Mermaid Beach Radiology.

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RADIOLOGY REPORT

Patient Name:	**Mrs JONES, CYNTHIA**	Service Date:	**24/05/2024**
Date of Birth:	**02/09/1975** Age: **48Y**	Accession #:	**51187**
Patient ID:	**27745**	Imaging Scientist:	**Ben K**
Gender:	**F**	Report Date:	**26/05/2024 02:20 pm**
Referrer:	**Georgina Hale**	Reported By:	**Dr O'ROURKE, Rachael**

HISTORY:
Chest pain after 2 x Pfizer + Moderna '22. Low volt R waves and CFS for investigation.
? Prior myocarditis.

TECHNIQUE:

* Multiplanar series of steady state free precession images.
* T2 black blood images (DIR +/- FS) with T2 mapping
* Phase contrast flow mapping
* Gadolinium contrast administration, with delayed phase imaging.
* T1 mapping data pre and post contrast

FINDINGS:

Left Ventricular Function *(female)*	**Absolute**	**BSA indexed**	**BSA index range (mean)**
ED Volume	98 ml	63 ml/m²	59-107 (83)
ES Volume	39 ml	25 ml/m²	22-46 (34)
Stroke Volume	59 ml	38 ml/m²	31-67 (49)
Ejection Fraction	60%	------	48-70 (59)
LV ED mass	44 g	29 g/m²	27-57 (42)

The left ventricular morphology, volumes and function are normal. The ejection fraction is calculated to be 60%. No regional wall motion abnormality is demonstrated.

Although not formally quantified, the right ventricle appears normal in size and function.

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Authorised by: Rachael O'Rourke 26/05/2024 02:20 pm

Report continued...

The imaged valves appear unremarkable.

Following contrast, mild mid wall and epicardial delayed enhancement is detected within the basal inferior segment of the left ventricle, with corresponding prolonged native T1 relaxation and shortened post contrast T1 relaxation times.

T2 relaxation times are normal.

The pericardium is normal, with no effusion.

The imaged extra cardiac structures appear unremarkable.

COMMENT:

Normal cardiac structure and function, LVEF 60%, with evidence of mild interstitial basal inferior left ventricular fibrosis in a non ischaemic distribution. The finding is non specific and in the setting of normal myocyte contraction, could be due to prior myocarditis or an underlying arrhythmogenic cardiomyopathy, for clinical correlation.

Dr Rachael O'Rourke

Cardiothoracic Radiologist

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