



Case-based learning session-2

When CMR matters...

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Vice-President of Azerbaijan Society of Cardiology (2022-2024)

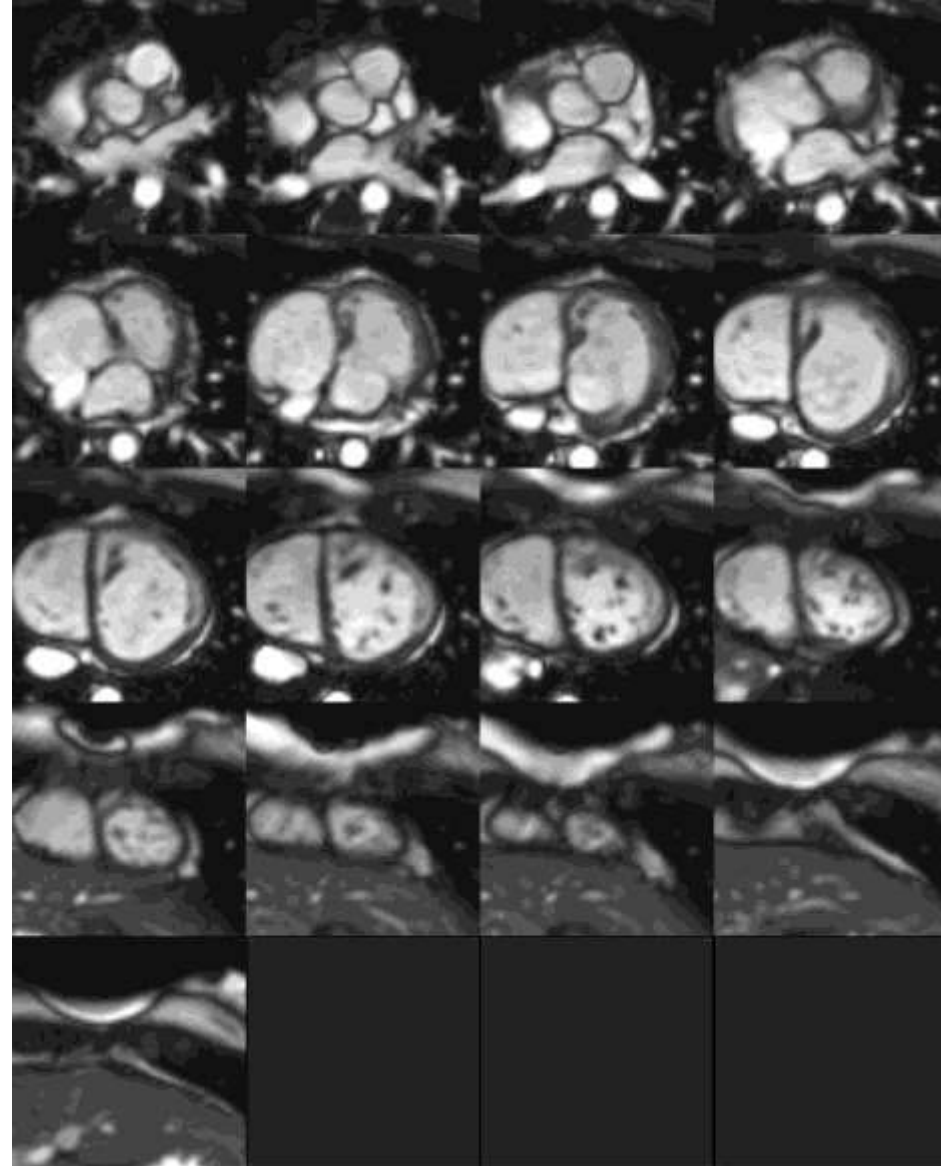


Case 0

22 y/o woman

- Shortness of breath, fatigue
- **EKG**
- **EchoCG** –non-compaction CMP

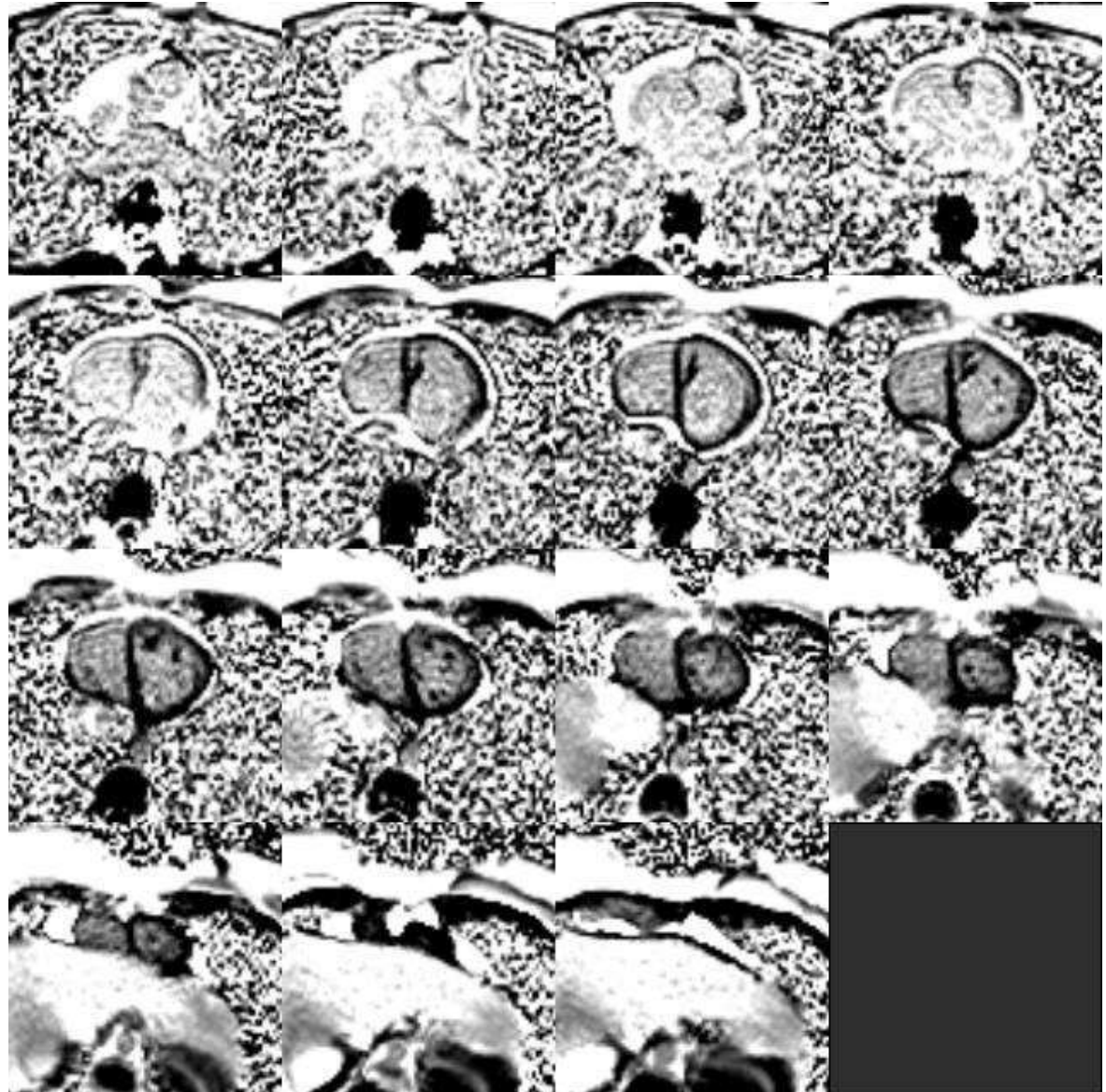
**Cine
short axis
view**



Cine- imaging



Post-contrast images



CMR Report

Findings:

•Cardiac Positioning:

- The apex of the heart is positioned on the right (dextrocardia).
- The liver is located on the right (situs solitus).

•Chamber Relationships:

- Atrioventricular (AV) connection:** Discordant.
- Ventriculo-arterial (VA) connection:** Discordant.

•Ventricular Morphology:

- The left-sided (systemic) ventricle demonstrates features of a morphological right ventricle, including the presence of a **moderator band**.
- The right-sided ventricle shows characteristics of a morphological left ventricle, including a **smooth septal surface**.

•AV Valves:

- Two separate atrioventricular valves are identified.
- The valve over the **left-sided (systemic) ventricle** is positioned more apically and demonstrates a **tricuspid morphology** on short-axis imaging.
- The valve over the **right-sided ventricle** is more basally located and exhibits **bicuspid (mitral) morphology**.

•Venous Drainage:

- Four **pulmonary veins** drain into the atrial chamber over the **left-sided (systemic) ventricle**.
- The **superior and inferior vena cava** drain into the atrial chamber above the **right-sided ventricle**.

•Assessment of Morphologic Ventricles:

- These anatomical findings support the interpretation that the **left-sided ventricle** has the structure of a morphological **right ventricle**, and the **right-sided ventricle** has the structure of a morphological **left ventricle**.

•Great Vessels:

- The great arteries are arranged in a **parallel orientation**.
- The **pulmonary artery** is positioned **posteriorly and to the right**.
- The **aorta** is positioned **anteriorly and to the left**.

•Late Gadolinium Enhancement (LGE):

- No evidence of **contrast enhancement** was observed in the myocardium of either ventricle on T1-weighted FGE sequences post-contrast administration

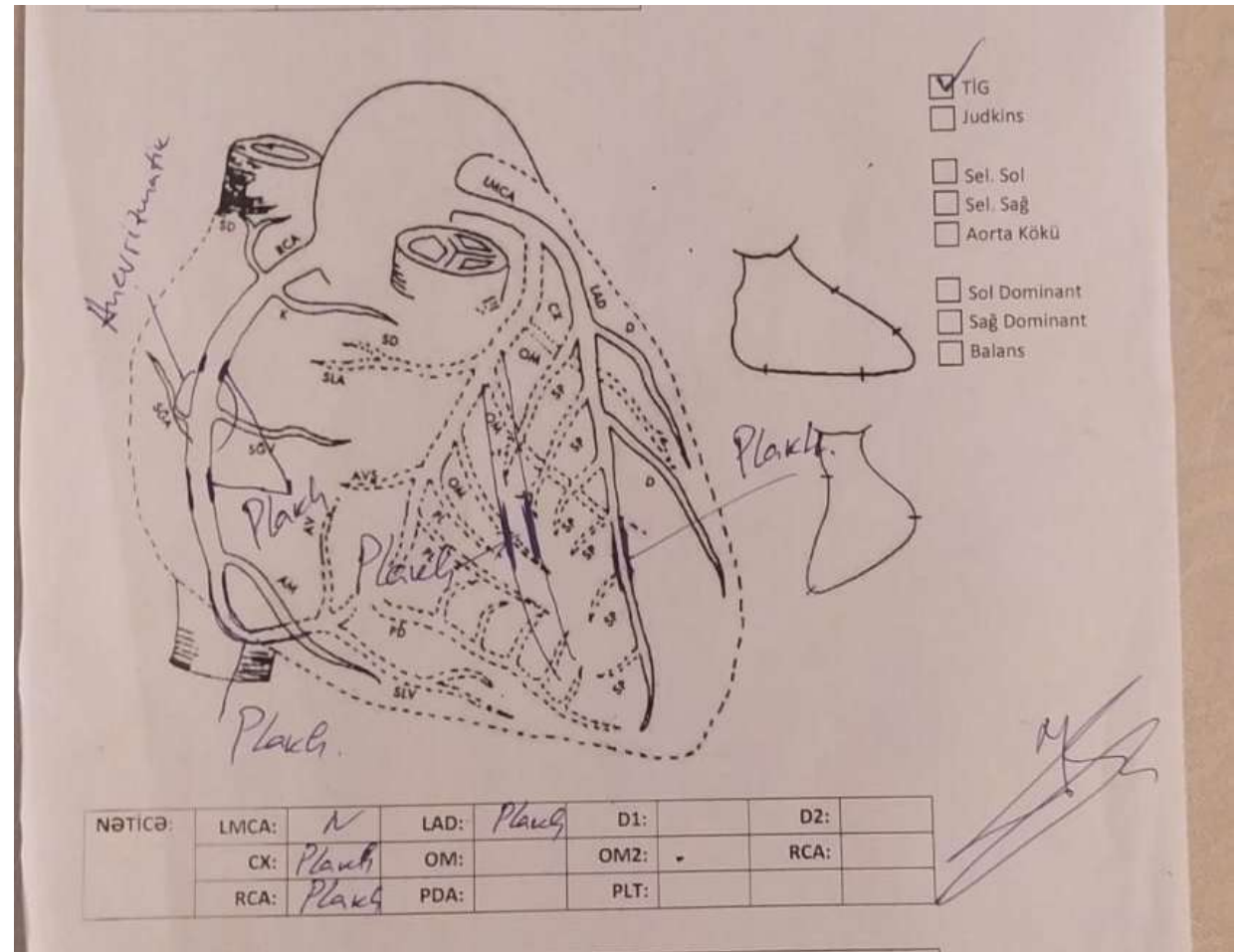
L-TGA

Case 0/1

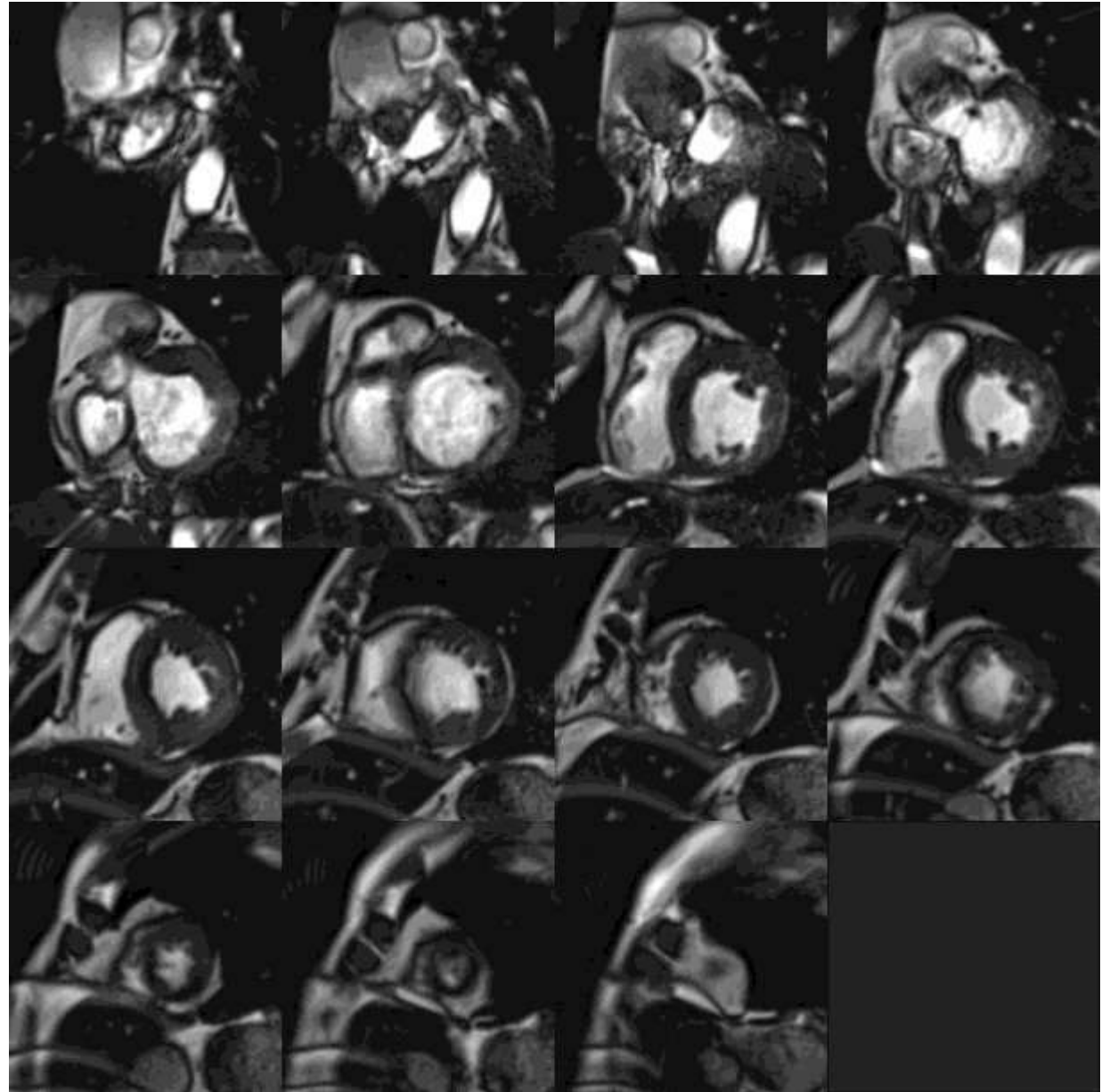
61 y/o man

- Sign&symptoms of HF
- **EcoCG – LVEF=35%**

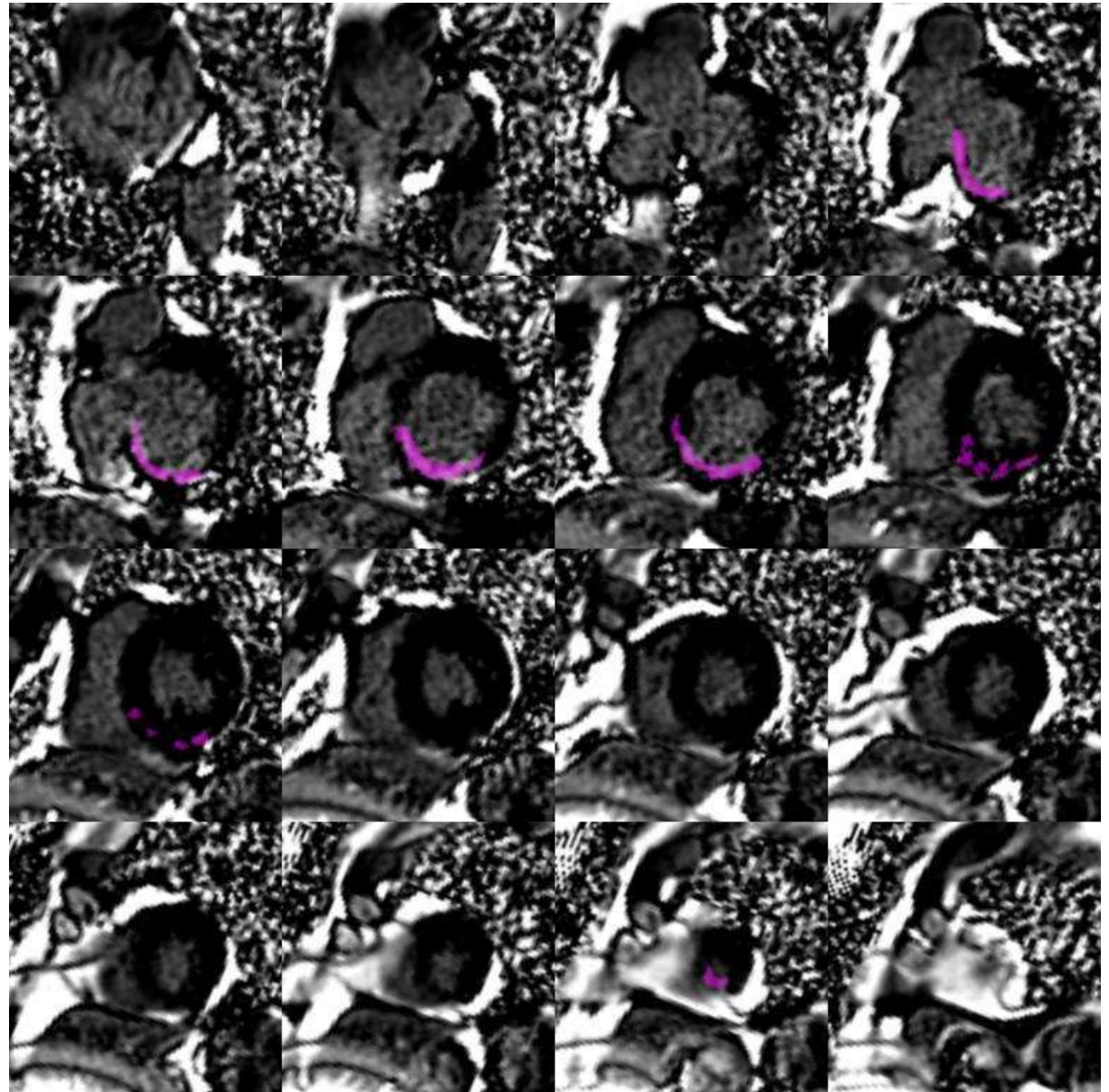
Coro



Cine short axis view



Post-contrast images



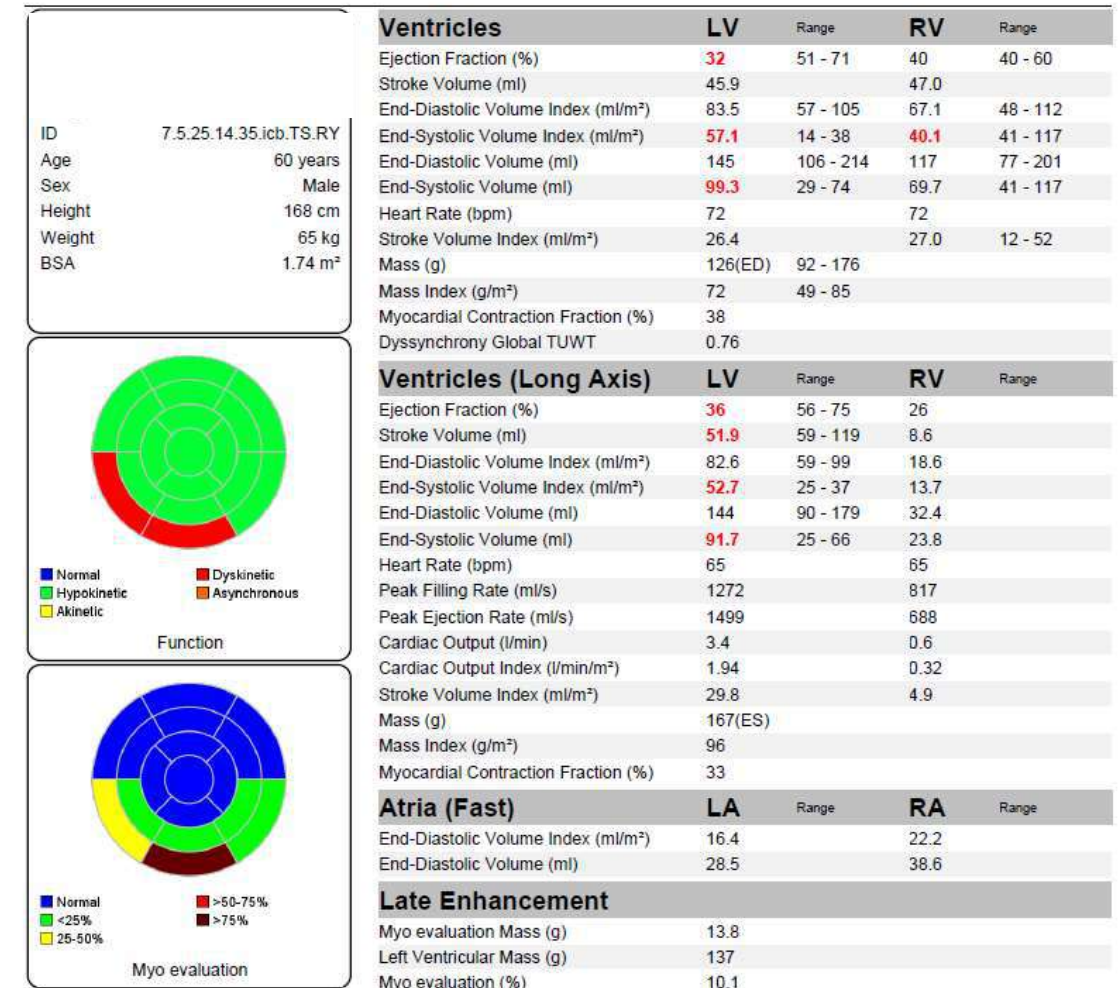
CMR report

Physician's Note:

The described findings are suggestive of a **subacute (nearing resolution) transmural myocardial infarction** in the territory of the **right coronary artery (RCA)** in the setting of **normal coronary arteries**, consistent with the patient's clinical history and a diagnosis of **MINOCA (Myocardial Infarction with Non-Obstructive Coronary Arteries)**.

The extent of **fibrotic tissue in the left ventricle** constitutes **less than 20%** of the myocardial mass (estimated at approximately **10%**).
The observed **contrast uptake** may appear increased due to the **subacute phase** of the infarction.

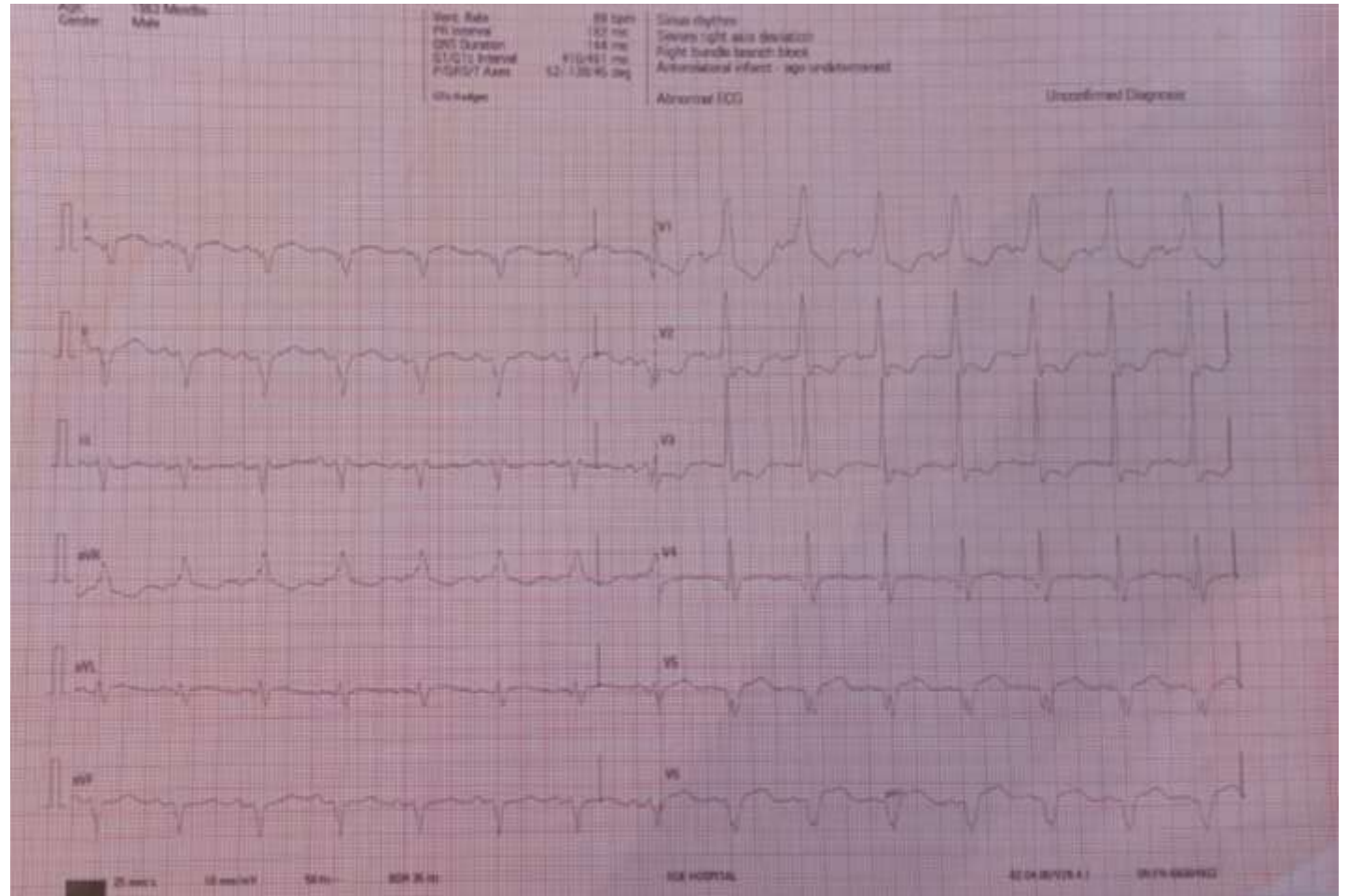
- **ICD implantation** (implantable cardioverter-defibrillator) **may be considered** in this patient. The final decision should be made based on **comprehensive clinical assessment**.

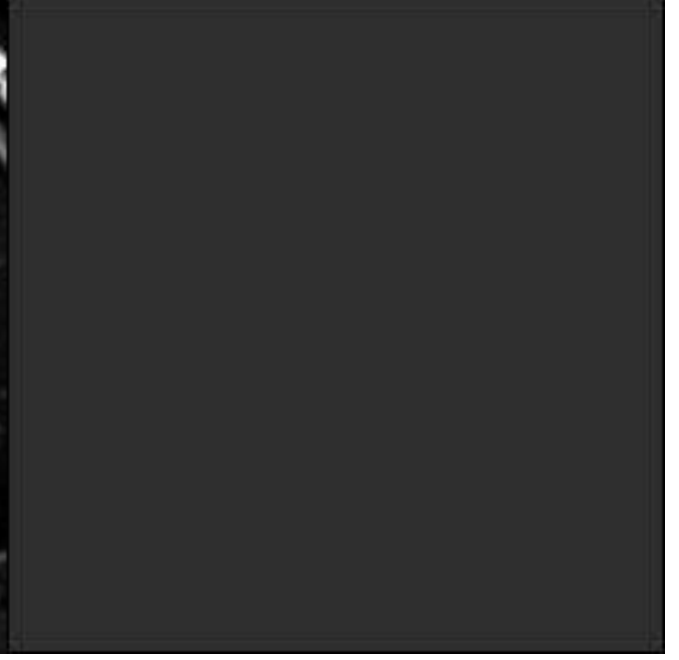
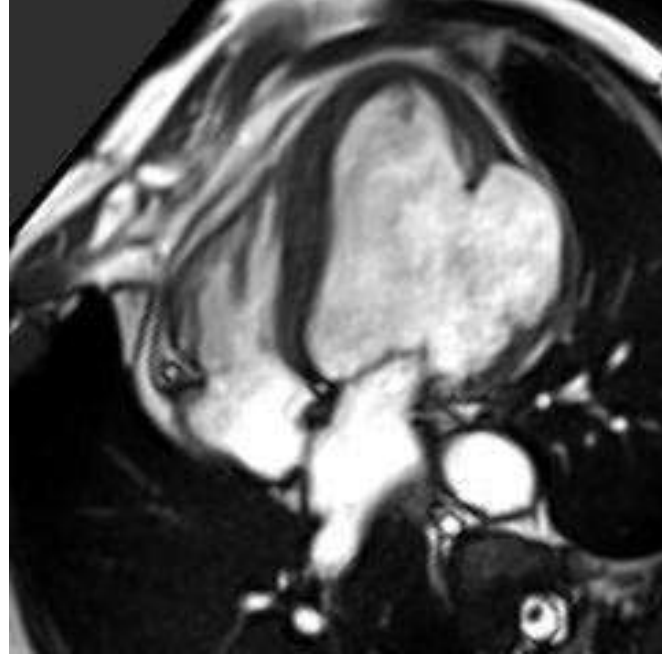
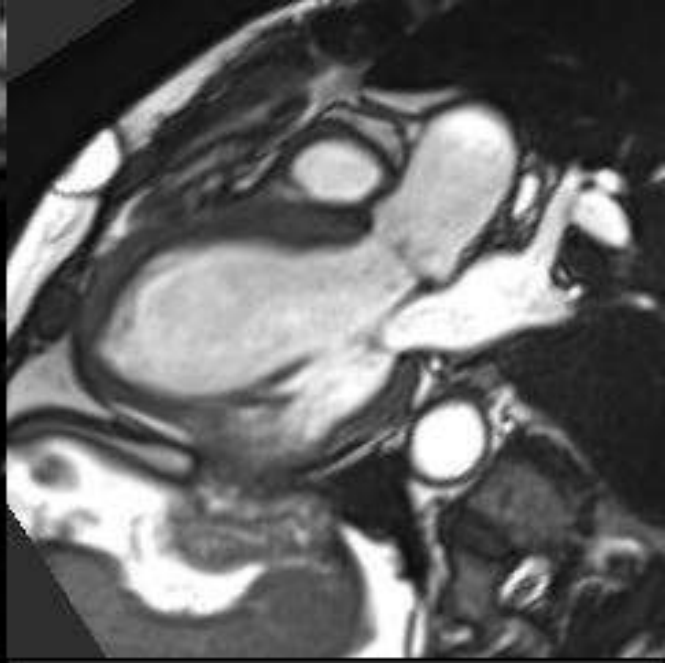
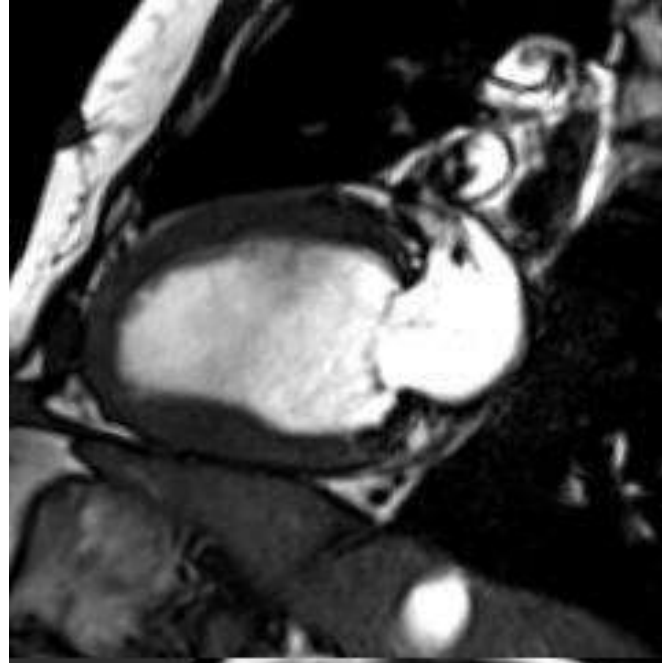


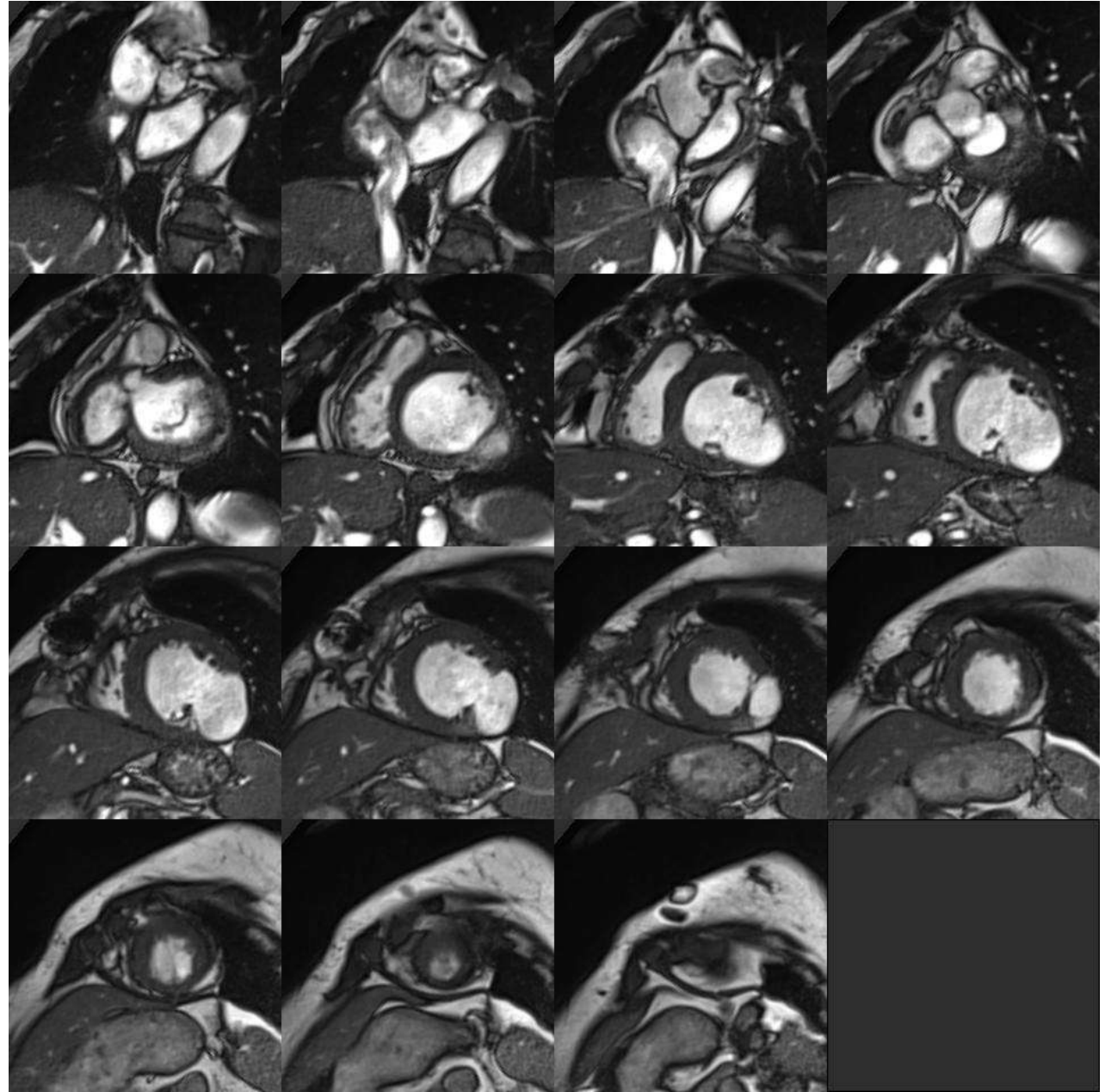
MINOCA

Case 0/2

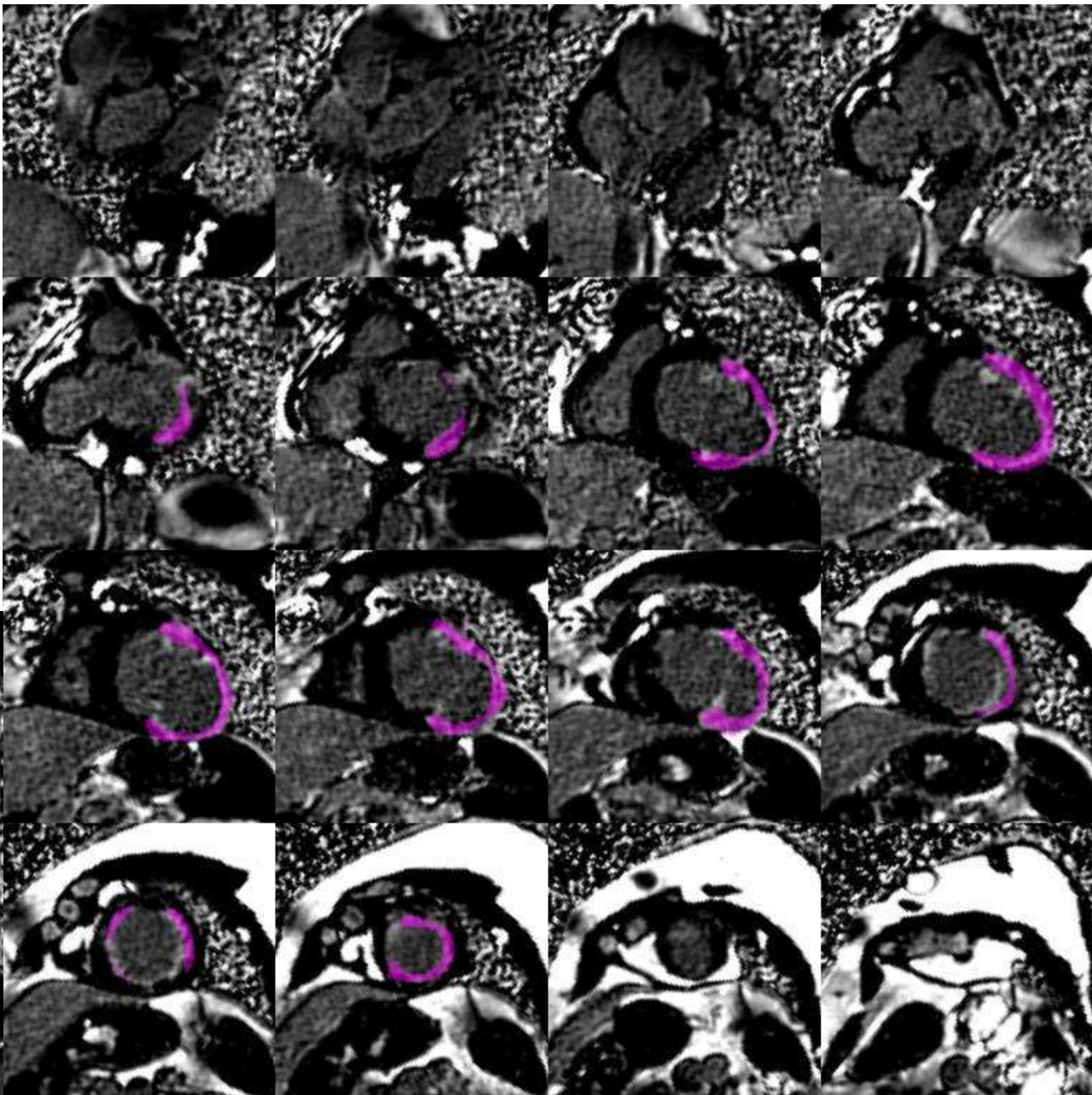
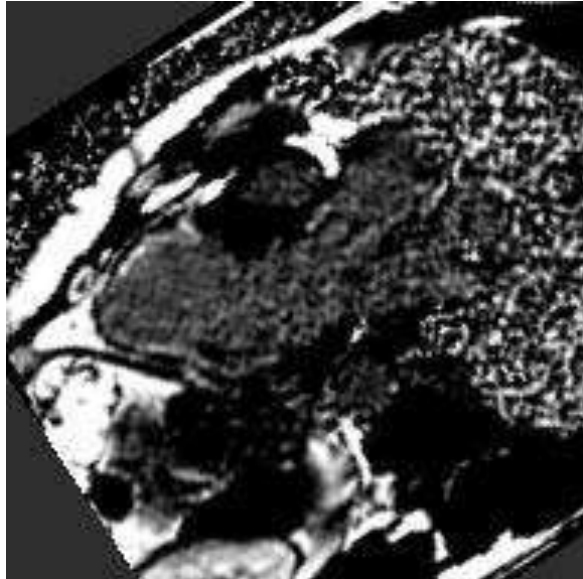
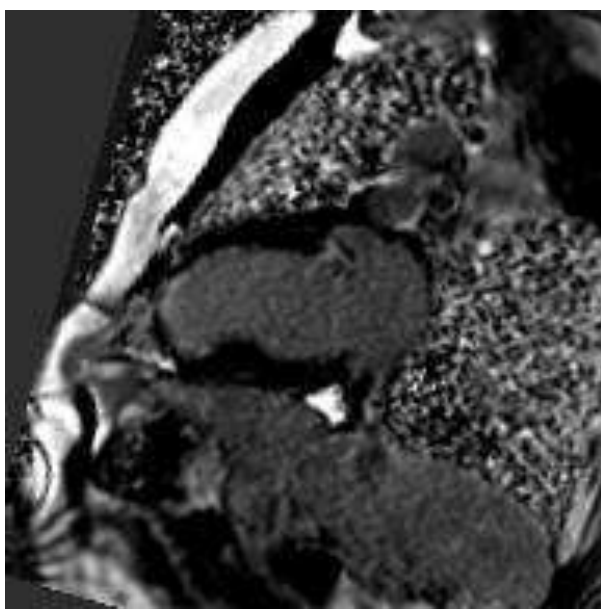
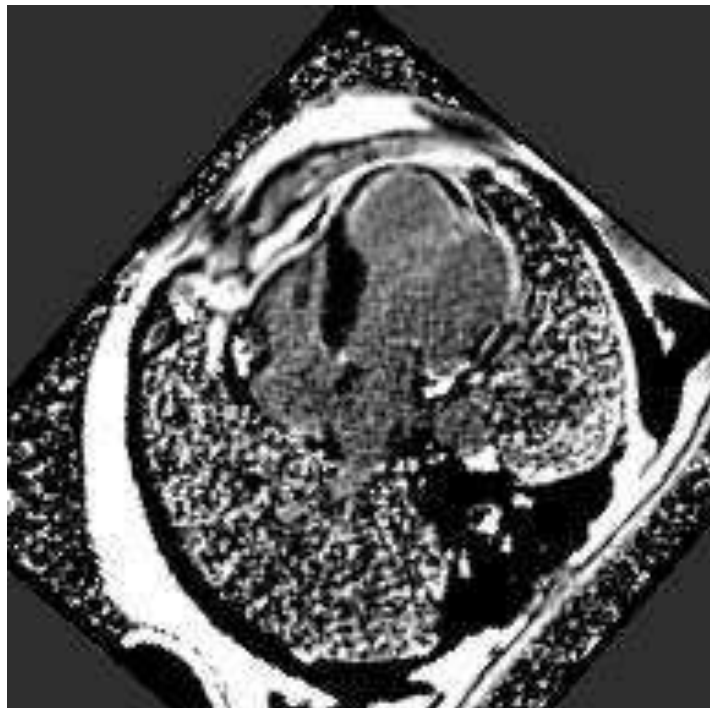
62 y/o man –
HF symptoms
ECG







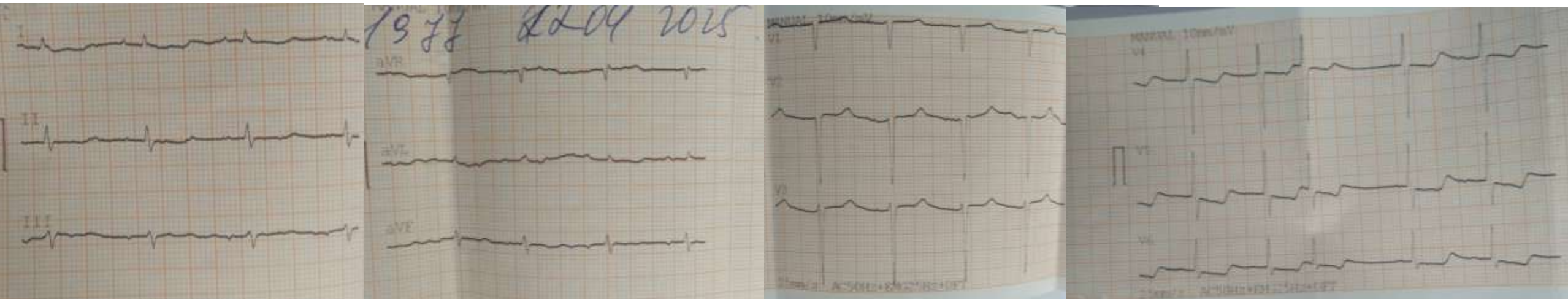
LGE- images



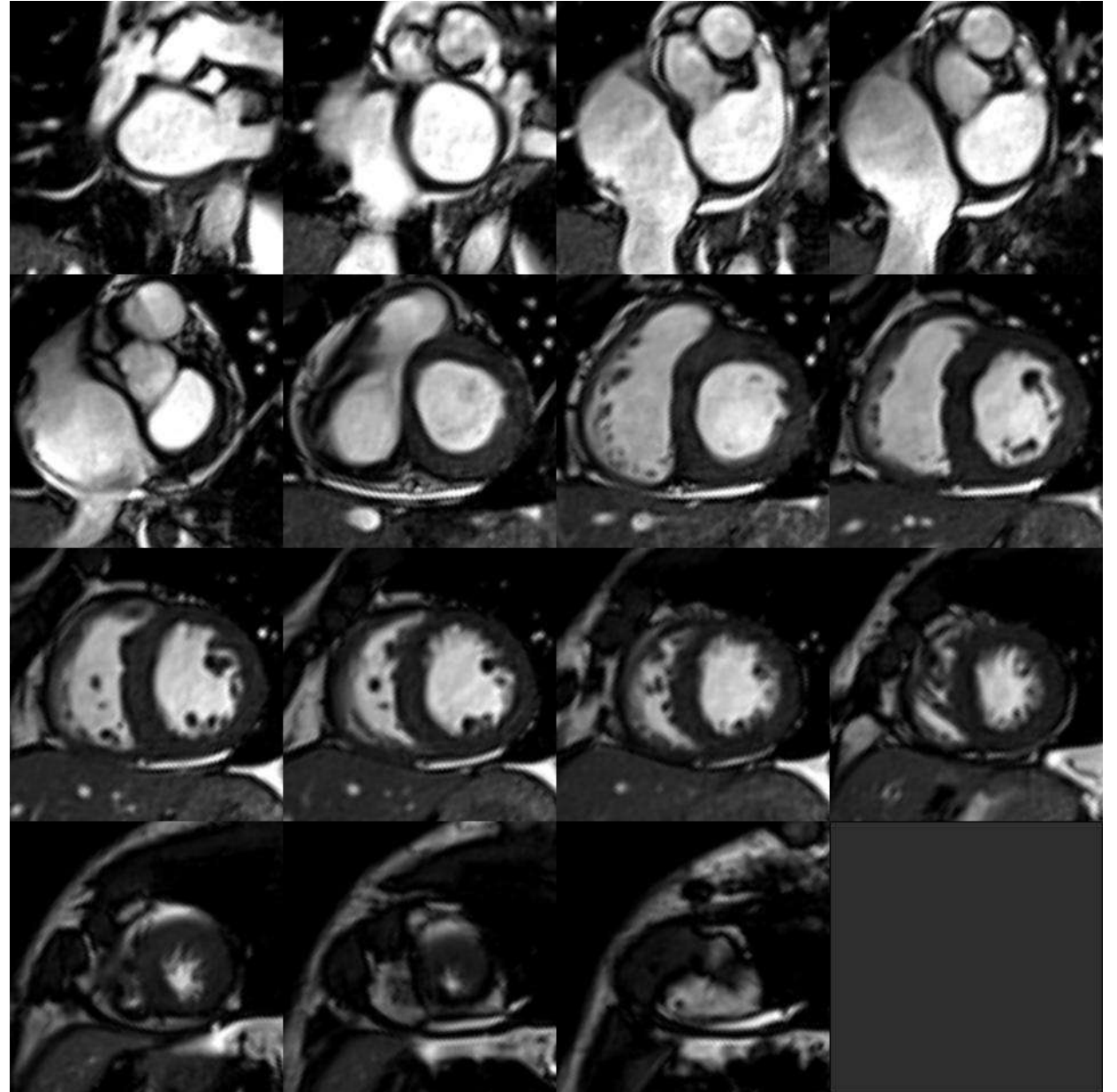
Case 0/3

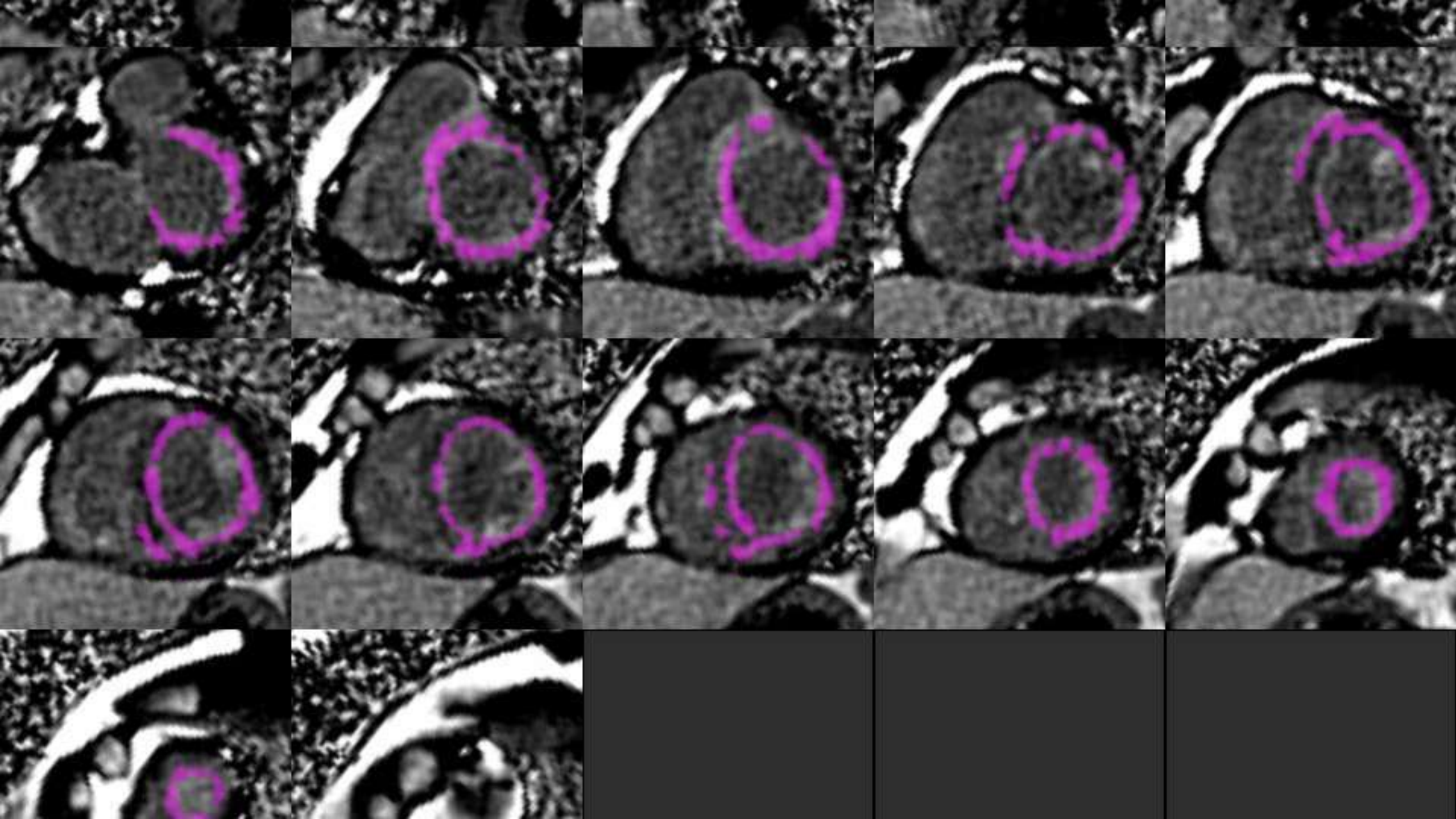
48 y/o man

- HT
- Palpitation
- ECG
- EcoCG- hypertrophic (16mm)
- Coro - Normal

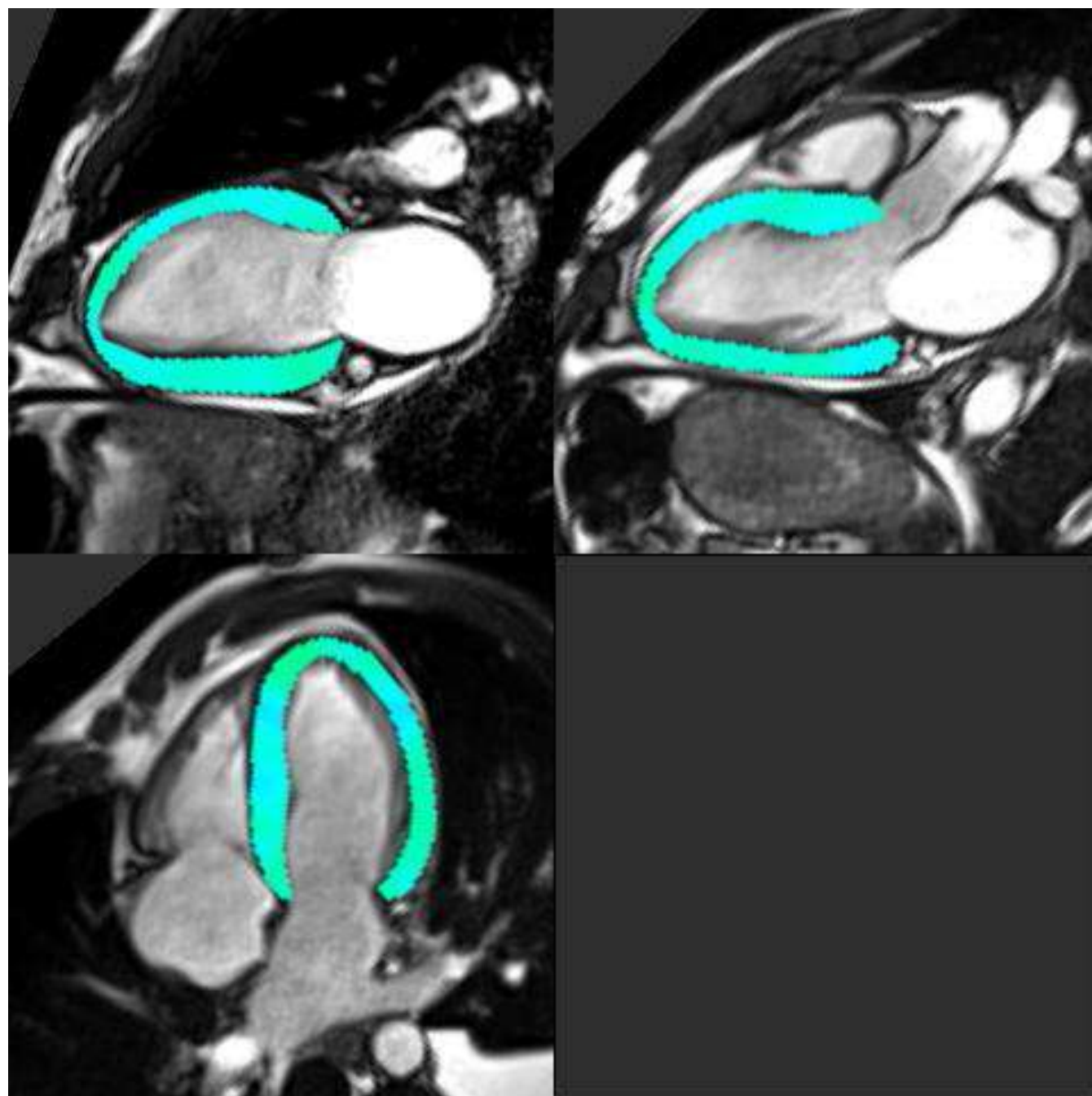
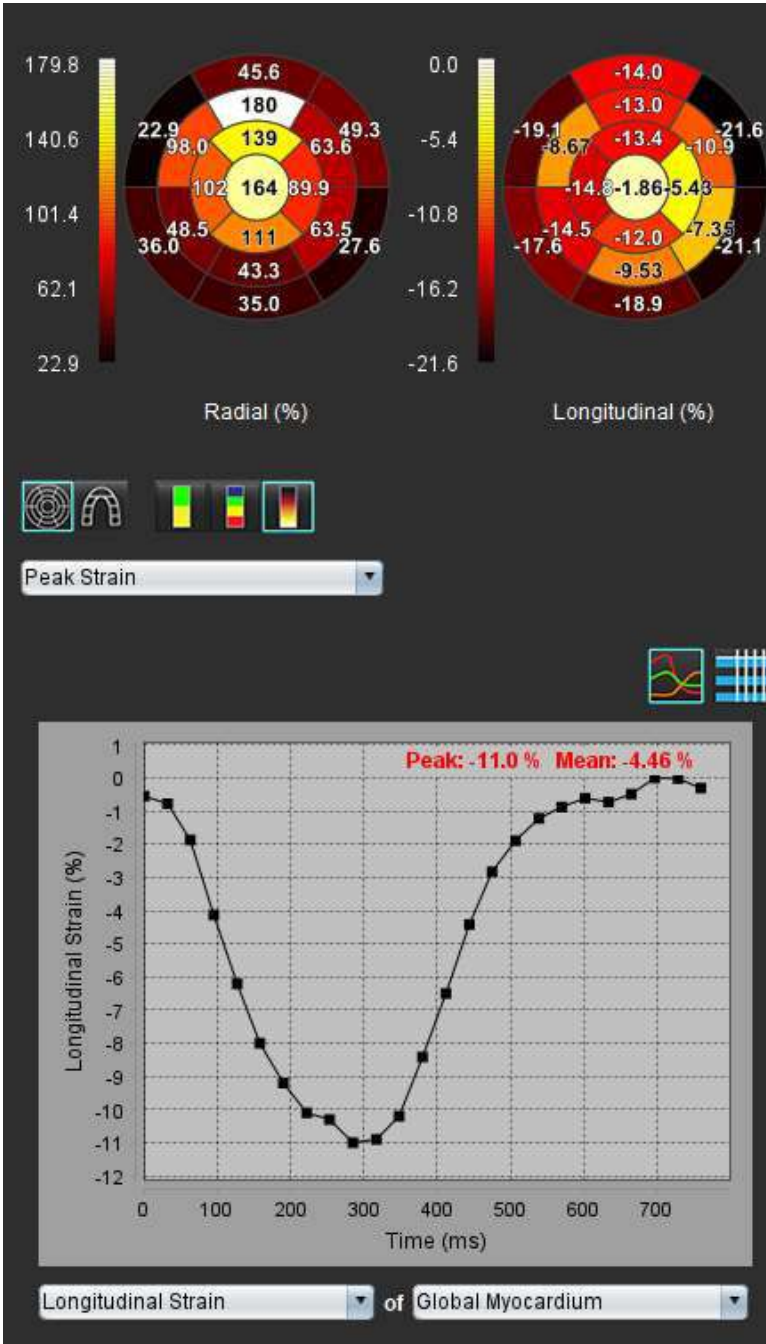


CMR – cine-images



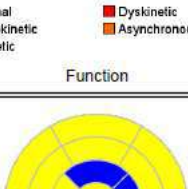


Long axis

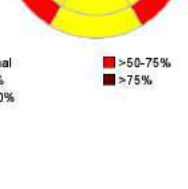


CMR Report

Study Date	23/04/2025
ID	23.4.25.11.20.icb.TS.RY
Age	48 years
Sex	Male
Height	170 cm
Weight	75 kg
BSA	1.86 m ²

	
Normal	Dyskinetic
Hypokinetic	Asynchronous
Akinetic	

Function

	
Normal	>50-75%
<25%	>75%
25-50%	

Ventricles	LV	Range	RV	Range
Ejection Fraction (%)	56	51 - 71	66	40 - 60
Stroke Volume (ml)	85.4		74.5	
End-Diastolic Volume Index (ml/m ²)	82.4	57 - 105	60.7	48 - 112
End-Systolic Volume Index (ml/m ²)	36.6	14 - 38	20.7	41 - 117
End-Diastolic Volume (ml)	154	106 - 214	113	77 - 201
End-Systolic Volume (ml)	68.1	29 - 74	38.6	41 - 117
Heart Rate (bpm)	75		75	
Stroke Volume Index (ml/m ²)	45.8		40.0	12 - 52
Mass (g)	172(ED)	92 - 176	55(p9)	21 - 49
Mass Index (g/m ²)	92	49 - 85	29	12 - 28
Myocardial Contraction Fraction (%)	52			
Dyssynchrony Global TUWT	0.86			

Ventricles (Long Axis)	LV	Range	RV	Range
Ejection Fraction (%)	59	56 - 75	60	
Stroke Volume (ml)	78.0	59 - 119	28.1	
End-Diastolic Volume Index (ml/m ²)	71.5	59 - 99	25.1	
End-Systolic Volume Index (ml/m ²)	29.7	25 - 37	10.0	
End-Diastolic Volume (ml)	133	90 - 179	46.7	
End-Systolic Volume (ml)	55.3	25 - 66	18.6	
Heart Rate (bpm)	76		76	
Peak Filling Rate (ml/s)	491		125	
Peak Ejection Rate (ml/s)	463		210	
Cardiac Output (l/min)	5.9		2.1	
Cardiac Output Index (l/min/m ²)	3.18		1.15	
Stroke Volume Index (ml/m ²)	41.9		15.1	
Mass (g)	165(ED)			
Mass Index (g/m ²)	89			
Myocardial Contraction Fraction (%)	50			

Atria (Fast)	LA	Range	RA	Range
End-Diastolic Volume Index (ml/m ²)	26.3		28.7	
End-Diastolic Volume (ml)	49.1		53.6	

Late Enhancement	
Myo evaluation Mass (g)	67.3

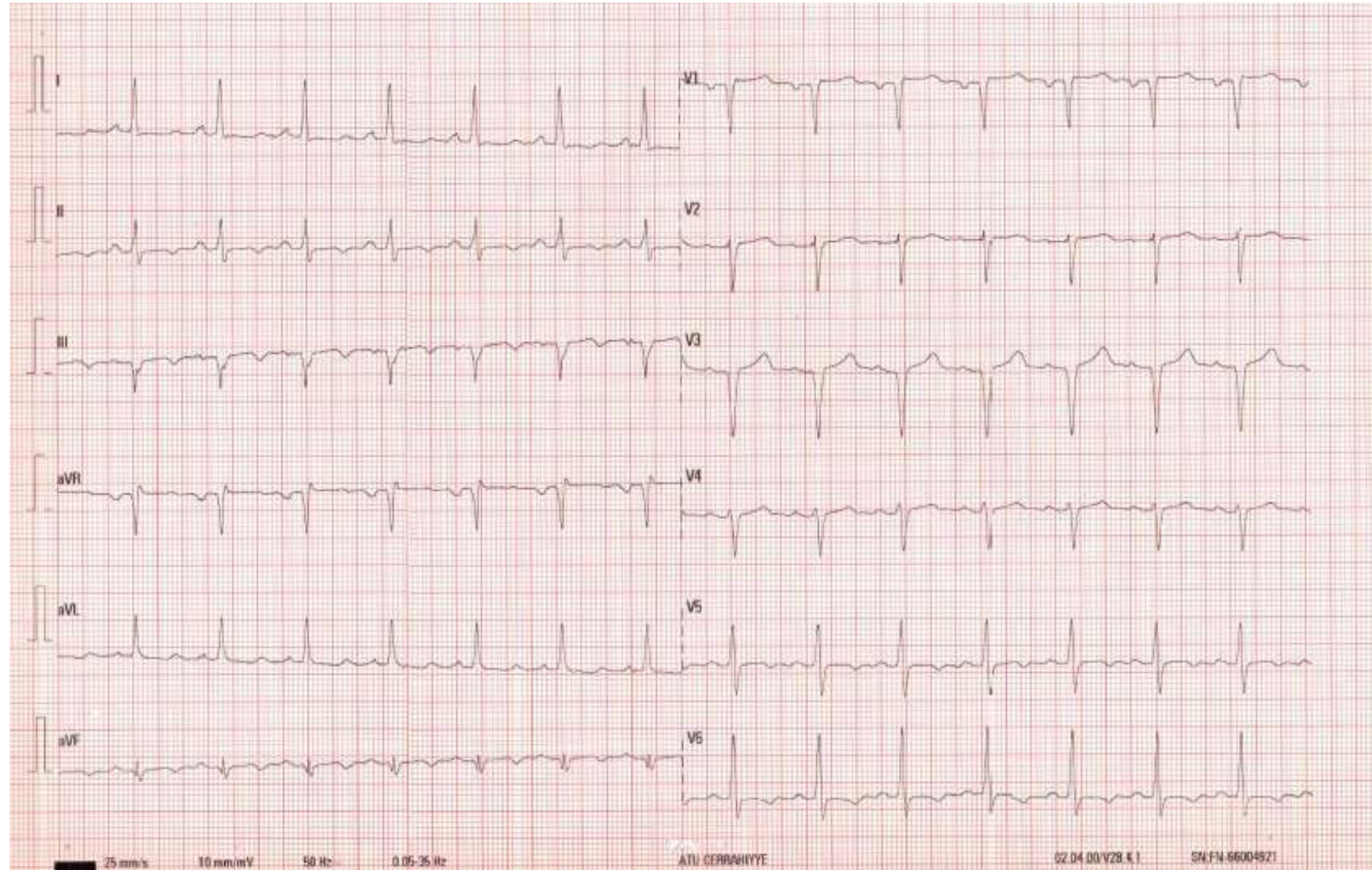
Cardiac Amyloidosis

Case 1

Case 1 Ms.M.

- 61 y.o woman Patient M.Q., with signs&symptoms of HF
- ECG

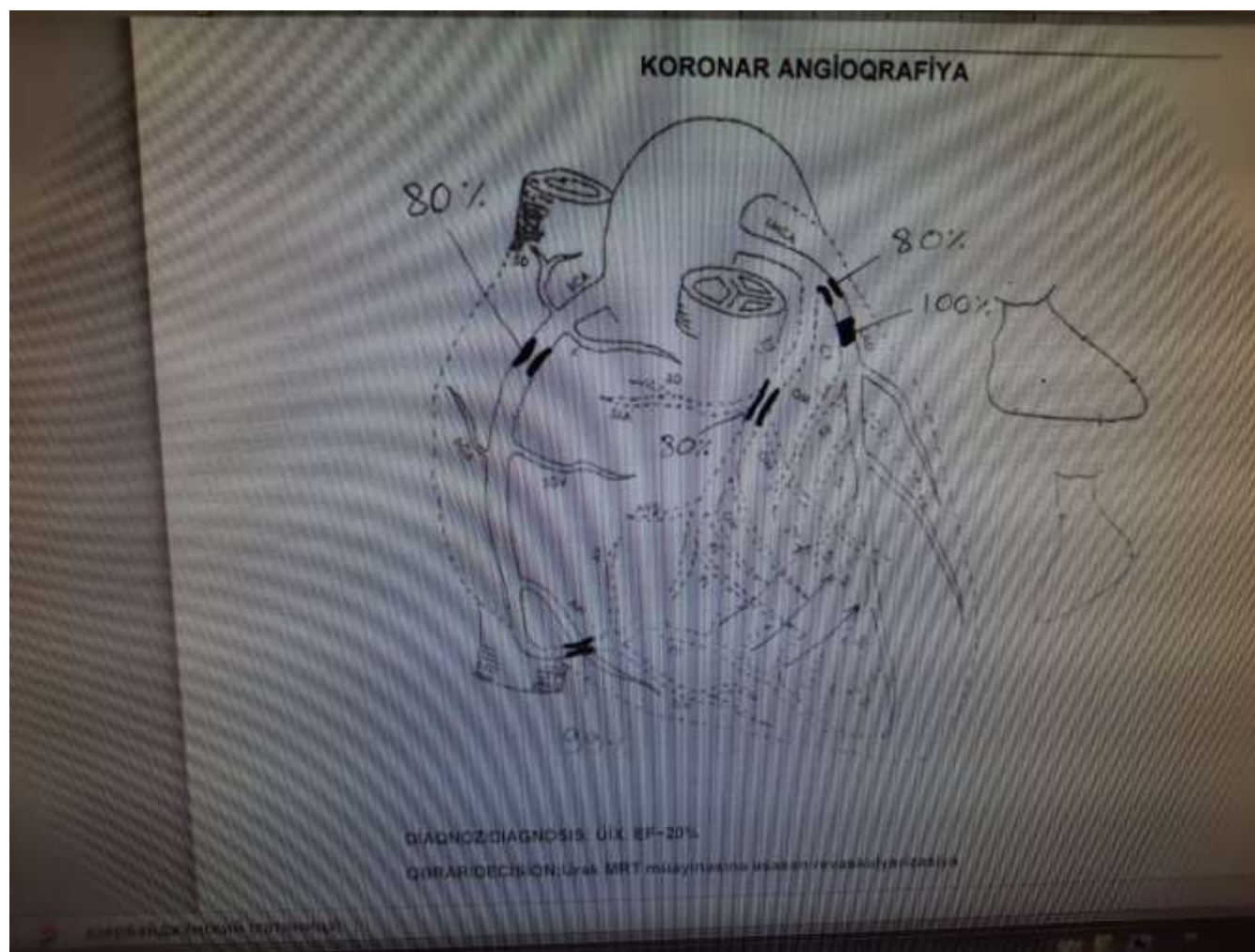
Previous MI, HF III f.s. DM



EchoCG

- LV dilatation
- LVEF 25 %
- WMA: ANT hypo-, INF, IS, AS basal, mid, all apical segments & apex akynetic
- Mild-to-moderate Mitral regurgitation

Coronary angiography Syntax Score: 27



Revasc strategy

FAVOURS PCI

Clinical characteristics

Presence of severe co-morbidity (not adequately reflected by scores)

Advanced age/frailty/reduced life expectancy

Restricted mobility and conditions that affect the rehabilitation process

Anatomical and technical aspects

MVD with SYNTAX score 0-22

Anatomy likely resulting in incomplete revascularization with CABG due to poor quality or missing conduits

Severe chest deformation or scoliosis

Sequelae of chest radiation

Porcelain aorta^a

FAVOURS CABG

Clinical characteristics

Diabetes

Reduced LV function (EF $\leq$ 35%)

Contraindication to DAPT

Recurrent diffuse in-stent restenosis

Anatomical and technical aspects

MVD with SYNTAX score $\geq$ 23

Anatomy likely resulting in incomplete revascularization with PCI

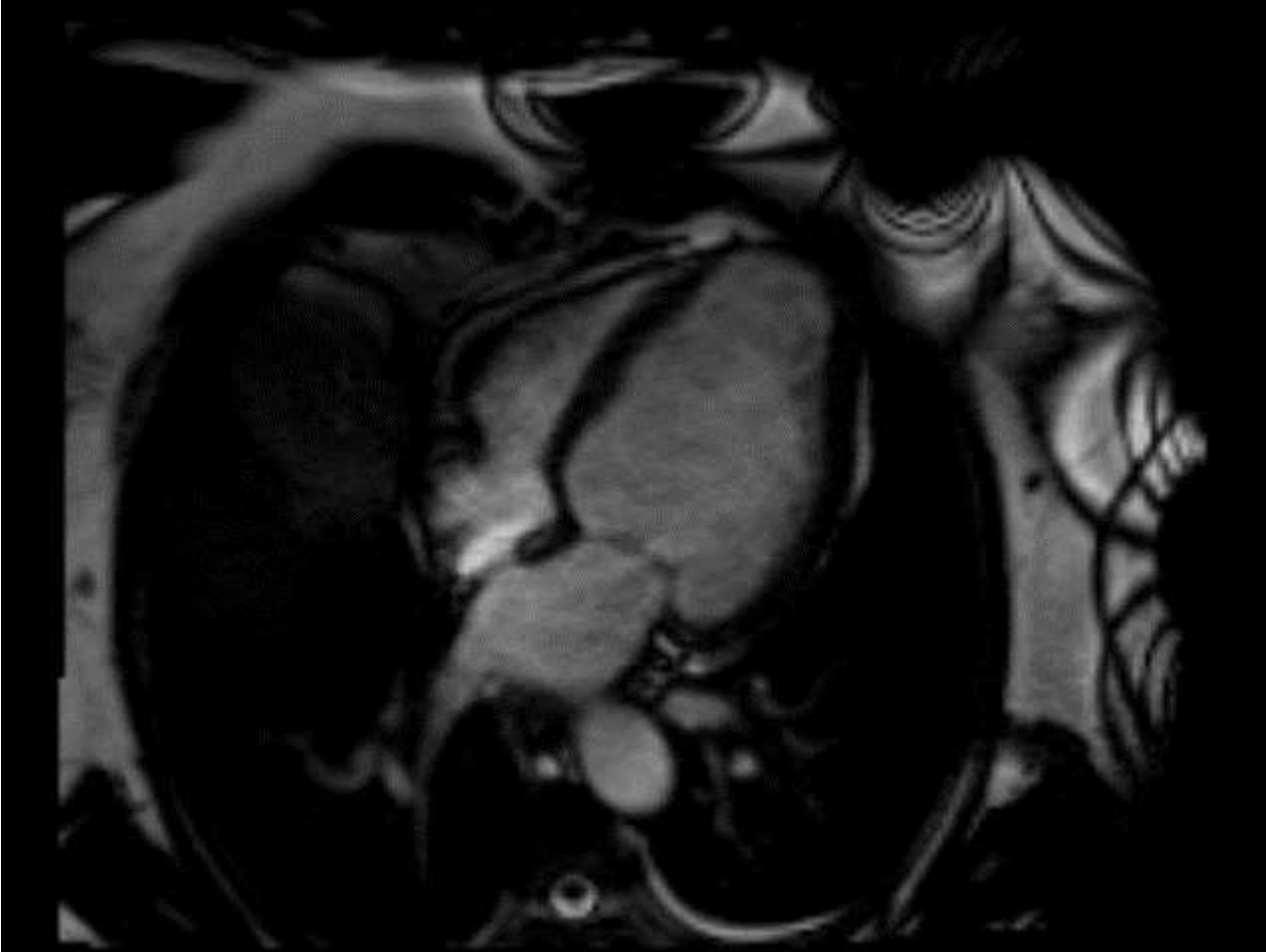
Severely calcified coronary artery lesions limiting lesion expansion

Need for concomitant interventions

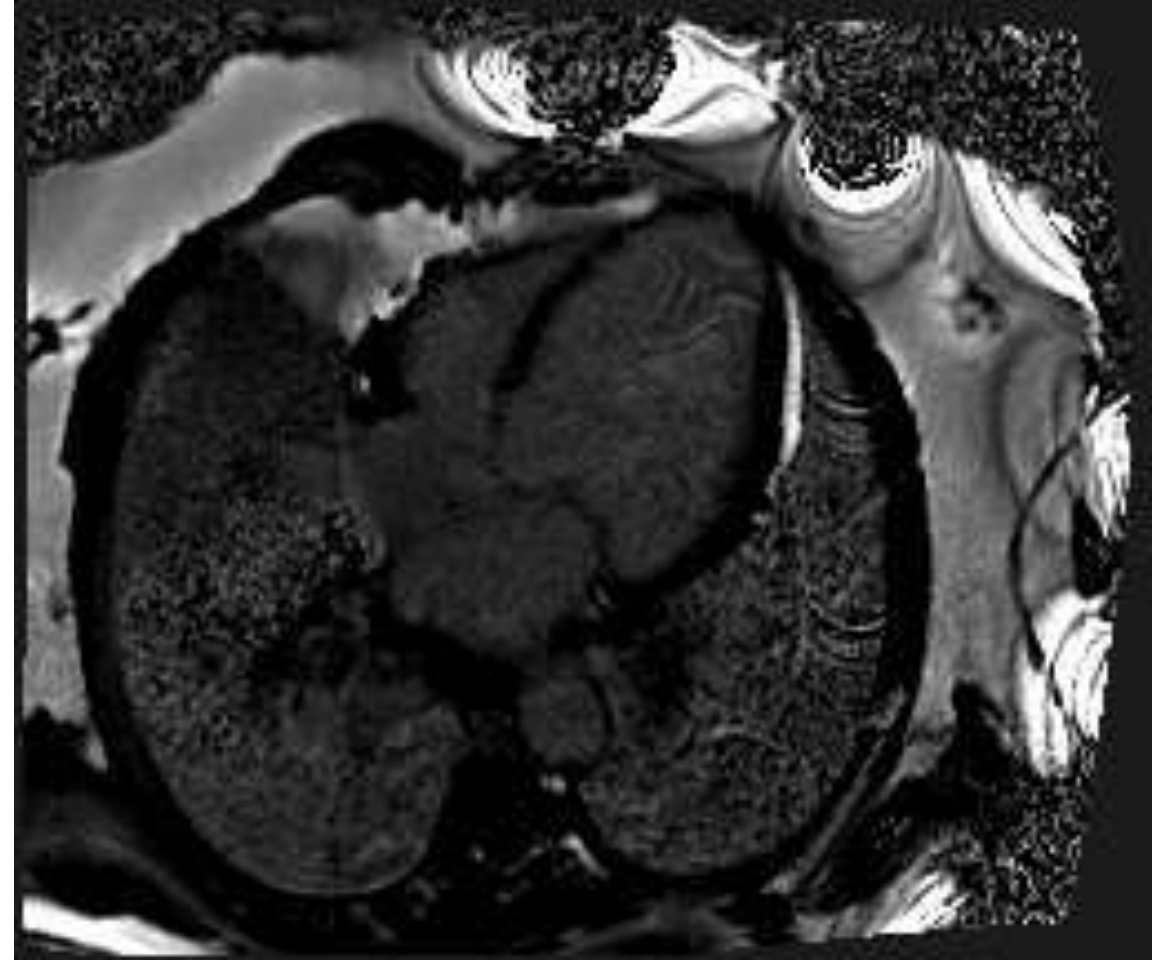
Ascending aortic pathology with indication for surgery

Concomitant cardiac surgery

CMR

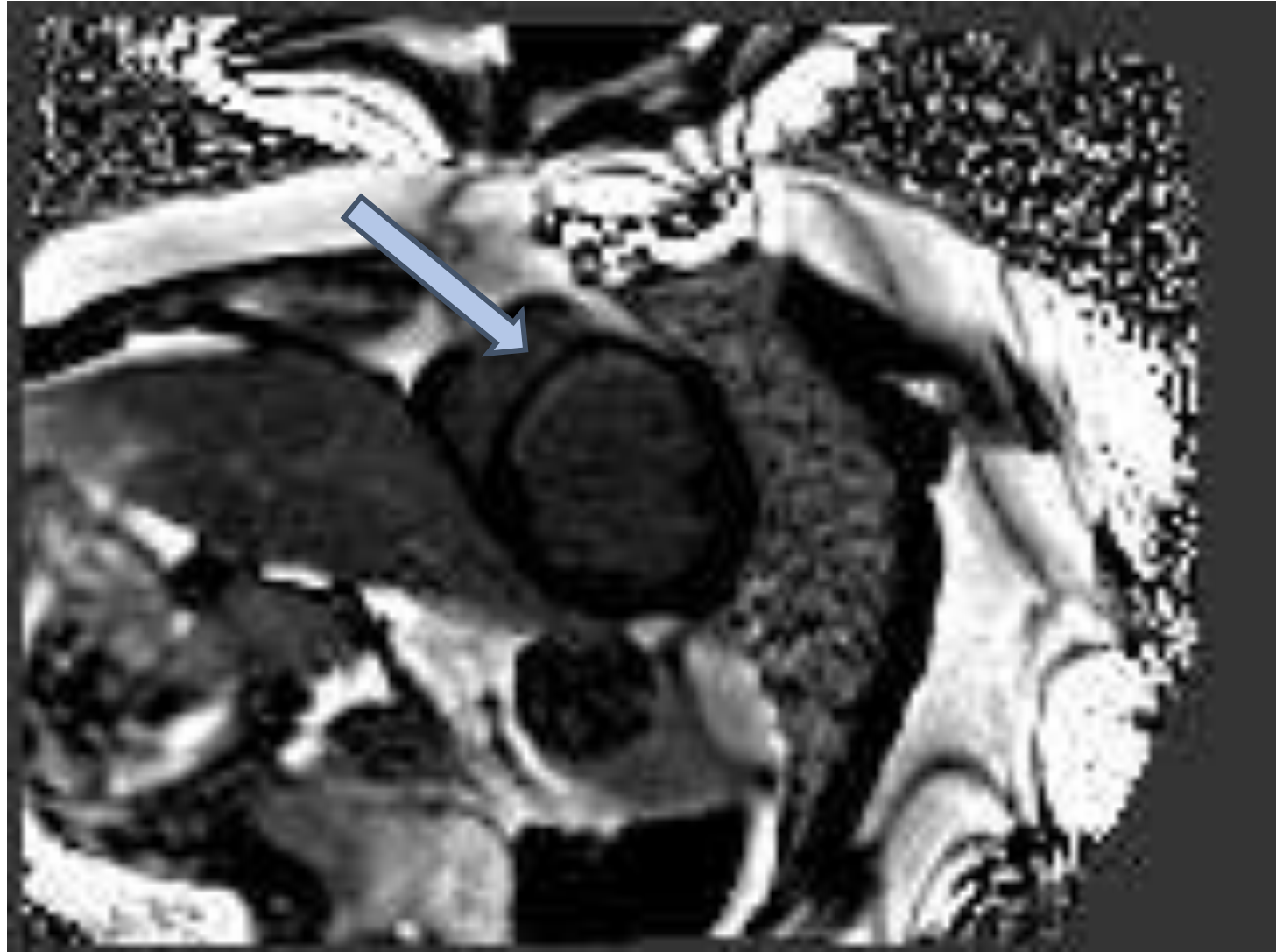


4CH görüntüsü
CINE images



4CH LGE

CMR (LGE)





Study Date

Sep 26, 2017

ID

17.09.26-16:49:55-DST-

Age

66 year(s)

Sex

Female

Weight

75 kg

Height

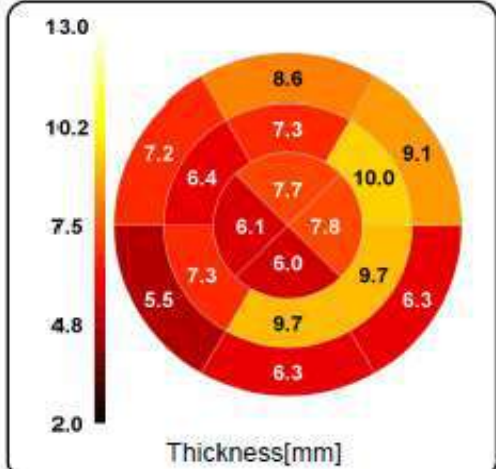
160 cm

BSA

1.78 m²

Referred By

Rustemova Y.



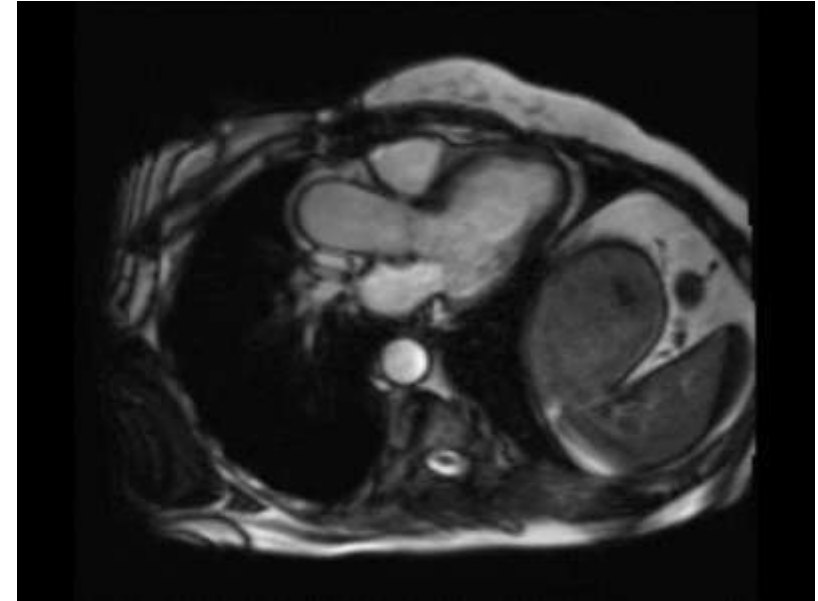
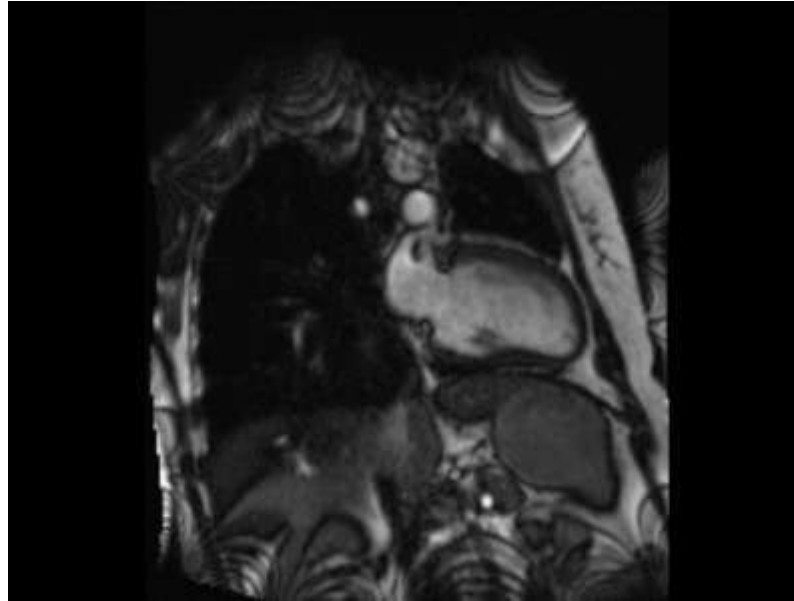
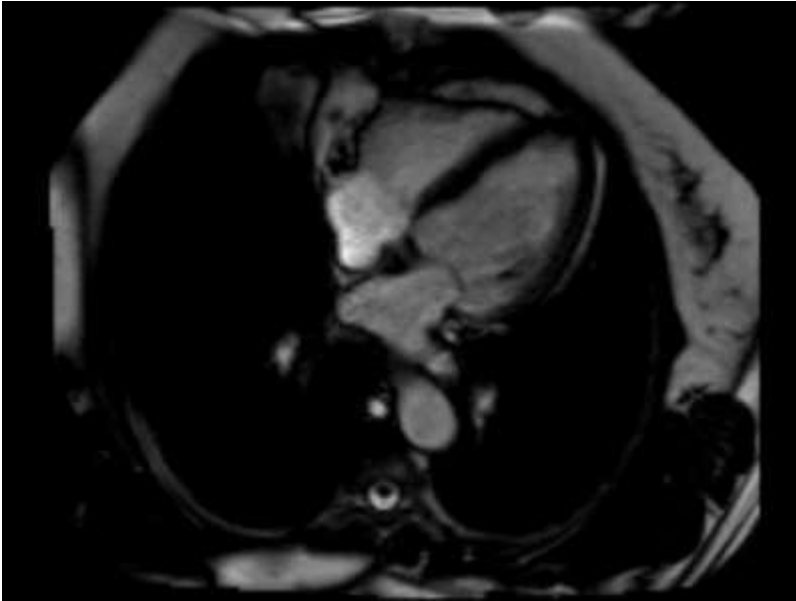
Ventricles	LV		RV	
Ejection Fraction	16 %	(50 - 75)	58 %	(40 - 60)
Stroke Volume	46.0 ml		46.9 ml	
End-Diastolic Volume Index	161 ml/m ²	(50 - 84)	45.0 ml/m ²	(62 - 88)
End-Systolic Volume Index	135 ml/m ²	(17 - 37)	18.7 ml/m ²	(19 - 30)
End-Diastolic Volume	287 ml		80.2 ml	
End-Systolic Volume	241 ml		33.3 ml	
Heart Rate	91 bpm		91 bpm	
Cardiac Output	4.2 l/min		4.3 l/min	
Cardiac Output Index	2.35 l/min/m ²		2.39 l/min/m ²	

Late Enhancement	
Infarct Mass	7.03 g
Left Ventricular Mass	160 g
Infarct	4.41 %

Decision : full anatomical revasc – CABG

- **MRT – LVEF 16%, viable myocardium**

1 year control CMR
LVEF=48%

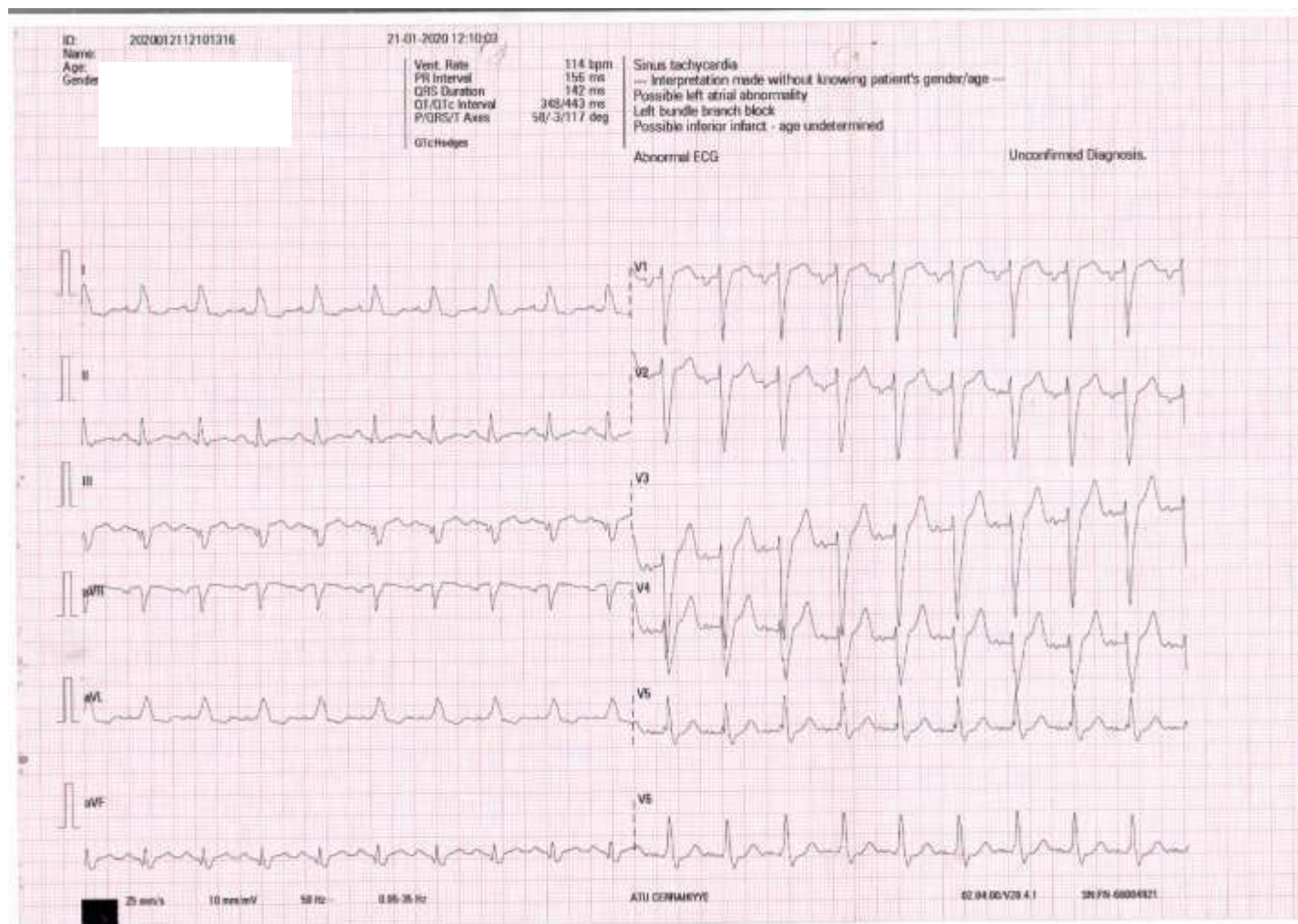


Case 2

Case 2 Mr.D.

- 55 y/o male patient with signs&symptoms of HF
- EKG : Sinus ritmi, III, avF aparmalarında Q dışı
- Koronar angiografiya: LAD 90%, D1 90%, RCA 80%, LCx 100%
- Dz: ÜİX: ÜÇ IV f.s.

ECG



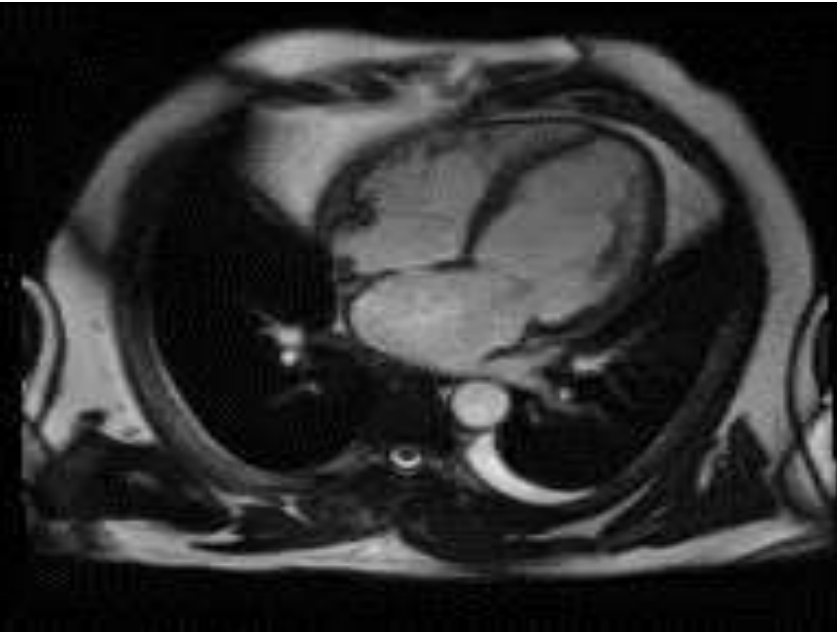
EchoCG

- LVEF 20%
- Global hypokinesia with IS basal, mid aneurisma & IL basal, mid akinesi,
- MR eroa 0.33sm2-mild-to-moderate

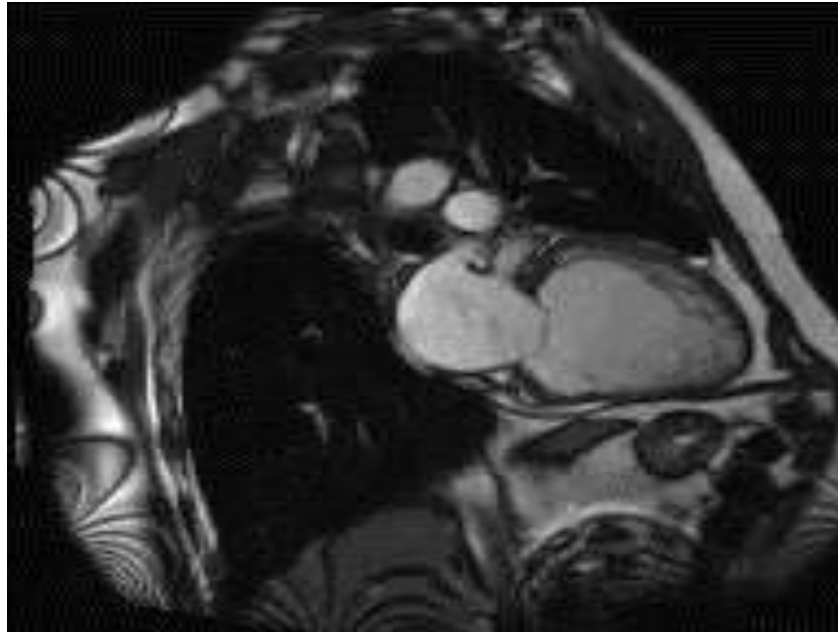
Coro

LAD 90%, D1 90%,
RCA 80%,
LCx 100%

CMR SSFP cine-images



4CH

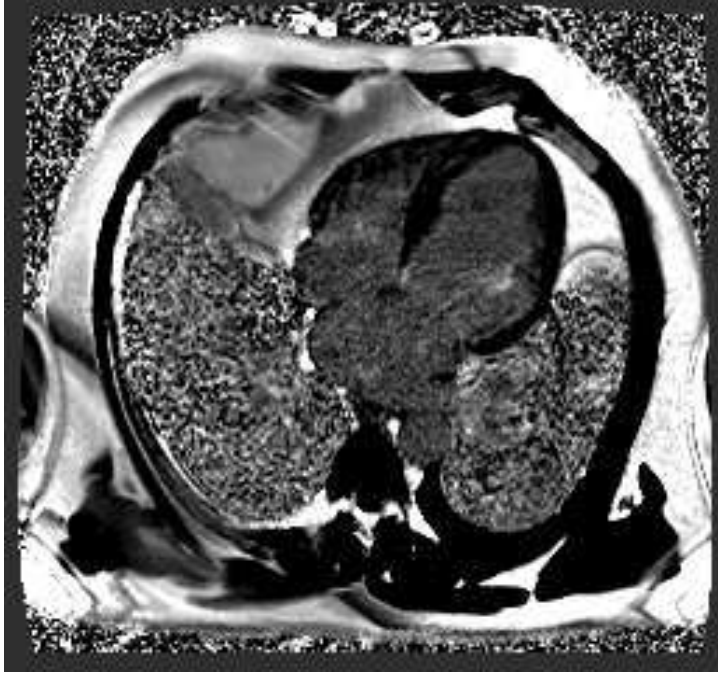


2CH

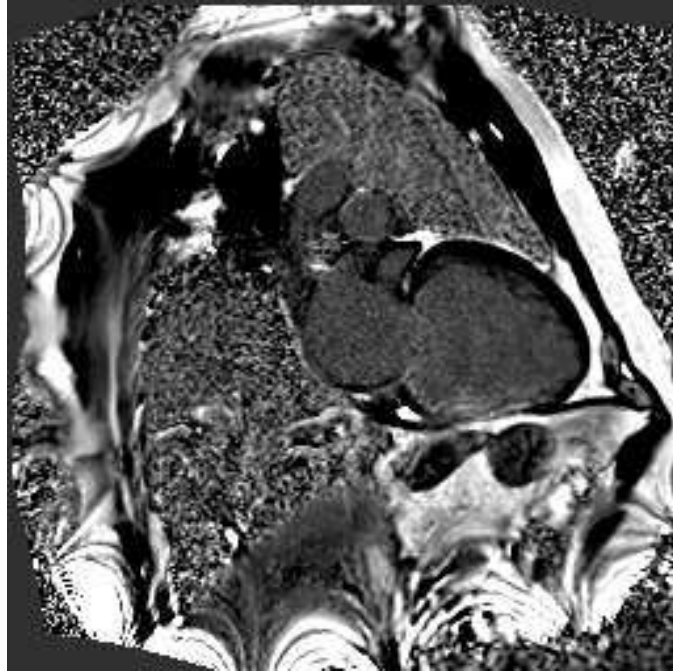


3CH

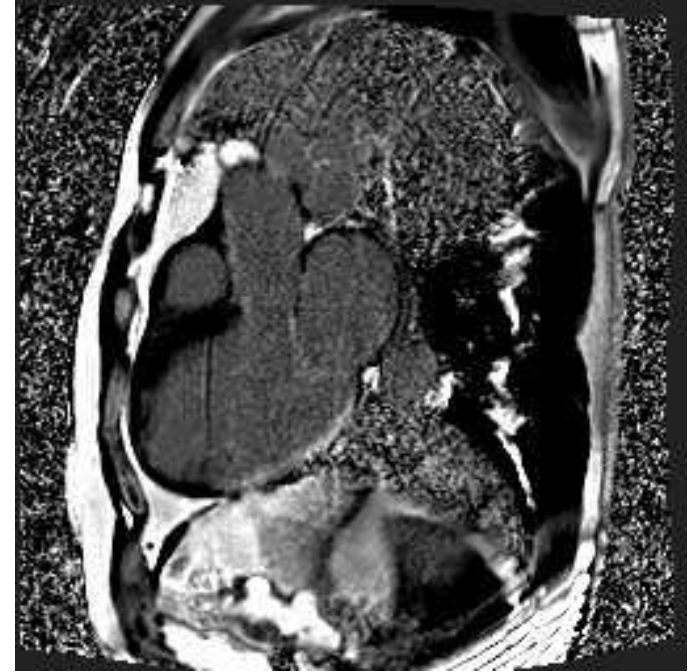
CMR – LGE



• 4CH

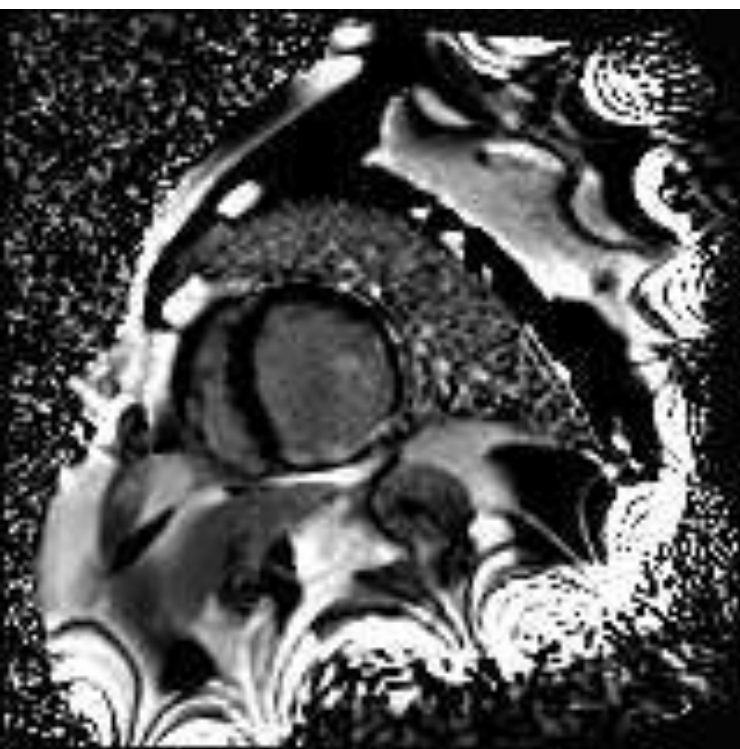


• 2CH

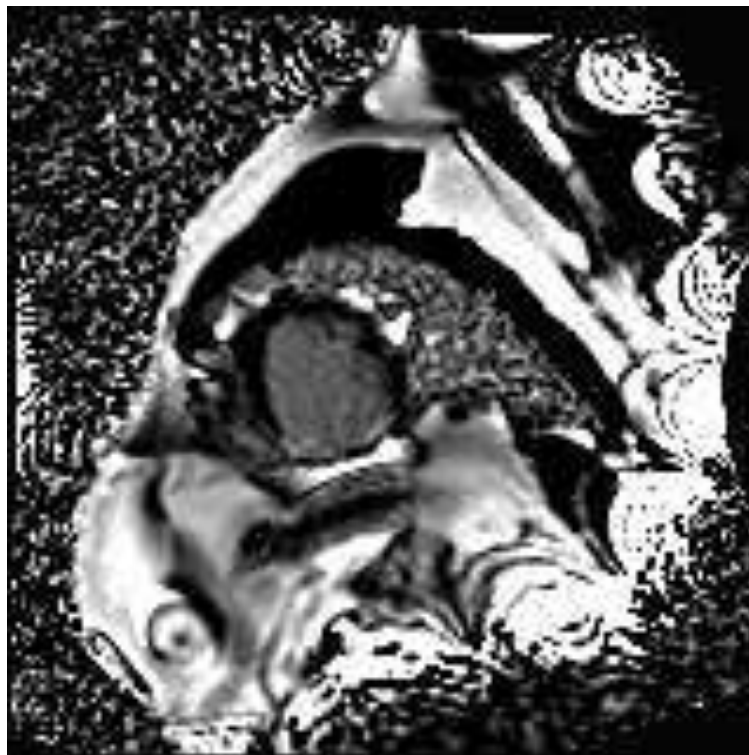


• 3CH

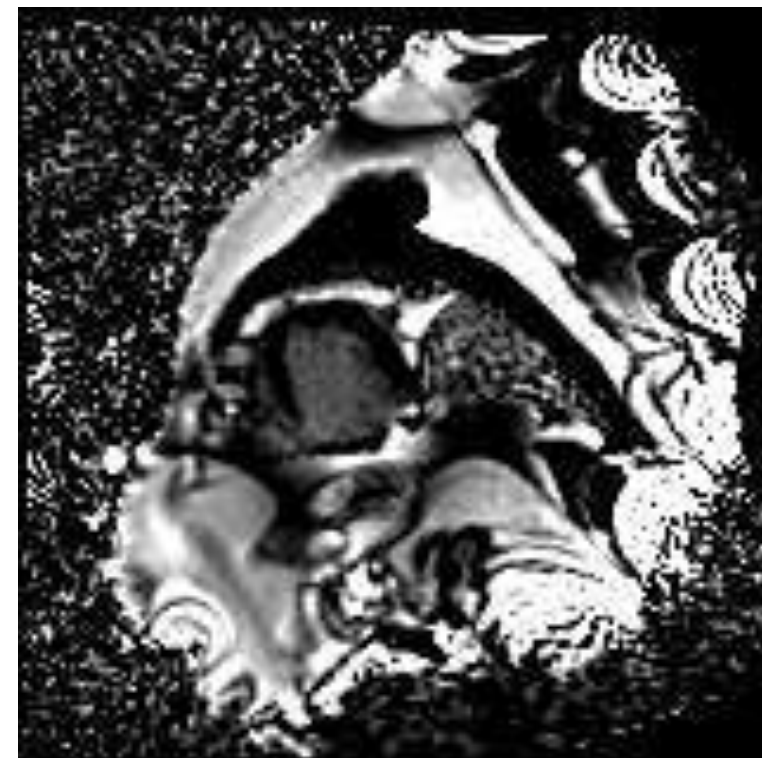
CMR – LGE SA view



basal



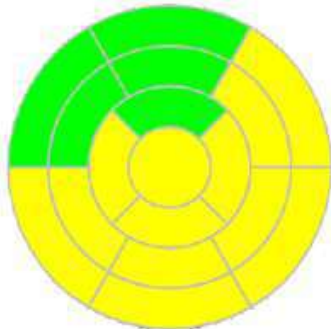
mid



apikal

CMR report

Study Date Jan 11, 2020
 ID 64-px-TS-RY
 Age 55 year(s)
 Sex Male
 Weight 70 kg
 Height 160 cm
 BSA 1.73 m²
 Referred By Rustemova Y.Dr



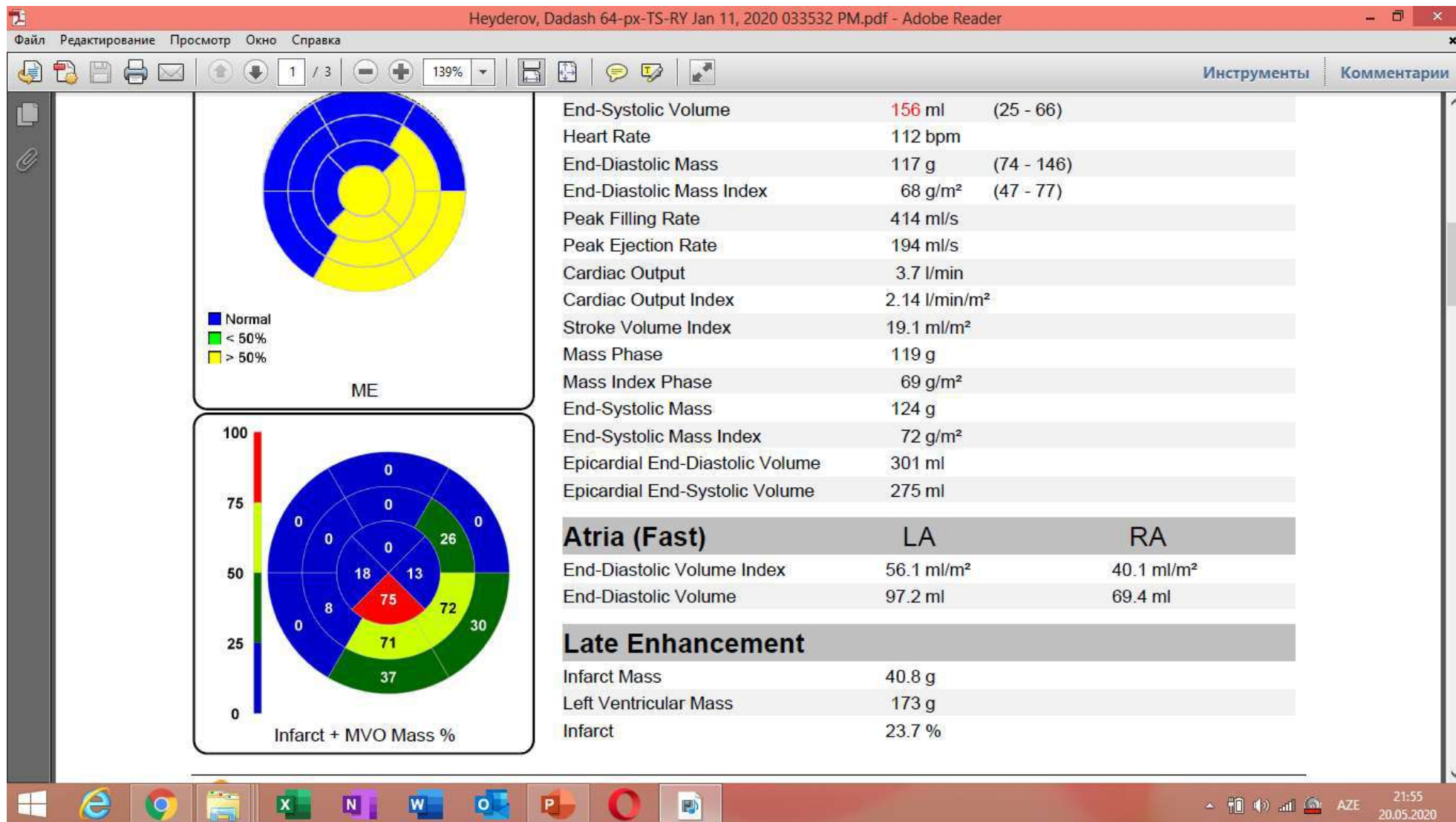
■ Normal ■ Dyskinetic
 ■ Hypokinetic ■ Asynchronous Contraction
 ■ Akinetic

Function

Ventricles	LV	RV
Ejection Fraction	18 % (57 - 74)	10 % (40 - 60)
Stroke Volume	42.8 ml	12.3 ml
End-Diastolic Volume Index	137 ml/m ² (68 - 103)	69.1 ml/m ² (62 - 88)
End-Systolic Volume Index	113 ml/m ² (19 - 41)	61.9 ml/m ² (19 - 30)
End-Diastolic Volume	238 ml (113 - 196)	120 ml
End-Systolic Volume	195 ml (29 - 74)	107 ml
Heart Rate	126 bpm	126 bpm
End-Diastolic Mass	116 g (74 - 146)	
End-Diastolic Mass Index	67 g/m ² (47 - 77)	
Peak Filling Rate	739 ml/s	120 ml/s
Peak Ejection Rate	1084 ml/s	179 ml/s
Cardiac Output	5.4 l/min	1.6 l/min
Cardiac Output Index	3.11 l/min/m ²	0.90 l/min/m ²
Stroke Volume Index	24.7 ml/m ²	7.1 ml/m ²
End-Systolic Mass	101 g	
End-Systolic Mass Index	58 g/m ²	
Epicardial End-Diastolic Volume	348 ml	
Epicardial End-Systolic Volume	291 ml	

Ventricles (Long Axis)	LV
Ejection Fraction	17 % (56 - 75)
Stroke Volume	33.1 ml (59 - 119)
End-Diastolic Volume Index	109 ml/m ² (59 - 99)
End-Systolic Volume Index	90.3 ml/m ² (25 - 37)

CMR report -2



Decision :

- **CMR – LVEF 18%, no viable myocardium in the zone of LCx**

functional revasc of viable myocardium

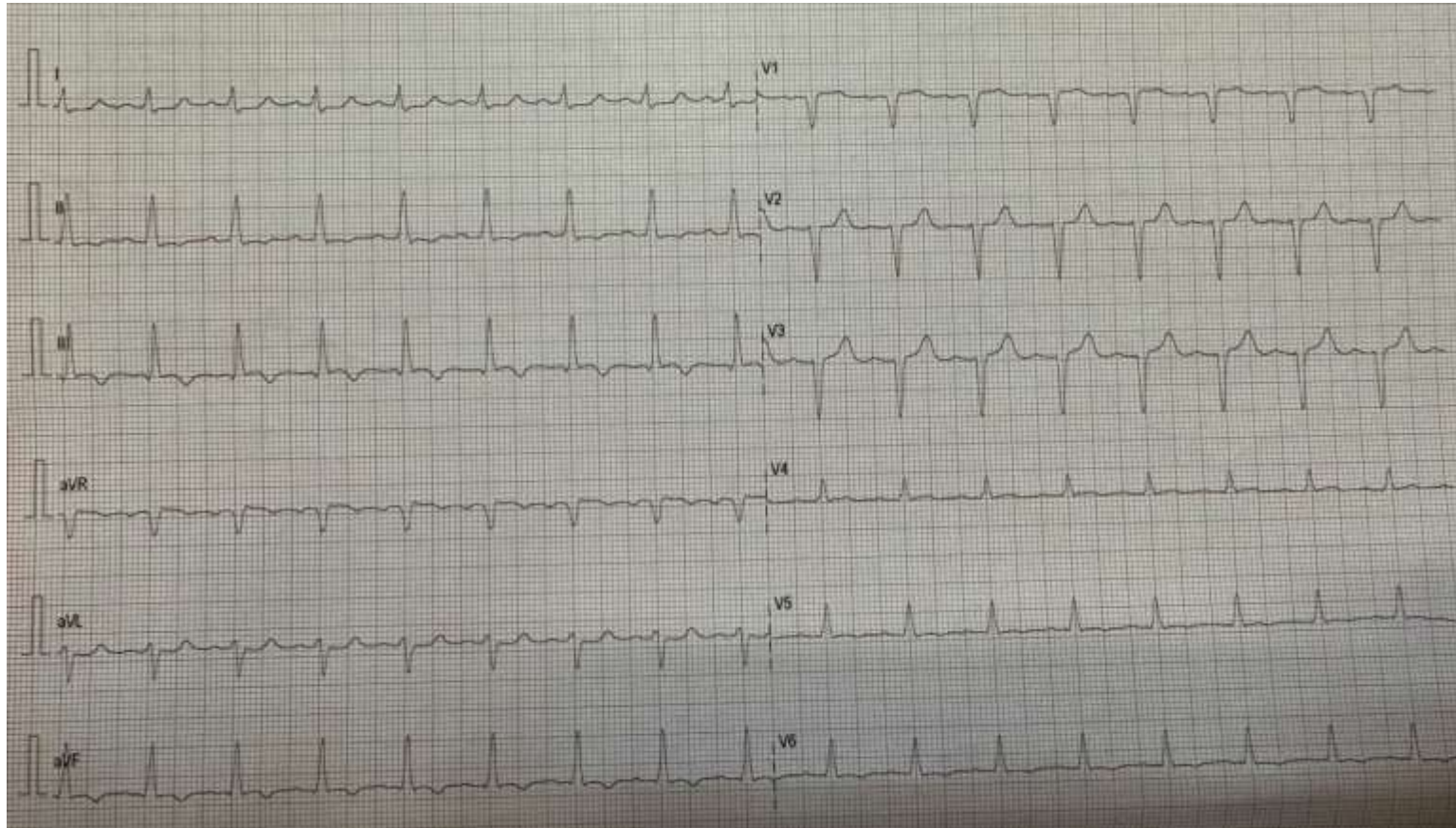
+OMT

+ICD

Case 3

Case -3 Ms. L.

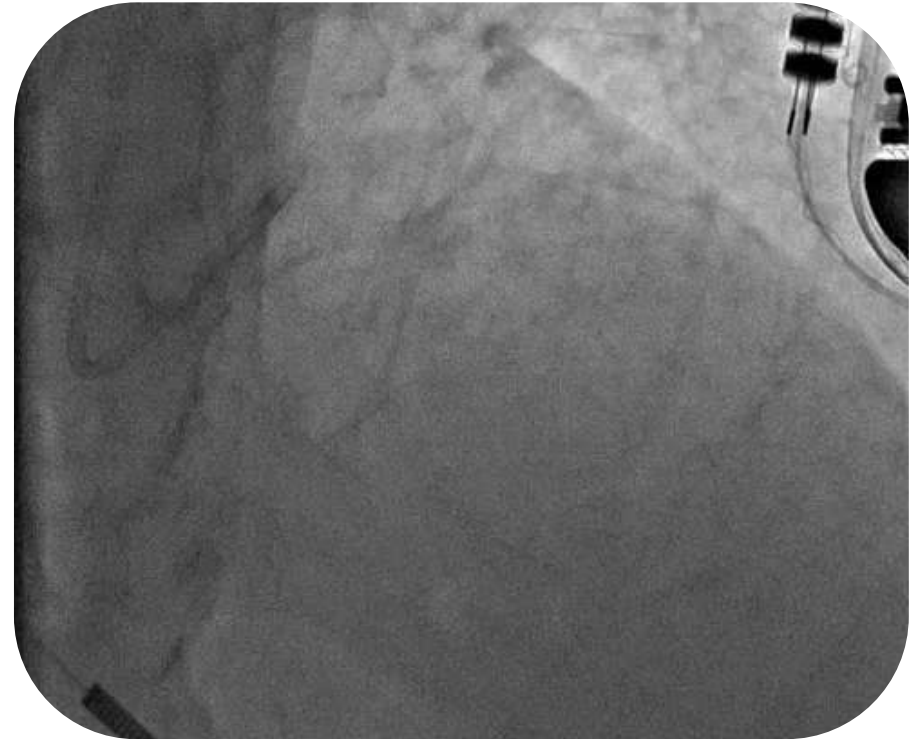
- 54 y/o woman, with symptoms&signs of HF
- **ECG**



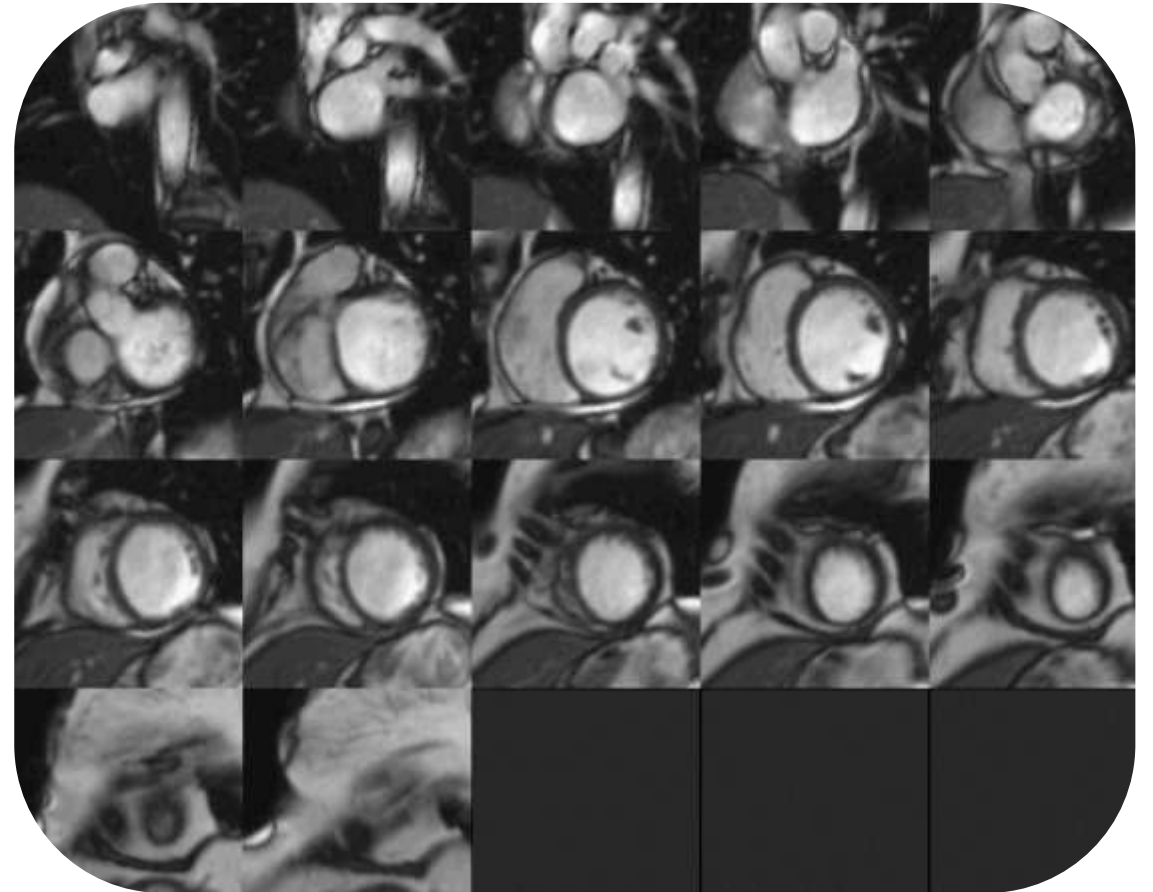
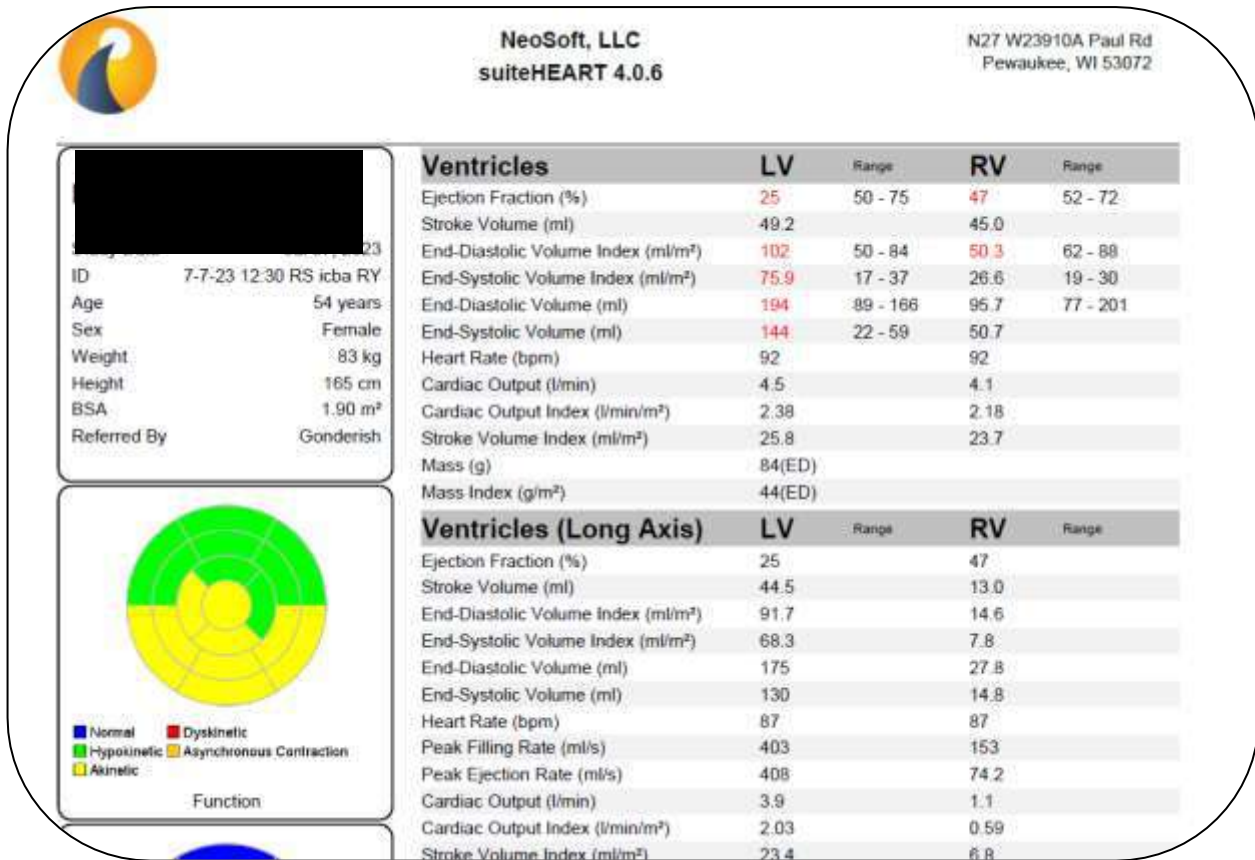
EchoCG

- LVEF=35%
- WMA: INF, IS basal,mid, apical akynesia, AS mid, SEP apical, apex hypoknetic
- LV wall thickness 10 mm
- LA = 36 mm,
- LAVol=78 ml,
- LAVI=43 ml/m²
- MR eroa=0,24sm² , MR Vol=39ml, vena contracta 5 mm - moderate
- SPAP 35 mmHg

Coronary angiogram

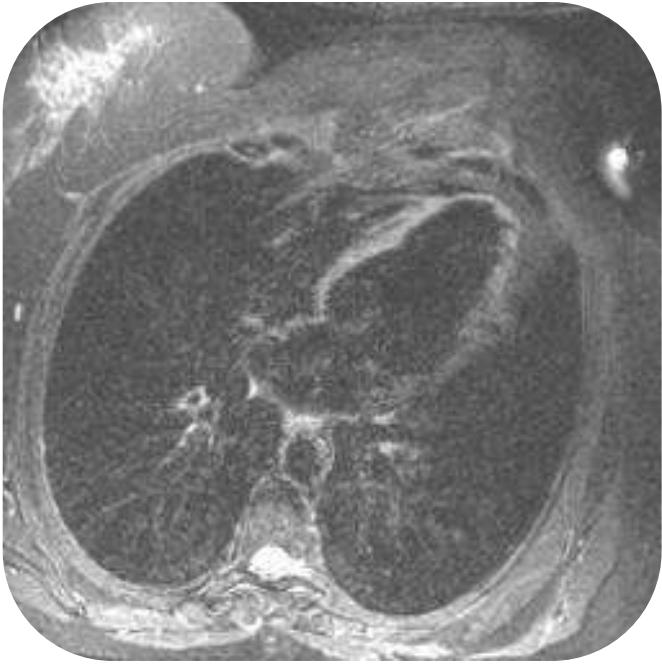


CMR cine-images SA view

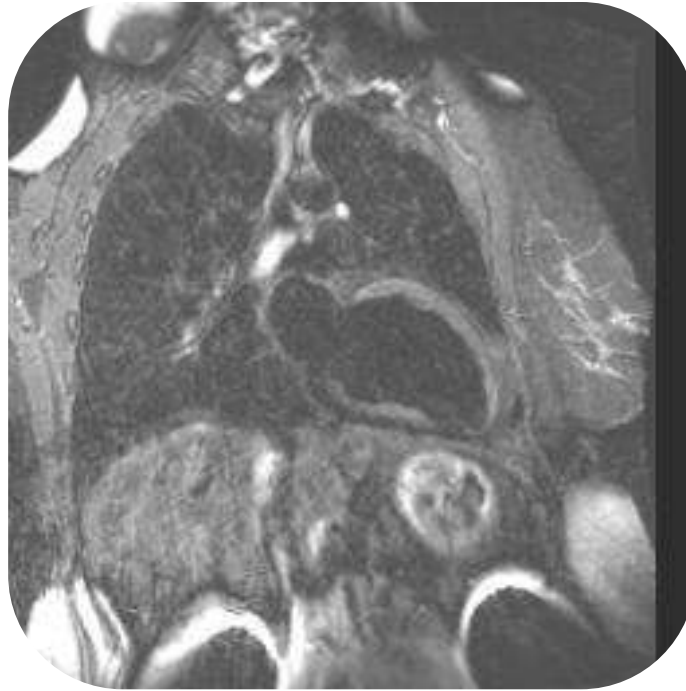


CMR SSFP cine images

CMR T2w images – no edema



4CH View

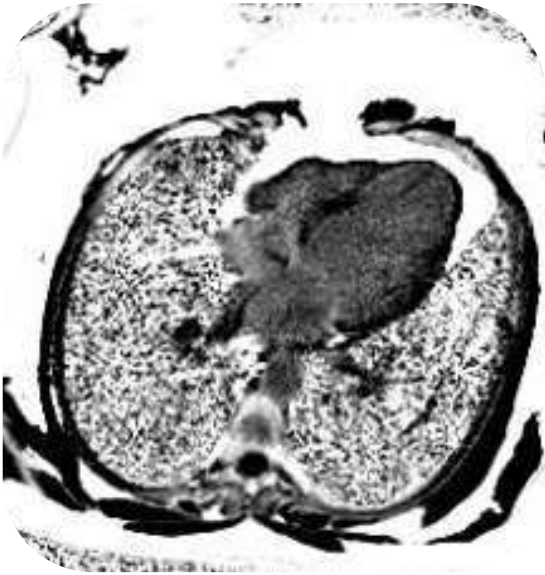


2CH View

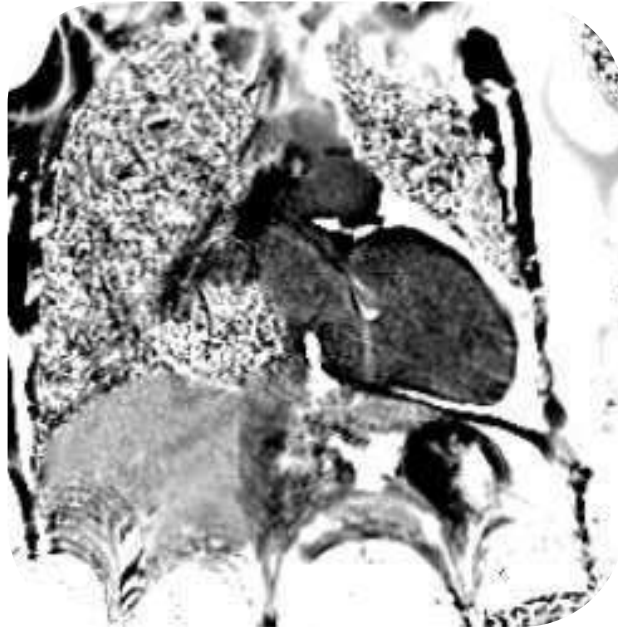


3CH View

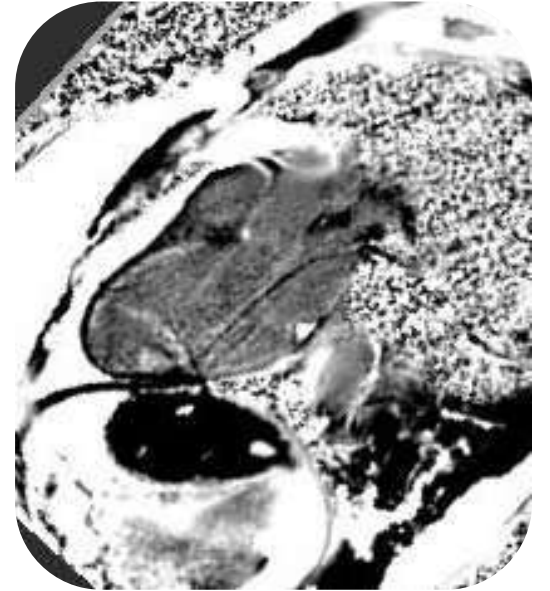
CMR LGE images



4CH View

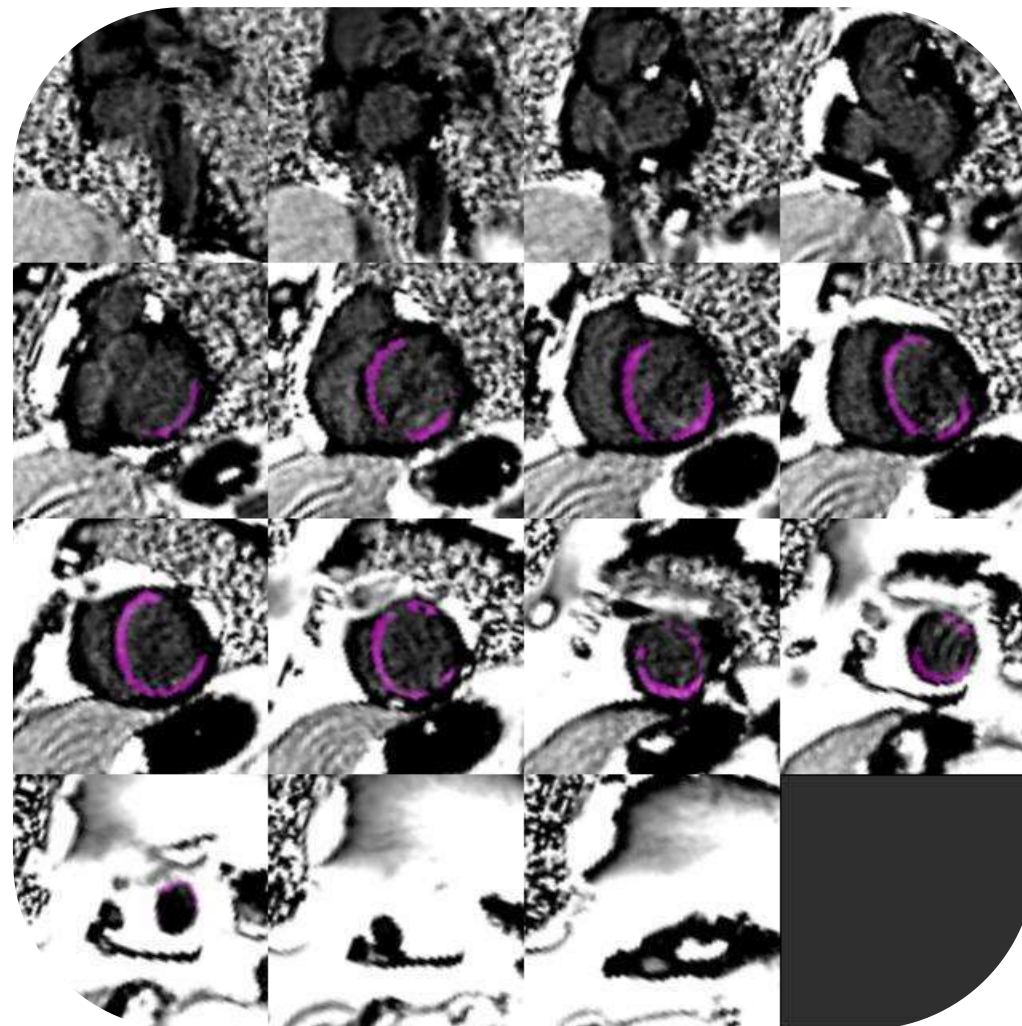
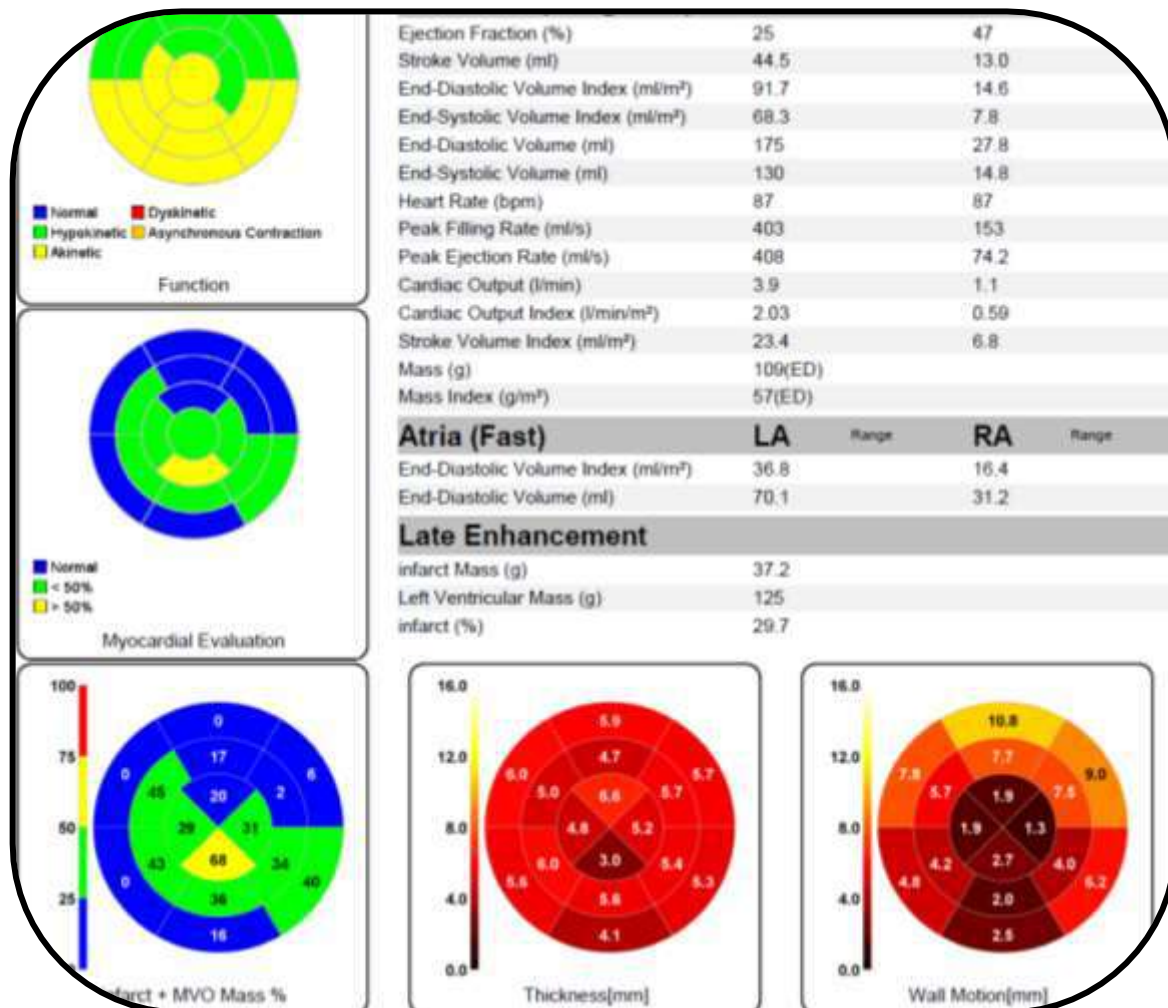


2CH View



3CH View

CMR LGE SA view

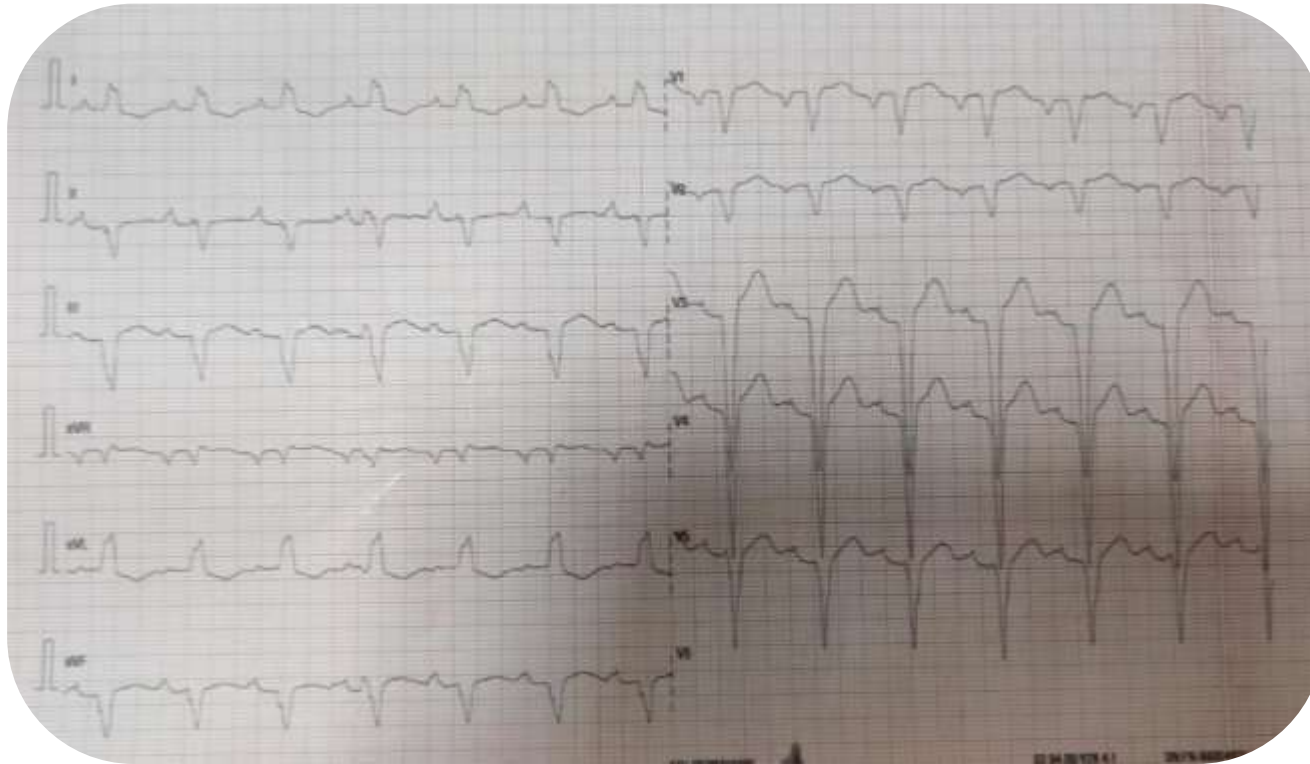


Desicion

- No transmural scar
- But extension is wide
- Moderate-to-severe Mitral regurgitation
- High risk for intervention
- ICD for primary prevention
- GDMT

Case-4 Mr. Ch.

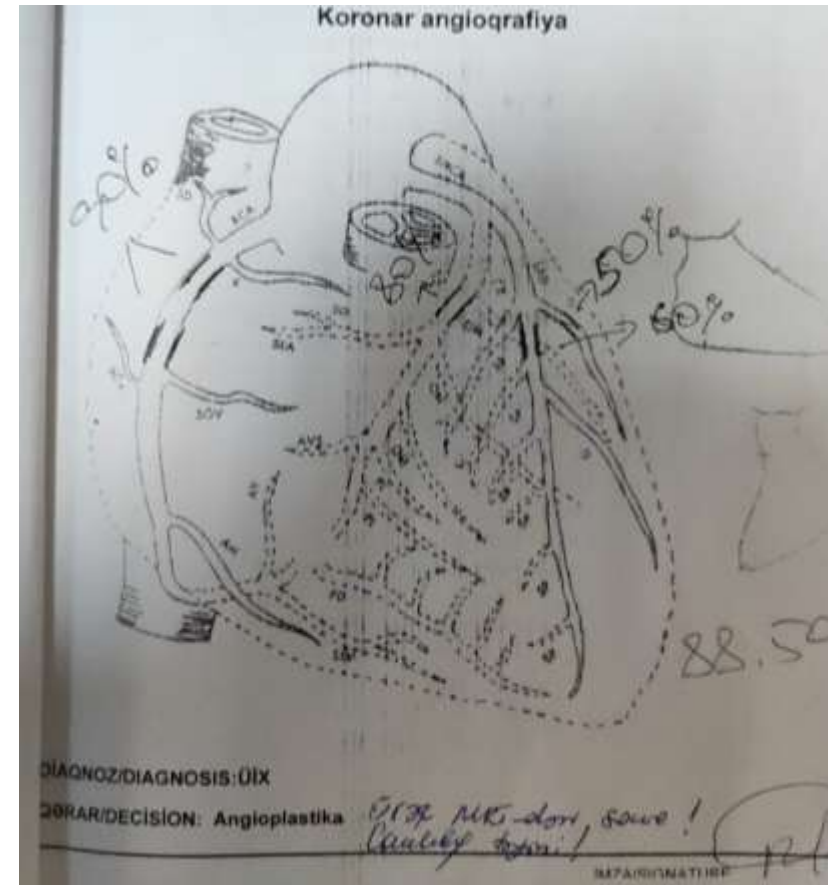
- 74 y/o man with signs&symptoms of HF



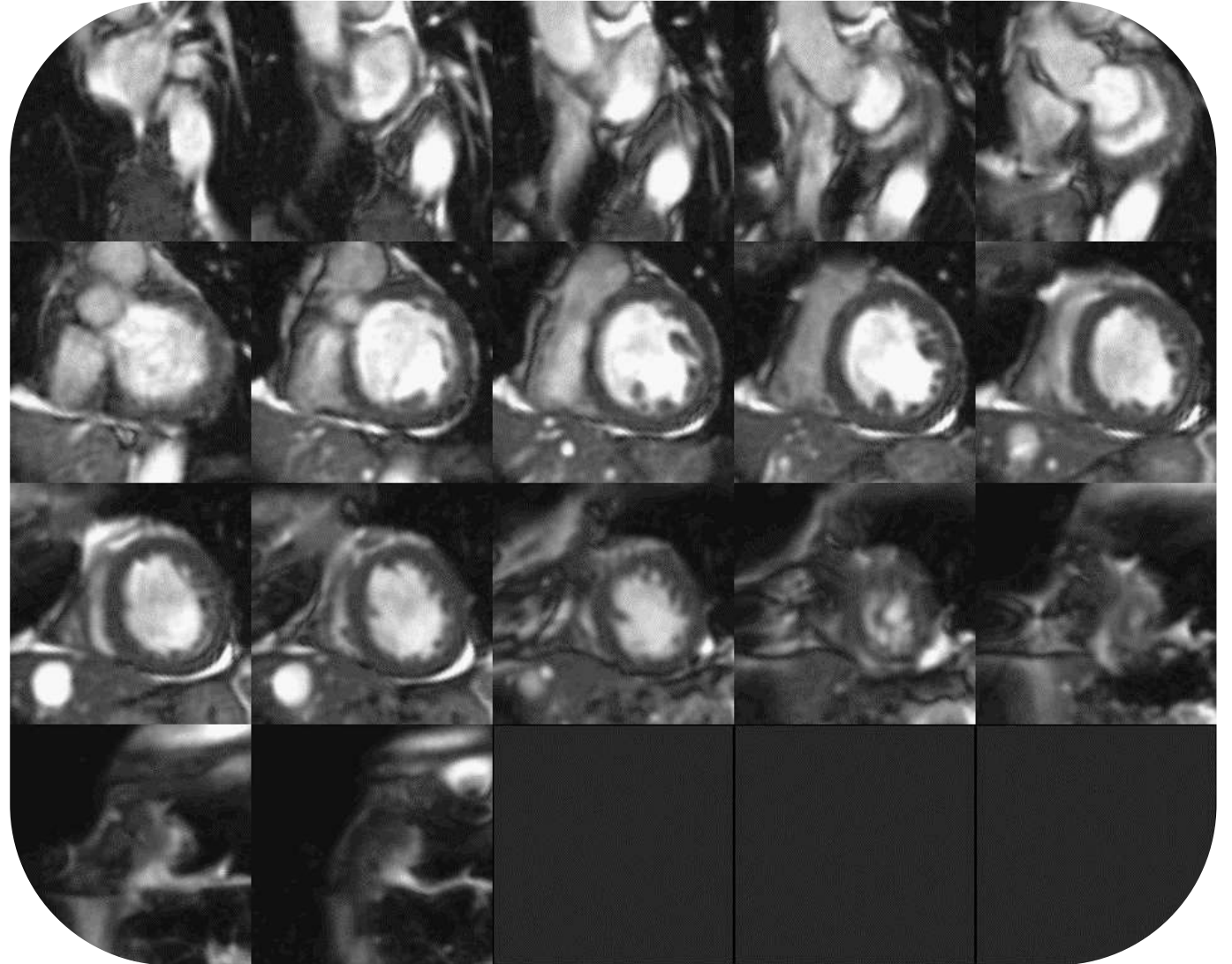
EcoCG

- LVEF<20%
- WMA: Global hypokinesia with rotation&twist impairment
- LV wall thickness 8 mm
- LA = 43 mm,
- LAVol=80 ml,
- LAVI=42 ml/m²
- MR eroa=0,40 sm² , MR Vol=64 ml, vena contracta 7 mm - severe
- SPAP 35 mmHg

Coronary angiography



CMR SSFP SA view



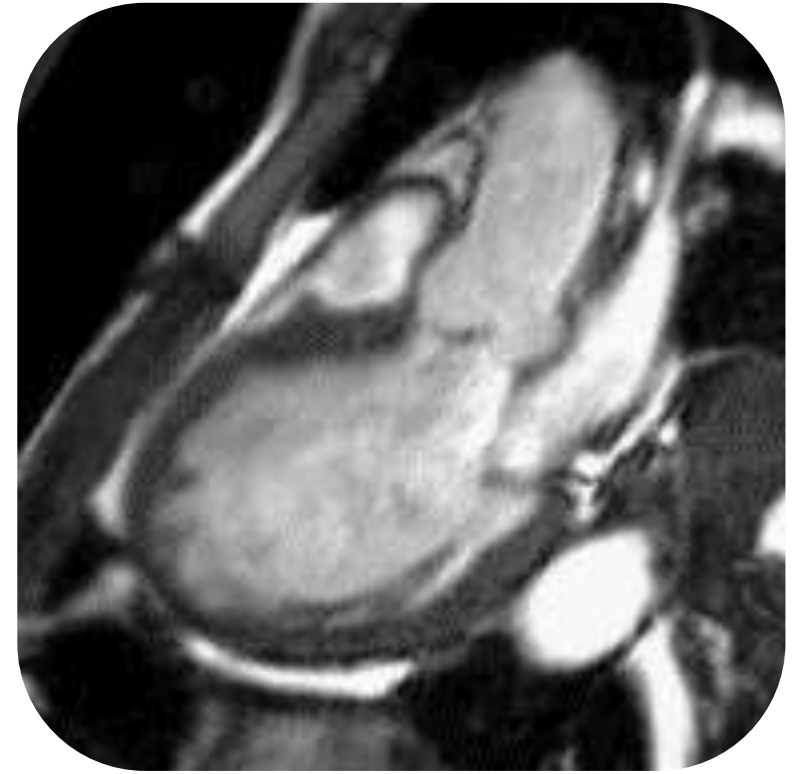
CMR SSFP



4CH view



2CH view

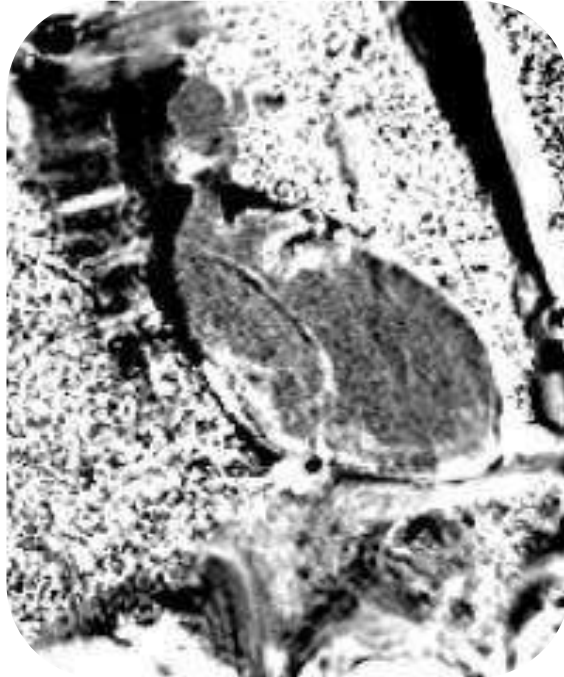


3CH view

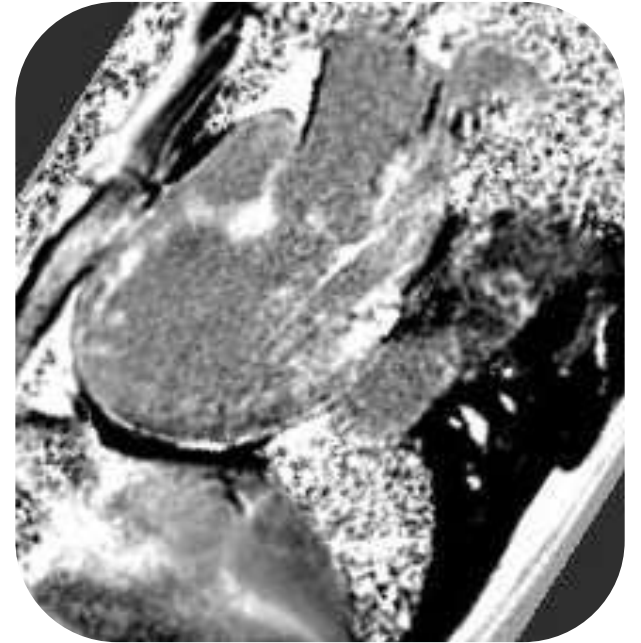
CMR LGE images



4CH view



2CH view



3CH view

Study Date	Aug 17, 2023
ID	17.08.23.15.40.TS.RY.Icb
Age	75 years
Sex	Male
Weight	66 kg
Height	172 cm
BSA	1.78 m ²
Referred By	Rustemova Y Dr

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Referred By	Rustemova Y.Dr



Function



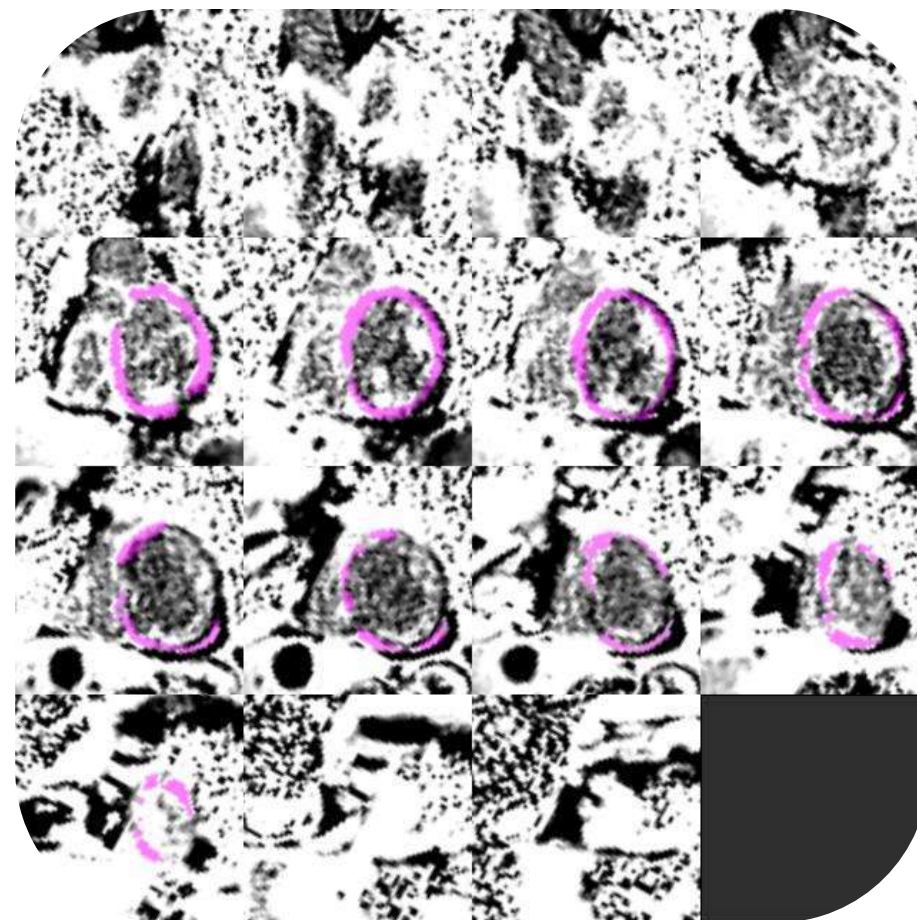
Myocardial Evaluation

Ventricles	LV	Range	RV	Range
Ejection Fraction (%)	16	51 - 71	24	40 - 60
Stroke Volume (ml)	42.1		18.8	
End-Diastolic Volume Index (ml/m ²)	146	57 - 105	44.7	48 - 112
End-Systolic Volume Index (ml/m ²)	122	14 - 38	34.2	41 - 117
End-Diastolic Volume (ml)	259	106 - 214	79.6	77 - 201
End-Systolic Volume (ml)	217	29 - 74	60.8	24 - 84
Heart Rate (bpm)	90		90	
Cardiac Output (l/min)	3.8		1.7	
Cardiac Output Index (l/min/m ²)	2.13		0.95	
Stroke Volume Index (ml/m ²)	23.6		10.6	12 - 52
Mass (g)	150(ED)	56 - 140		
Mass Index (g/m ²)	84(ED)	41 - 61		

Ventricles (Long Axis)	LV	Range	RV	Range
Ejection Fraction (%)	14	56 - 75	20	
Stroke Volume (ml)	32.7	59 - 119	8.3	
End-Diastolic Volume Index (ml/m ²)	131	59 - 99	23.1	
End-Systolic Volume Index (ml/m ²)	113	25 - 37	18.4	
End-Diastolic Volume (ml)	234	90 - 179	41.1	
End-Systolic Volume (ml)	201	25 - 66	32.8	
Heart Rate (bpm)	89		89	
Peak Filling Rate (ml/s)	323		122	
Peak Ejection Rate (ml/s)	318		189	
Cardiac Output (l/min)	2.9		0.7	
Cardiac Output Index (l/min/m ²)	1.63		0.42	
Stroke Volume Index (ml/m ²)	18.4		4.7	
Mass (g)	192(ED)			
Mass Index (g/m ²)	108(ED)			

Atria (Fast)	LA	Range	RA	Range
End-Diastolic Volume Index (ml/m ²)	11.3		8.1	
End-Diastolic Volume (ml)	20.1		14.4	

Late Enhancement	
infarct Mass (g)	77.2
Left Ventricular Mass (g)	148
infarct (%)	52.0



Blood tests

		*	NƏTİCƏ	VAHİD	REFERANS	KÖHNƏ NƏTİCƏ
		↑	1,37	mg/dL	0,6 - 1,3	
Balaxanım Həsənli						
Həkim rezident						
QANIN ÜMUMİ ANALİZİ		İstək Tar : 17.08.2023 06:52:38	Nüm. Alma : 17.08.2023 06:54:54		Təs. Tar : 17.08.2023 07:27:24	
Barkod Tar :						
TEST ADI	*	NƏTİCƏ	VAHİD	REFERANS	KÖHNƏ NƏTİCƏ	
WBC (Leykositlər)	↑	17,99	10 ⁹ /L	3,91 - 8,77		
RBC (Eritrositlər)	↑	7,59	10 ¹² /L	4,18 - 5,48		
HGB (Hemoglobin)	↑	21,8	g/dL	11,9 - 15,4		
HCT (Hematokrit)	↑	69,4	%	36,2 - 46,3		
MCV (Eritrositlərin orta həcmi)		91,4	fL	80,0 - 93,6		
MCH (Eritrositdə HGB-nin orta həcmi)		28,7	pg	26,5 - 31,4		
MCHC (Eritrositdə HGB-nin orta konsentrasiyası)	↓	31,4	g/dL	31,9 - 34,8		
RDW-CV (Eritrositlərin dağılım genişliyi)	↑	18,6	%	12,3 - 14,3		
RDW-SD (Eritrositlərin dağılım genişliyi)	↑	62,1	fL	37,8 - 46,1		
PLT (Trombositlər)	↑	436	10 ⁹ /L	151 - 304		
MPV (Trombositlərin orta həcmi)		11,5	fL	9,7 - 11,9		
PCT (Trombokrit)		0,5	%	0,10 - 0,50		
P-LCR (Böyük hüceyrəli trombosit nisbəti)		38,6	%	18,5 - 42,3		
PDW (Trombositlərin dağılım genişliyi)		16,7	%	9,0 - 19,0		
NEUT# (Neytrofillər)	↑	14,64	10 ⁹ /L	1,82 - 7,42		
LYM# (Limfositlər)		2,02	10 ⁹ /L	0,85 - 3,00		
MON# (Monositlər)	↑	1,14	10 ⁹ /L	0,19 - 0,77		
EOS# (Eozinofillər)		0,14	10 ⁹ /L	0,03 - 0,44		
BAS# (Bazofillər)		0,05	10 ⁹ /L	0,01 - 0,05		
NRBC#	↓	0	10 ⁹ /L	0,03 - 0,11		
IG#		0,05	mg/dL	< 0,09		
LYM% (Limfositlər)	↓	11,2	%	12,2 - 47,1		
MON% (Monositlər)		6,3	%	4,4 - 12,3		
NEUT% (Neytrofillər)	↑	81,4	%	40,3 - 74,8		
AS% (Bazofillər)		0,3	%	0,0 - 0,7		
S% (Eozinofillər)		0,8	%	0,0 - 4,4		
		0,00	%			
		0,3	%			

Blood tests

- Polycythemia vera

GENETİK HASTALIKLAR DEĞERLENDİRME MERKEZİ

(Ruhsat No: GHDM-SM/06.11/01)

ÖRNEK TİPİ: Periferik Kan
KABUL TARİHİ: 18.08.2023
RAPOR TARİHİ: 25.08.2023
İSTENEN TETKİK KODU: 6297
GÖNDEREN MERKEZ: Ege Hospital

GENETİK İNCELEME BULGULARI

İNCELENEN DEĞİŞİKLİK

JAK2 V617F

SONUÇ

Pozitif

Açıklama:

JAK2 V617F mutasyonu saptanmıştır.

Decision

- Not to revasc : as it is a stable patient
- Not to revasc: no prognostic effect
- CRT-D
- GDMT : Empagliflozin+Spiro

