HUNTER IMAGING GROUP
ABN 36 083 200 686

June 10, 2022 09:48

Referrer: DIU, PATRICK

FRANCIS, REBECCA (DOB: January 6, 1986)

Service Date: June 10, 2022 09:48
Patient ID: HIG1093495
Episode Number: 5455941H1

MRI Cardiac

Clinical History

Chest Pain Dec 2021 after COVID vaccine. Managed as myocarditis / pericarditis.
Increasing chest pain for the last 4 weeks with COVID infection. ?myocarditis.

Technique

Multiplanar cine SSFP, axial T2 HASTE, multi-planar STIR, axial T2, dynamic resting perfusion, multi-planar LGE.

Findings

Scan comments:
Sinus rhythm. 3T scanner. No prior imaging for comparison.

Extra-cardiac anatomy:

The ascending aorta and MPA are normal in size. No significant extra cardiac findings.

Left ventricle: Normal LV size and wall thickness. Low normal systolic function.
No regional wall motion abnormalities.

Right ventricle: Normal RV size. No RVH. Normal systolic function (TAPSE 22mm).

Ventricular function:

BSA(m2): 1.90; Height(cm): 156; Weight(kg): 83

LEFT VENTRICLE

EDV(ml)_____

171
Normal: 135 (94-175)
EDVi(ml/m2)___
90
Normal: 79 (62-96)
ESV(ml)_____
75
Normal: 45 (27-64)
ESVi(ml/m2)___
40
Normal: 27 (17-36)
SV(ml)_____
96
Normal: 89 (61-117)
SVi(ml/m2)____
51
Normal: 53 (40-65)
EF(%)_____
56
Normal: 66 (57-75)

Mass(g)_____
81
Normal: 106 (70-142)
Mass-i(g/m2)__
43
Normal: 62 (47-77)

RIGHT VENTRICLE

EDV(ml)_____
133
Normal: 136 (94-178)
EDVi(ml/m2)___
70
Normal: 80 (61-98)
ESV(ml)_____
44
Normal: 51 (25-77)
ESVi(ml/m2)___
23
Normal: 30 (17-43)

SV(ml)_____
89
Normal: 85 (59-111)
SVi(ml/m2)____
47
Normal: 50 (38-62)
EF(%)_____
67
Normal: 63 (51-75)

Normal ranges (absolute and BSA normalised) quoted is that for Caucasian Females 30 - 39 Years old

Atria: LA (23 cm2) and RA (16 cm2) are normal in size.

Valves: competent tricuspid aortic valve.

Tissue characterisation:
Faint basal inferolateral wall sub-epicardial late enhancement.

No increased T2 signal to suggest oedema.

Conclusion
Normal bi-ventricular size. Low normal LV systolic function, LVEF 56%.

Faint sub-epicardial late enhancement involving the basal inferolateral wall. No increase in T2 signal to suggest oedema. The appearance would be compatible with the history of previous myocarditis.
No evidence of prior infarct or infiltrate.

Thank you for referring this patient.

Dr. Scott Quadrelli
Dr. Stuart Murch

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report electronically authorised by Dr Stuart Murch

report electronically authorised by Dr Scott Quadrelli

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