Dilated Cardiomyopathy in Non Compaction Left Ventricle with Systolic Impaired Function and Severe Functional Mitral Regurgitation: Echocardiography and Cardiac Magnetic Resonance Findings.
A case study

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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.
Cine SAX

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Cine RAO