Echo Pearls

Things everyone should see at least once

David Saenger, MD
Mandatory disclosure slide

• I have nothing to disclose
Endocarditis

- Vegetations often visible on TTE
• 44 year old man with 1 week h/o fever
• Admitted with fever, nausea, vomiting
• In ER
  – platelet count of 18K and WBC 14K
• Prior echo had shown moderate aortic regurgitation in 2006
• Blood cx: group B strep
Endocarditis can involve 2 valves

- 62 year old man with CVA, acute renal failure
- History of EtOH, DM
- Blood cx: strep mitis
Atrial fibrillation

• Risk for left atrial appendage clot
• 83 year old man with atrial flutter
• TEE 3/13/12
• Same patient
• Follow up TEE after Pradaxa
• 5/8/12
Afib as a risk for CVA

- TK is a 81 year old man with h/o DM on Coumadin for a fib, but sometimes “forgets”
- Admitted with acute left hemiparesis
- INR 1.4
• GP is a 59 year old man with non-ischemic cardiomyopathy
• Admitted with CHF
• GT is a 68 year old man with ischemic cardiomyopathy
Echo Contrast

• 2 very similar brands available
• Both use lipid microspheres to enhance echo contrast
• Delivered either with IV bolus or infusion
• There are possible concerns regarding rare reactions to echo contrast in unstable patients or patients with shunting or severe pulmonary hypertension.
• JC is a 65 year old man with cardiomyopathy
• Admitted with CHF
• CM is a 78 year old man with cardiomyopathy
• Pre-op for orthopedic surgery
44 year old man with ischemic cardiomyopathy
TEE for imaging the aorta

- KB is a 81 year old man with CAD, DM, HTN, A fib
- Admitted with TIA
TEE for embolic source

• LS is a 55 year old man admitted with transient left sided weakness
• GM is a 66 year old man admitted with fatigue, dyspnea on exertion, anemia
• WL is a 54 year old man with non-ischemic cardiomyopathy
Stress echo

• MP is a 58 year old woman with typical angina
• Risk factors include tobacco, HTN, 2 brothers with MI in their 30’s.
• Had chest pain after 2 minutes on Bruce Protocol treadmill, with ST depression
Stress echo

- MQ is a 79 year old woman with typical angina
- Cardiac risks are RA, CRI, HTN
• NP was a 74 year old woman with sudden onset chest pain
Aortic Dissection

• PA is a 50 year old woman with no PMH
• Admitted with loss of consciousness
- RC was a 44 year old man with history of angiosarcoma of the leg
- Complains of chest pain and dyspnea.
Systemic Disease on echo

• 81 year old man with fatigue, CHF