Contrast for detection of mural thrombus

Clinical Case Portal

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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 %

Sieblik 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)

- 991 post MI pts
- 156 LV contrast due to suspected LV thrombust

(see fig 5)

**Conclusion**

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

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**Video 1:**
*Echo from 23 Nov*

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**Video 2:**
*Echo from 4 Dec*

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**Video 3:**
*echo*

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**Video 4:**
Fig. 1: