

**PATIENT NAME:** MR MATTHEW MURTAGH  
**PATIENT ID:** WR276854  
**PHONE:** 0450947732  
**GENDER:** Male  
**PERFORMED:** 08/03/2022

**DOB:** 02/09/1996  
**ADDRESS:** 6 Lavinia Court KALLAROO WA 6025  
**MEDICARE #:** 62592686821  
**REFERRED BY:** Dr M BEST  
**REPORTED BY:** DR ADIL RAJWANI

## CARDIOVASCULAR MAGNETIC RESONANCE IMAGING REPORT

### CONCLUSIONS

1. Left ventricle is normal size and function, EF 64%.
2. Small focus of sub-epicardial fibrosis would be consistent with previous myocarditis, but no myocardial oedema to suggest ongoing inflammation.
3. Visually normal pericardium with no oedema or pericardial late enhancement.

### REPORT

**Indication:** Pericarditis post COVID, ongoing chest pain

**LV:** Normal indexed volume. No segmental abnormalities, normal EF 64%. Normal wall thickness, normal myocardial mass index 68g/msq.

**RV:** Visually normal size and systolic function

**Myocardium:** No myocardial oedema. No LV thrombus. Focal sub-epicardial late gadolinium enhancement at the inferior RV insertion point mid ventricle.

**Atria:** Visually normal

**Pericardium:** Visually normal thickness, no pericardial oedema or late enhancement. Trivial rim of pericardial fluid apically.

**General:** Visually normal calibre aortic root. Within the limitations of CMR, no enlarged mediastinal lymph nodes are seen. No focal lesion is noted at the visualised liver and spleen. Please note that scout CMR images are generally not of adequate quality to fully exclude extra-cardiac pathology.

**Protocol:** Cardiomyopathy (structure, function, oedema, 0.15mmol/kg gadovist contrast). Siemens 1.5T. Image quality was good.

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**Normal age and sex-adjusted ranges in brackets**

	EDV		ESV		SV		EF	
LV absolute	174	[125-209]	62	[36-80]	112	[81-137]	64%	[56-74]
LV indexed	93	[68-104]	33	[19-41]	60	[43-69]		

Ref: Maceira et. al. Normalized Left Ventricular Systolic and Diastolic Function by Steady State Free Precession Cardiovascular Magnetic Resonance; JCMR 2006, and EHJ 2006.  
BSA = 1.87

**Reported by:**

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