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Case Study

This report describes the echocardiographic features and magnetic resonance imaging acquired in a 50-years-old sedentary and obese woman who presented to my office complained fatigue and dyspnea on exertion as he climbed the stairs attributed to a decline in physical form. An occasional chest x-ray chest performed for cervical pain showed a enlarged cardiac silhouette for which the patient underwent echocardiographic examination (see Figure 1-2). The examination showed a left ventricular globular shape and spherical morphology due marked dilatation with reduced systolic function, a severe functional mitral regurgitation, and a marked trabeculation of the side wall of the left ventricle. A subsequent Cardiac Magnetic Resonance (see video clips 3-4-5 and Figure 3-4) confirmed the diagnosis of dilated cardiomyopathy in non-compacted myocardium with severe reduction of global contractility and low ejection fraction (EF 30%) with preserved LV stroke volume at rest.



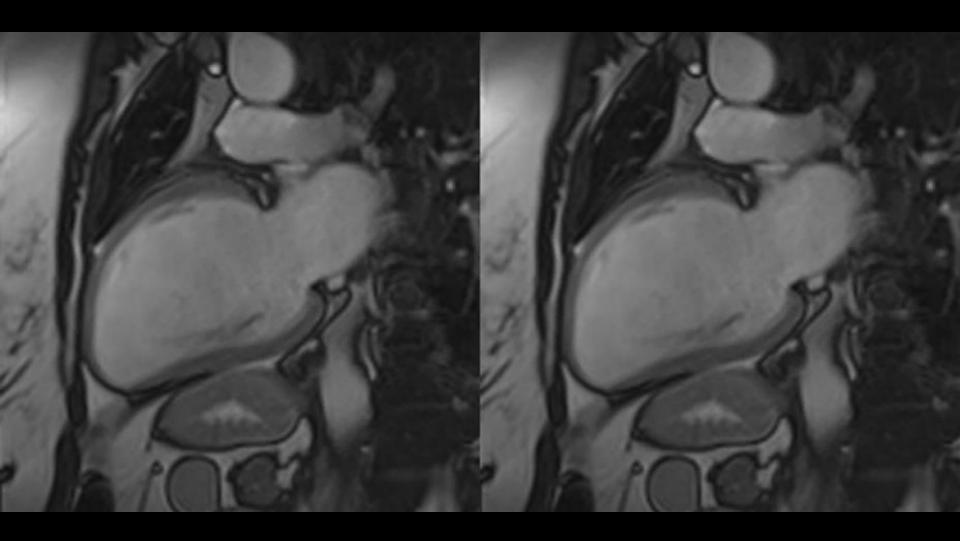
AsaC o

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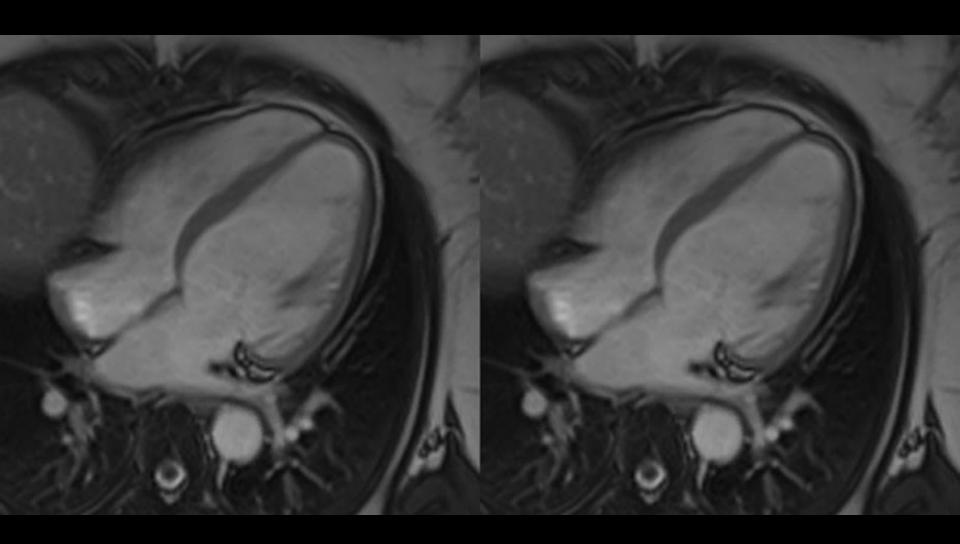
Cine SAX



Cine RAO

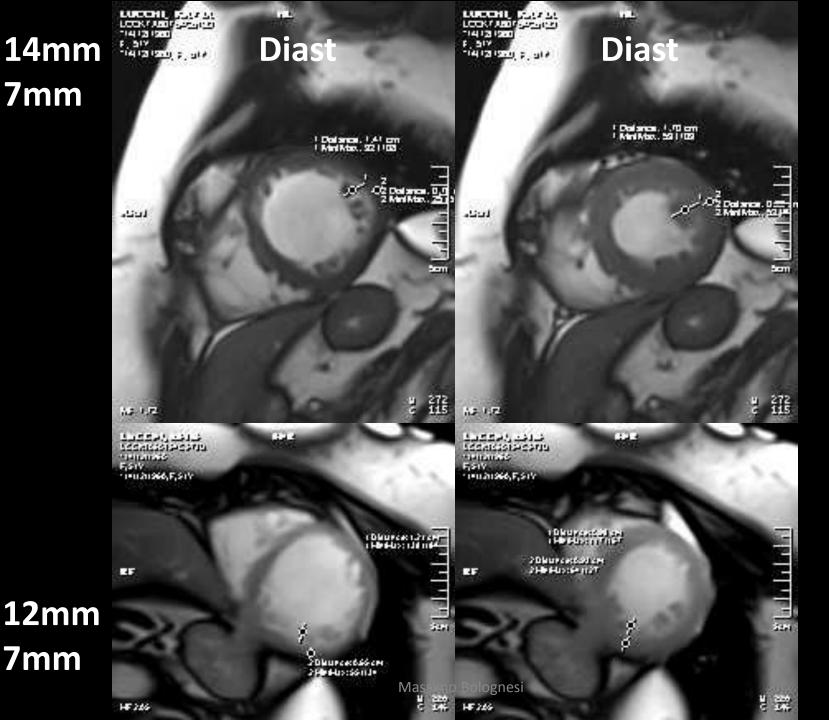


Cine 4CH



14mm 7_mm

7mm



17mm 8mm

10mm 10mm LECKTOSOTS CSTID TELEVISION F,SIV TELEVISION,F,SIV NICHERINI S