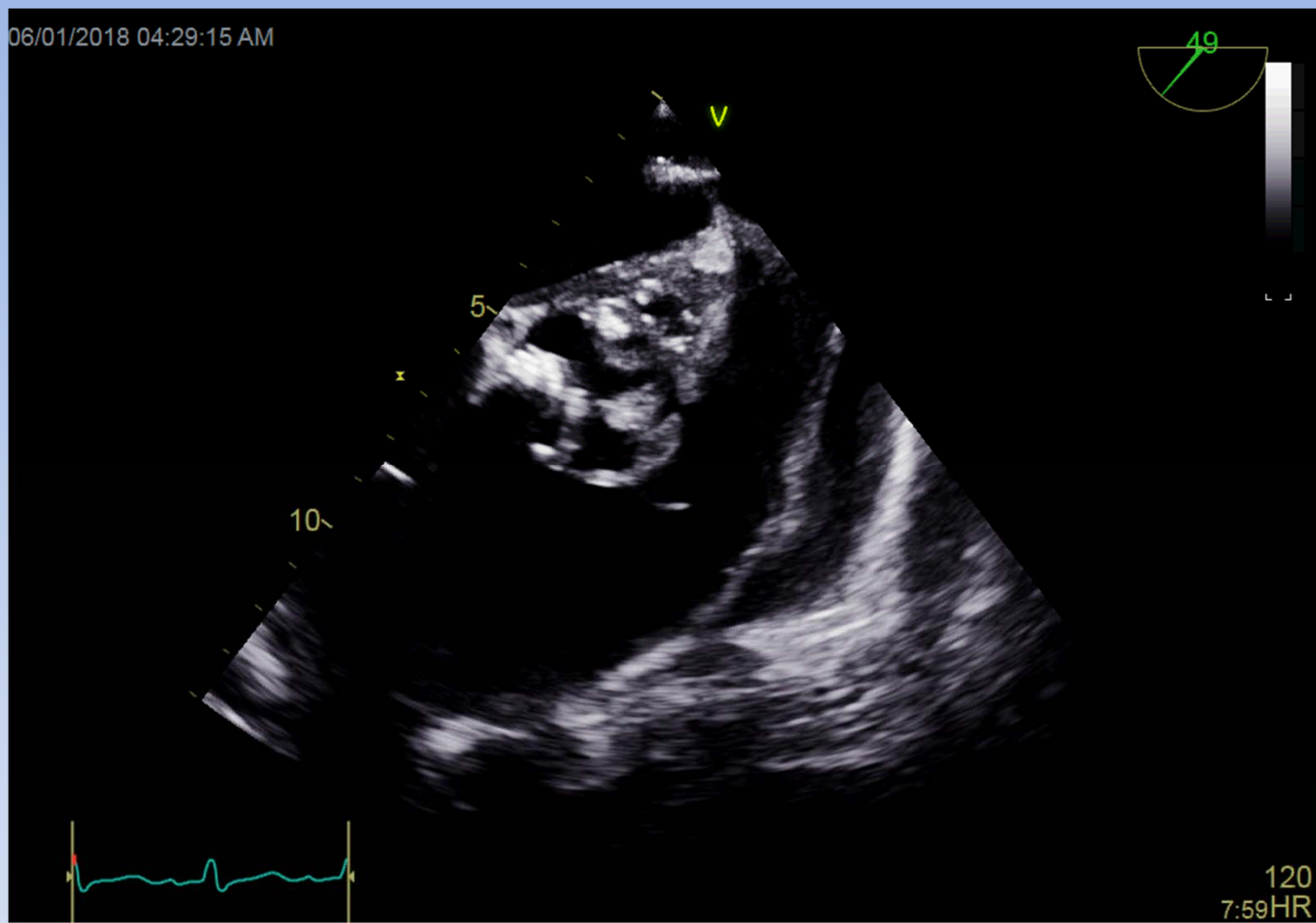
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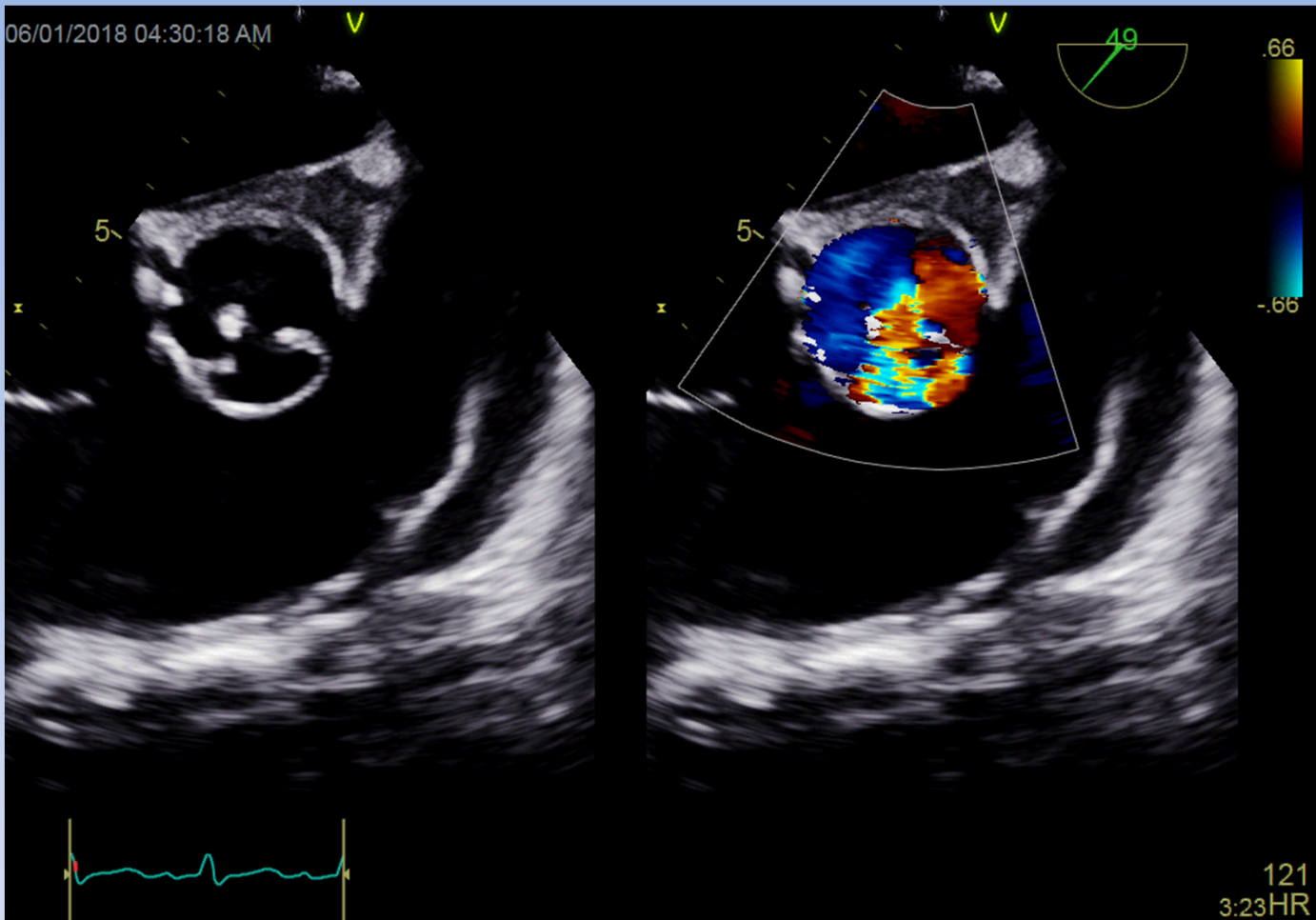


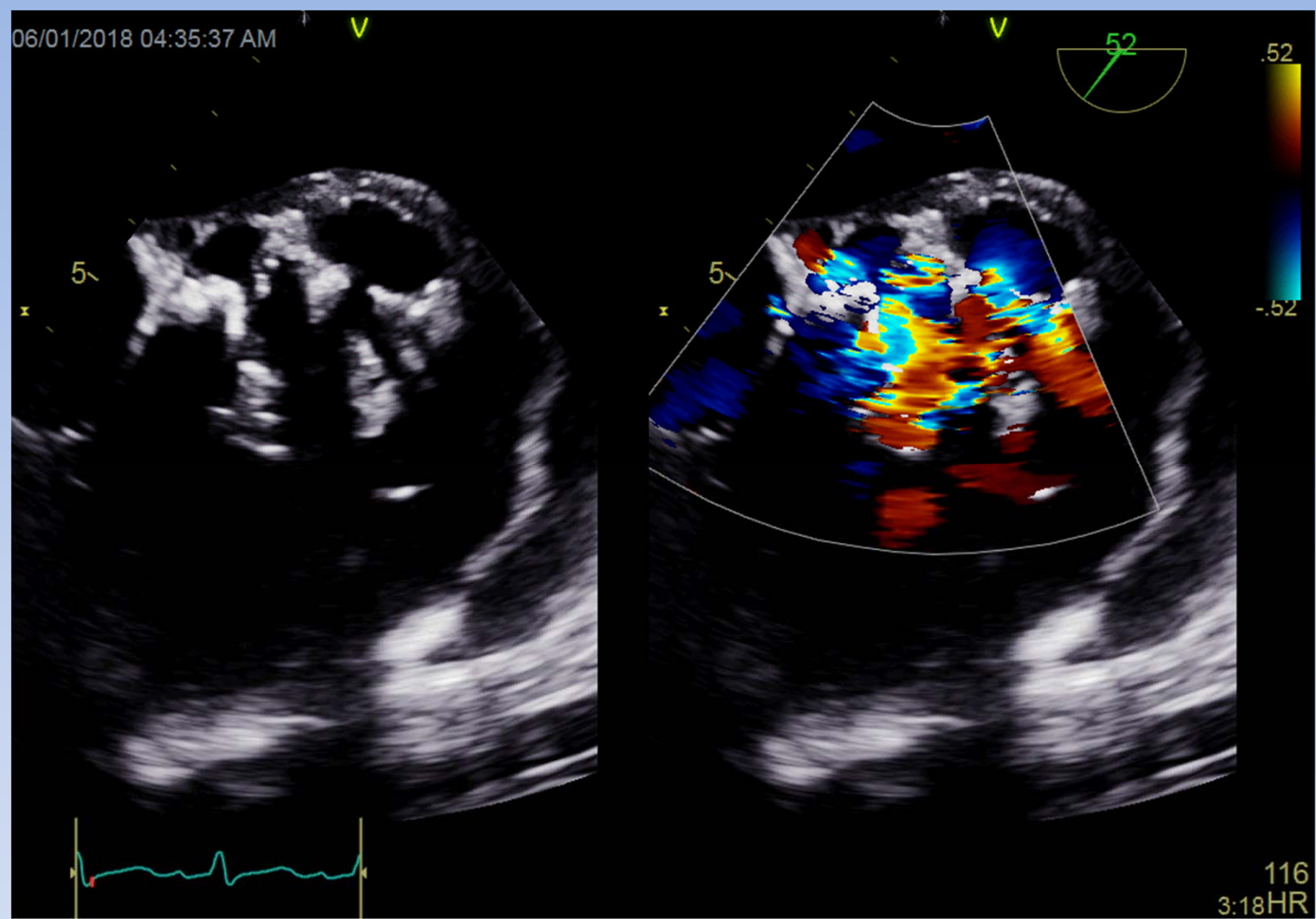


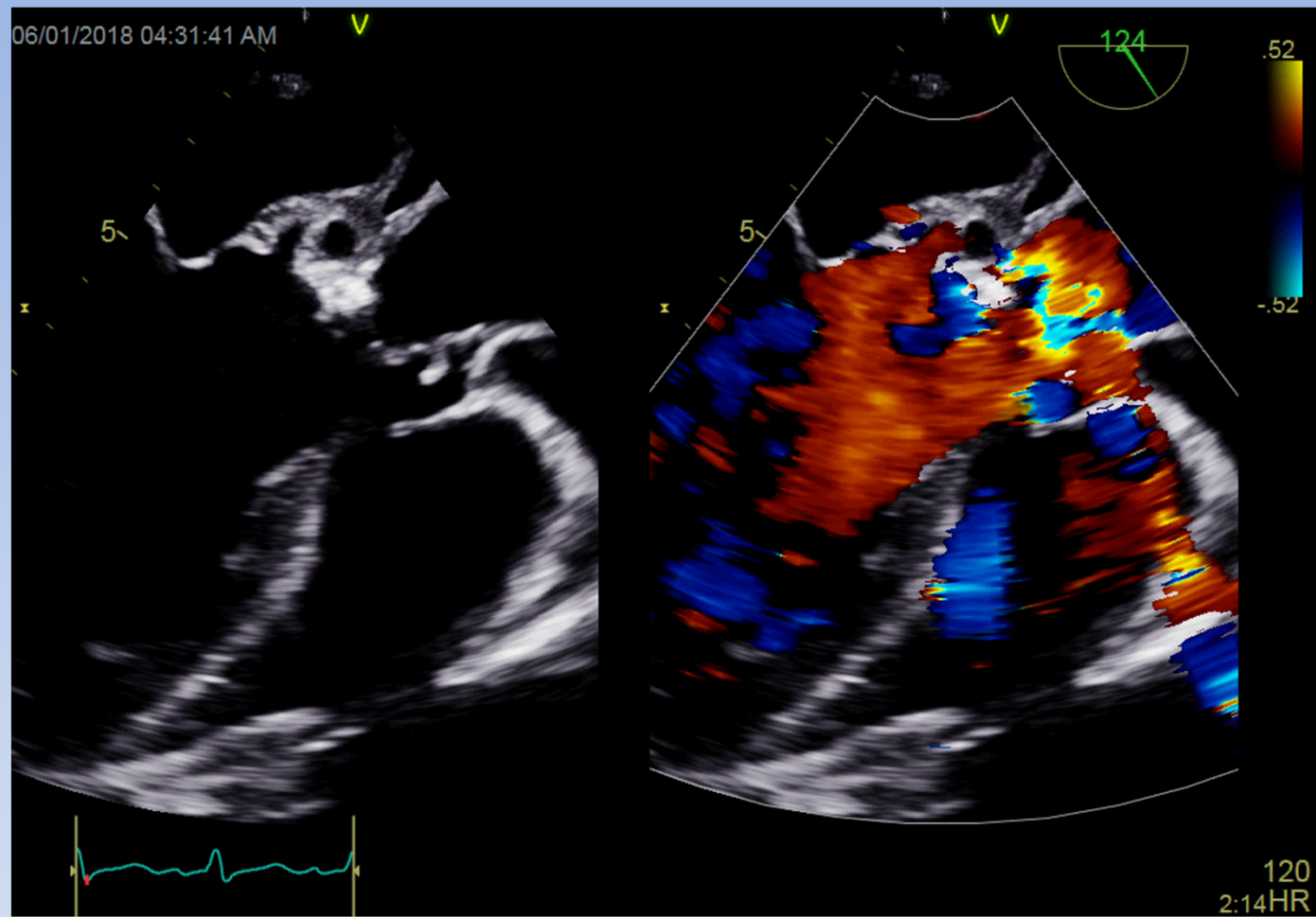
- The patient was in distress , tachypnic, sweaty and Hypotensive.
- Central line inserted , electively intubated.

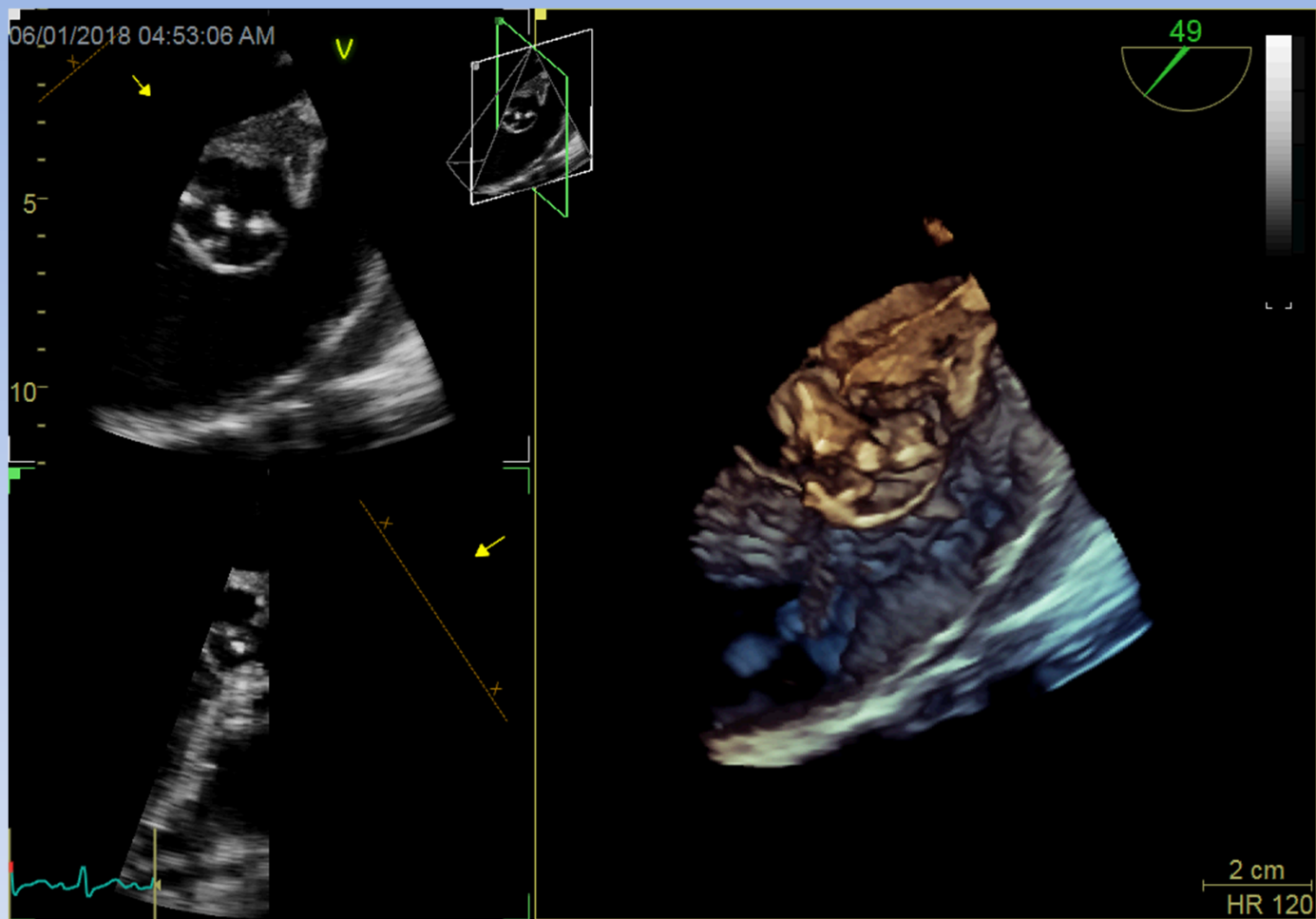
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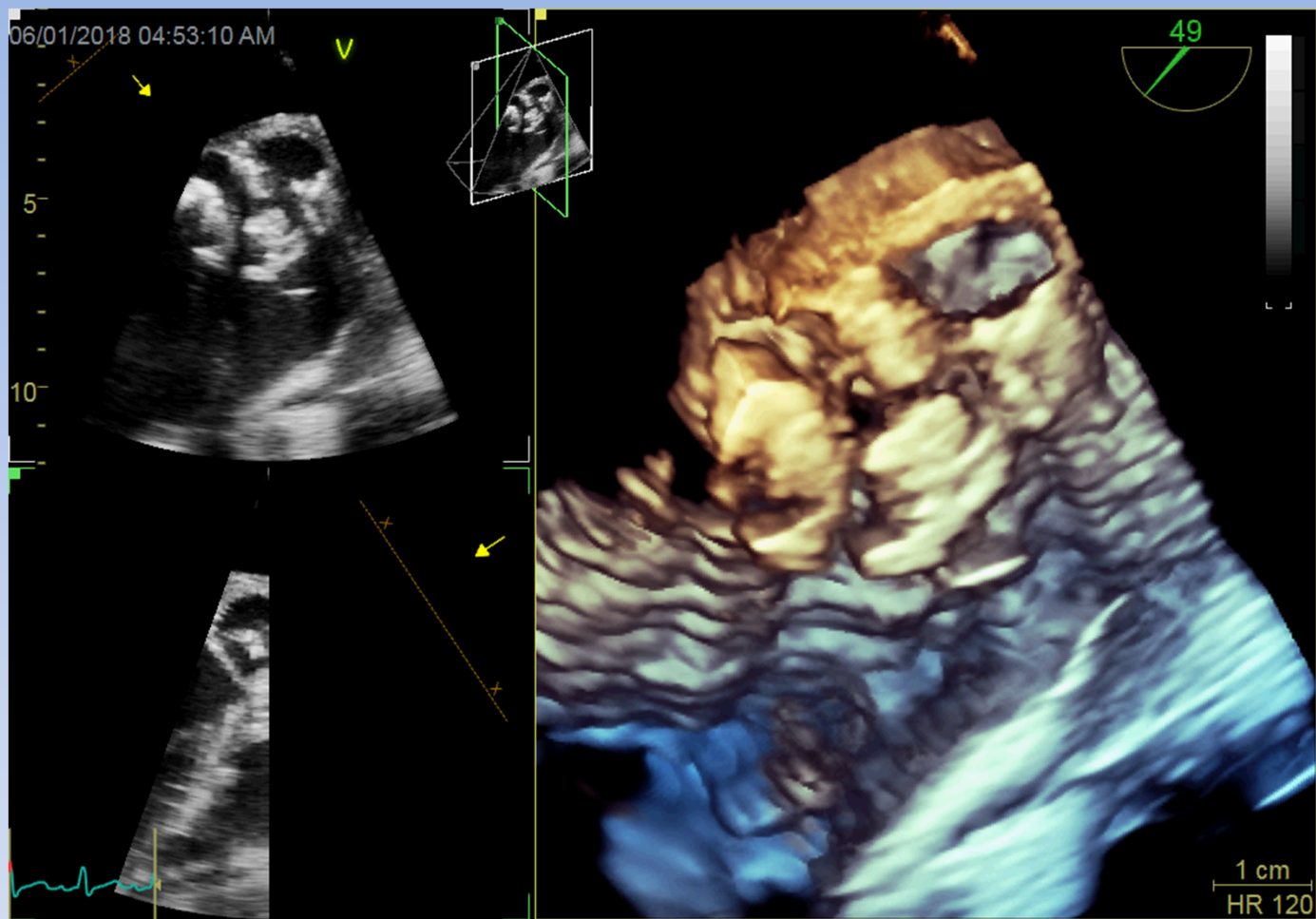


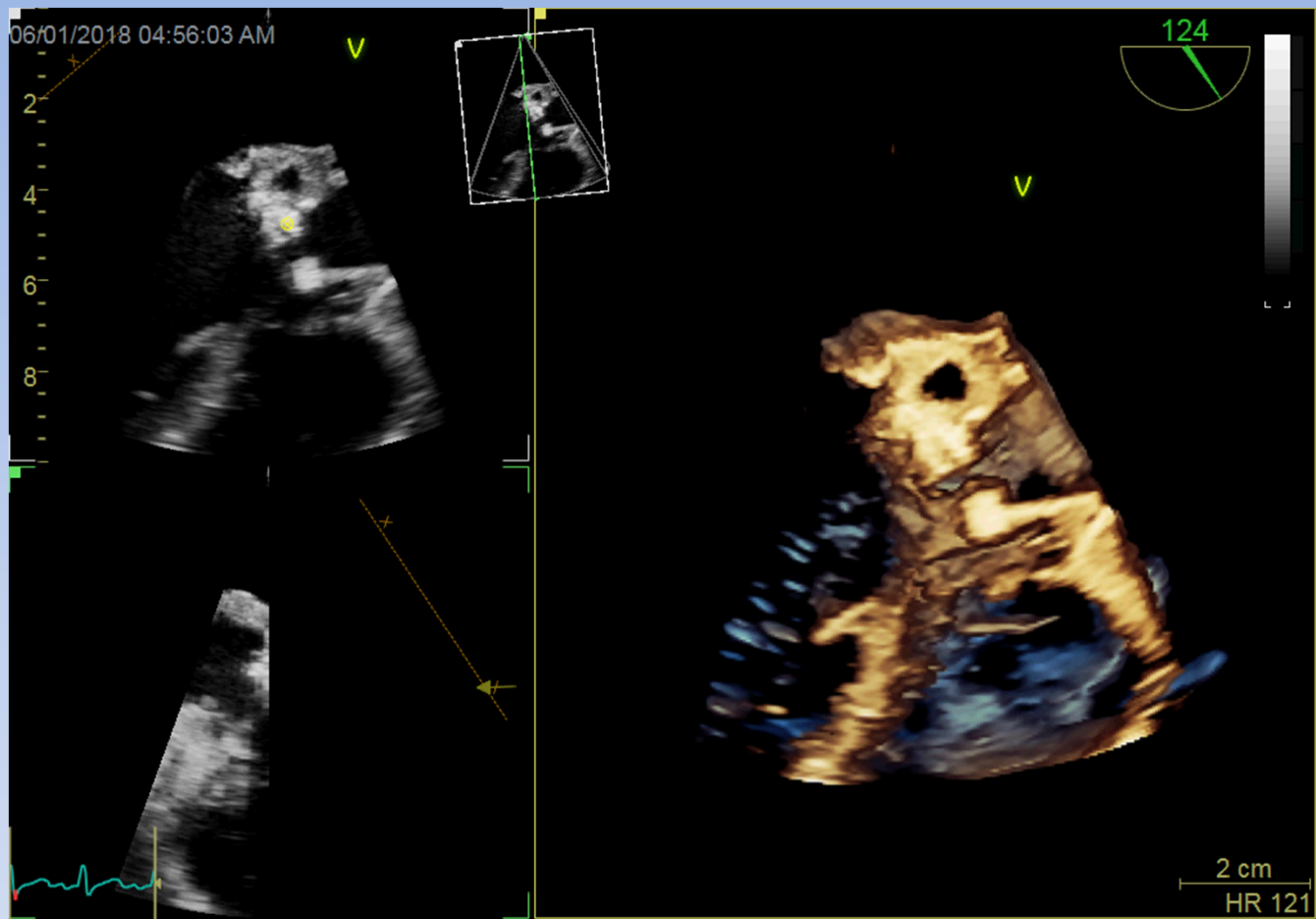


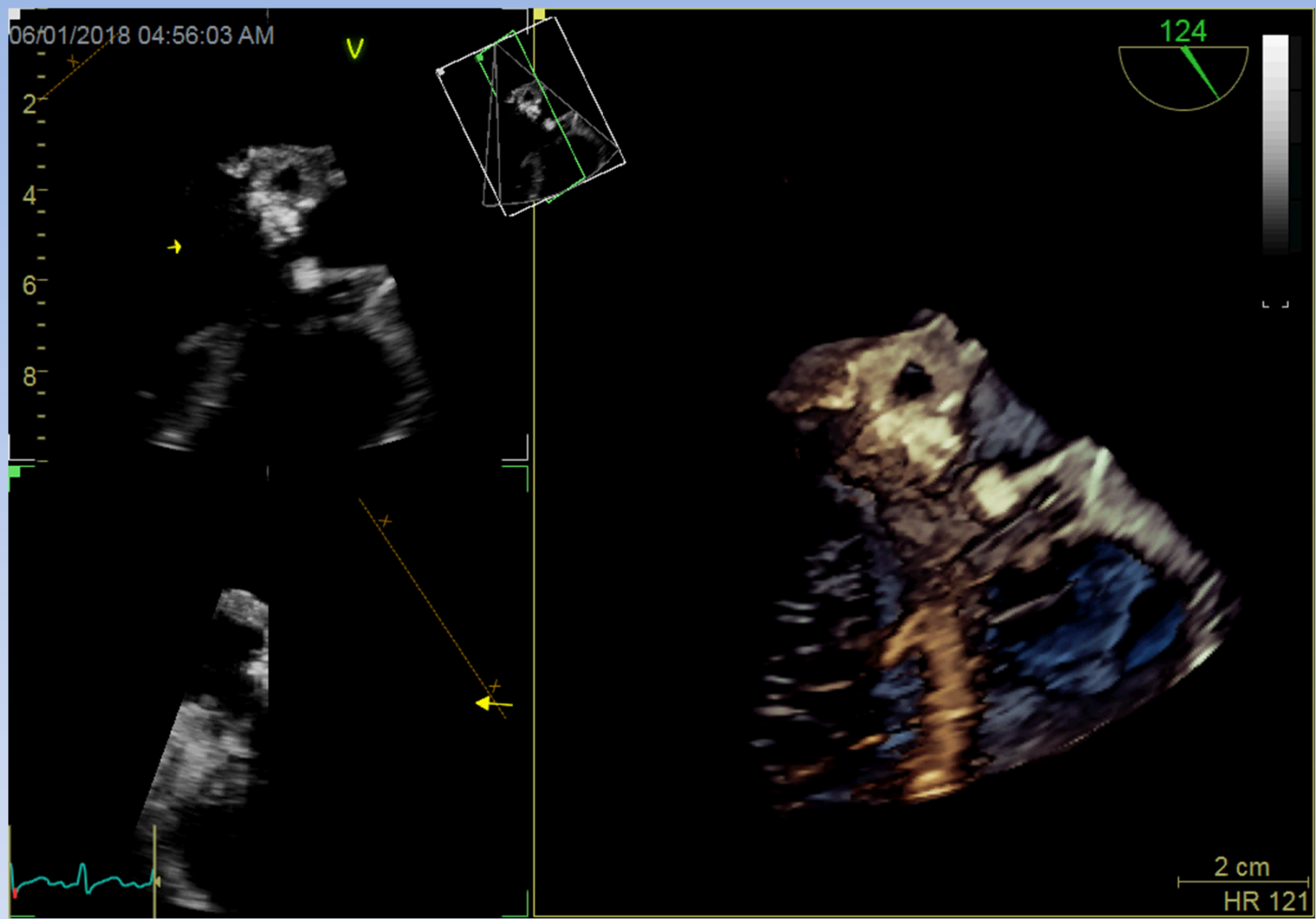












Thank You