

Contrast for detection of mural thrombus

Clinical Case Portal

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Non-invasive imaging: Echocardiography, MR/CT, Nuclear

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Abstract

Case from the [Contrast Echo Box](#)
[Contrast Echocardiography for assessment of LV structure and function](#)

Introduction

- 80 year old male
- Smoker
- Admitted due to suspected Heart Failure November 2007
- Echo revealed severely decreased systolic LV function, EF 15%
- Normal angiogram (Non-ischemic dilated cardiomyopathy)
- Numerous runs of non-sustained VT
- Scheduled for ICD
- Medication led to a clinical improvement; NYHA IIIb, II, No remaining VT episodes during mobilisation

Echocardiography 4th Dec to see whether EF improved > 35 %

Siebilink et al. Coron Artery Dis 2009;20:462–466

Case Report

Echo taken on 23 November (fig 1)

- A slight improvement of EF, still ICD indication BUT...

Echo taken on 4 December (fig 2)

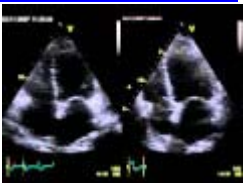
- A strange thickening of the apical myocardium
 - SonoVue bolus was given for clarity...
-
- Apical layer of mural thrombus which is not perfused in contrast to the clear myocardial perfusion seen using low MI imaging (MI 0.1) (fig 3 & 4)
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- 991 post MI pts
 - 156 LV contrast due to suspected LV thrombus

(see fig 5)

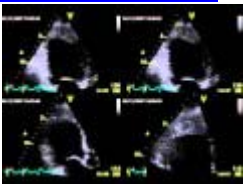
Conclusion

Note: Apical thrombus cannot be reliably diagnosed without contrast in many cases

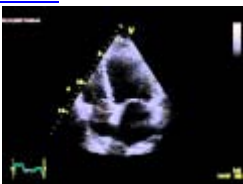
Video 1 :
[Echo from 23 Nov](#)



Video 2 :
[Echo from 4 Dec](#)



Video 3 :
[echo](#)



Video 4 :

[echo](#)

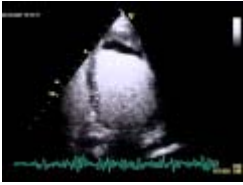


Fig. 1 :
[image](#)

