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Patient Name:	CRIPPS, CORY	**Accession Number:**	10432228Z2
Patient ID:	SKG2292362	**Requested Date:**	March 17, 2022 13:40
Gender:	Male	**Report Status:**	Final
Date of Birth:	September 13, 1986	**Requested Procedure:**	1
Home Phone:		**Procedure Description:**	MRI - CARDIOVASCULAR SYSTEM
Referring Physician:	TENG, JUSTIN	**Modality:**	MR
Organization:	MUR		

Findings

Reporting MD: ARYS, BO
Dictation Time: March 22, 2022 09:44
Transcriptionist: Not available
Transcription Date:

CARDIAC MRI

SUMMARY

Mild enhancement of the pericardium on LGE images around the RV free wall and apical anterior LV. This could represent mild pericarditis in the appropriate setting. No evidence of any constrictive physiology or pericardial tamponade.

Normal biventricular function with no evidence of any wall motion abnormality. There is no evidence of any LV myocardial inflammation or late enhancement. Bilateral atria and aorta are unremarkable.

Clinical History: 35-year-old male. Percarditis symptoms following Pfizer vaccine. Halter demonstrating frequent ventricular and atrial ectopic beats. Cardiac MRI for ? myocarditis/myocardial involvement.

Sequences: HASTE; SSFP cine imaging LV and RV; T2 weighted STIR imaging; rest perfusion imaging; early and late Gadolinium enhancement imaging.

Findings

Left Ventricle:

Parameter Value Normal Units
LVEF 71 56-78 %
LV EDV 140 77-195 ml
LV EDV (INDEXED) 74 47-92 ml/m2
LV ESV 41 19-72 ml
Stroke Volume 99 51-133 ml/beat
Cardiac Output 60.9 2.82-8.82 l/mim

Cardiac Index 3.23 1.74-4.20 l/mim/m2

Normal LV size, volume and wall motion. Normal LV ejection fraction. No LV myocardial inflammation on oedema imaging or late enhancement on LGE imaging. No LV thrombus. No evidence of LV shunt on limited imaging.

Right Ventricle:
Parameter Value Normal Units

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RVEF 53 47-74 %
RV EDV 156 88-227 ml
RVEDV (INDEXED) 83 55-105 ml/m2
RVESV 74 23-103 ml
RV Stroke Volume 83 52-138 ml/beat

Normal RV wall motion and ejection fraction. No RV late enhancement.

Atria: Bilateral atria appear normal size.

Thoracic Aorta: Unremarkable on limited imaging.

Pericardium: Trivial pericardial effusion. Pericardium appears mildly enhancing around the RV free wall and anterior wall especially apically. No evidence of constrictive physiology or pericardial tamponade.

Thank you for your referral.

Yours sincerely,

Dr Bo Arys - SKG Radiology

Professor Girish Dwivedi
Consultant Imaging Cardiologist - SKG Radiology
MD, PhD, FESC, FRACP, FCSANZ, FSCCT

EXTRA CARDIAC FINDINGS

No significant extra cardiac pathology is demonstrated on limited slices through the base of chest and upper abdomen.

Dr Bo Arys - SKG Radiology