ST VINCENT'S HOSPITAL SYDNEY

Advanced Cardiac Imaging Centre

Cardiac Magnetic Resonance Imaging

Cardiologists

Prof Michael Feneley

A/Prof Cameron Holloway

A/Prof Andrew Jabbour

A/Prof Jane McCrohon

A/Prof Neville Sammel

INDICATION:
Exertional chest pain
LVH
Inumerable pulmonary nodules and diffuse lymphadenopathy
- suspicious for sarcoidosis
?Cardiac involvement

Height:	198.0 cm	Weight:	107.00 kg	BSA:	2.42 m²

Image Quality: Adequate

REPORT
Cine imaging, late gadolinium enhancement, T1, T2 maps were performed at 3T.

ANATOMICAL ORIENTATION
Normal anatomical orientation.

PATIENT DETAILS
LINN CHRISTOPHER
ARMOUR
600 CHAILDOWLA RD
BOOKHAM NSW 2582
DOB: 04/04/1967
MRN: 6333168

REFERRING DOCTOR
DR KRISHNA KATHIR

EXAM
03/06/2024

LEFT VENTRICLE
LV Wall Thickness: 12 mm

CARDIAC VALVES
No significant functional or structural valve abnormalities.

ATRIA
(LA 30 cm² , RA 27 cm²).

GREAT VESSELS

Aorta:	Mildly dilatd aortic root measuring 40mm.Ascending aorta is of normal calibre.38mm x 38mm.Sinotubular junction is of normal appearance.31mm.
Pulmonary Arteries:	The pulmonary arteries are of normal calibre. MPA 21mm, RPA 18mm, LPA 19mm.
Pericardium:	Normal pericardial appearance.

CARDIAC SHUNT STUDY

Interventricular Septum:	Interventricular septum appeared intact.
Interatrial Septum:	Interatrial septum appeared intact.
BHV Flow Mapping:	On breath-hold velocity flow mapping, there is no significant shunt detected.
Qp/Qs=	1.14

TISSUE CHARACTERISATION

Gadolinium Study	In the early phase no thrombus is identified.

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Early Phase:

Mid-wall LGE in the basal to mid septum and lateral wall with elevated T2 values in keeping with associated oedema.

Ventricular Indices (normal male ranges in brackets)

	EDV (ml)	ESV (mL)	SV (mL)	EF (%)	Mass (g)
LV	181(102-235)	79(29-93)	102(68-148)	56(55-73)	157(85-181)
RV	185(111-243)	89(47-111)	96(62-134)	52(44-63)	

Ventricular Indices (corrected for BSA, mean +/- 2SD)

Indexed Values	EDVi (mL/m²)	Mass index (g/m²)
LV	75(82+/-30)	65(65+/-18)
RV	76(86+/-28)	

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CONCLUSION

1. Normal biventricular size and systolic function.
2. Mid-wall LGE in the basal-to-mid septum and lateral wall with associated oedema, in keeping with acute myocarditis. Differentials include sarcoidosis, or other infiltrative/inflammatory causes. PET-CT correlation suggested if clinically relevant.

Thank you for referring this patient.

A/Prof Jane McCrohon
Cardiologist (CMR Specialist)

DR Ning Song
Cardiac Imaging Fellow

Electronically signed by A/Prof Jane McCrohon on 04/06/2024 at 10:24