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.
**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 1x1 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 cornary 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.
• The patient was in distress, tachypnic, sweaty and Hypotensive.
• Central line inserted, electively intubated.
Thank You