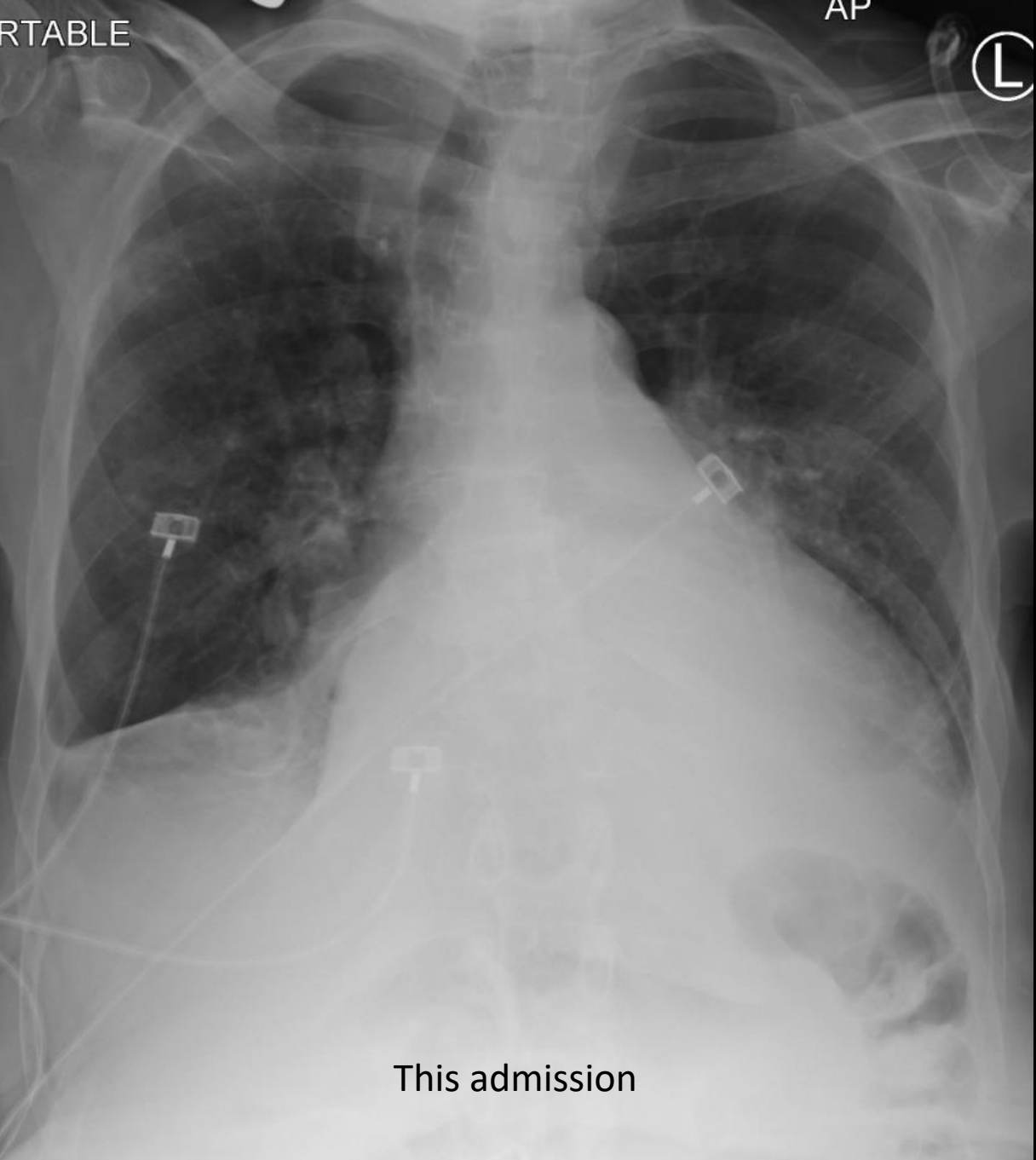


POCUS Case Conference

10/27/2016

Case

- 66 y.o. woman with NIDCM (HTN, anthracycline) w/ EF 30s-40s, COPD, chronic non-compliance with Tx, p/w worsening DOE, orthopnea, PND and LE edema.
- On admission in obvious CHF. 147/92, 110, afebrile
- BNP 2.5K



Case

- When seen next am, w/o SOB. No LE edema.
- Decreased BS b/l bases. No crackles
- JVP is elevated
- + S3
- No Murmurs
- + precordial heave

10/17/16 11:59:14PM ADM 101716-115629PM

GE
L_o

3Sc Adult MI 1.2 TIs 0.3



5-

M

10-

10/17/16 11:59:15PM ADM 101716-115629PM

GE
Le

3Sc Adult MI 1.2 TIs 0.2



5-

M

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10/18/16 12:01:48AM ADM 101716-115629PM

GE
L_e

3Sc Adult MI 1.2 TIs 0.2



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10/18/16 12:04:01AM ADM 101716-115629PM

GE
L_e

3Sc Adult MI 1.2 TIs 0.3

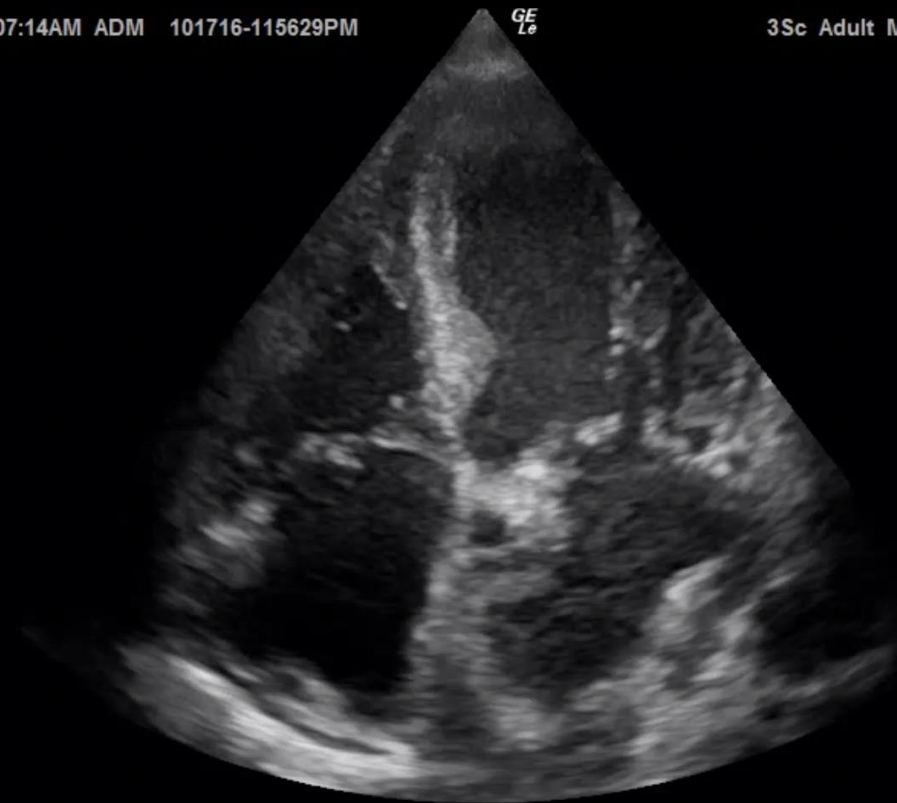


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10/18/16 12:07:14AM ADM 101716-115629PM

GE
L_e

3Sc Adult MI 1.2 TIs 0.4



0-

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15-

10/18/16 12:28:59AM ADM 101716-115629PM

GE
L_e

3Sc Adult MI 1.2 TIs 0.2

U⁻



5-

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10/18/16 12:14:47AM ADM 101716-115629PM

GE
L_e

3Sc Adult MI 1.2 TIs 0.3



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10/18/16 12:30:59AM ADM 101716-115629PM

GE
Le

3Sc Abdomen MI 1.2 TIs 0.2



31:10AM ADM 101716-115629PM

GE
Le

3Sc Abdomen MI 1.2 T12:31:32AM ADM 101716-115629PM

GE
Le

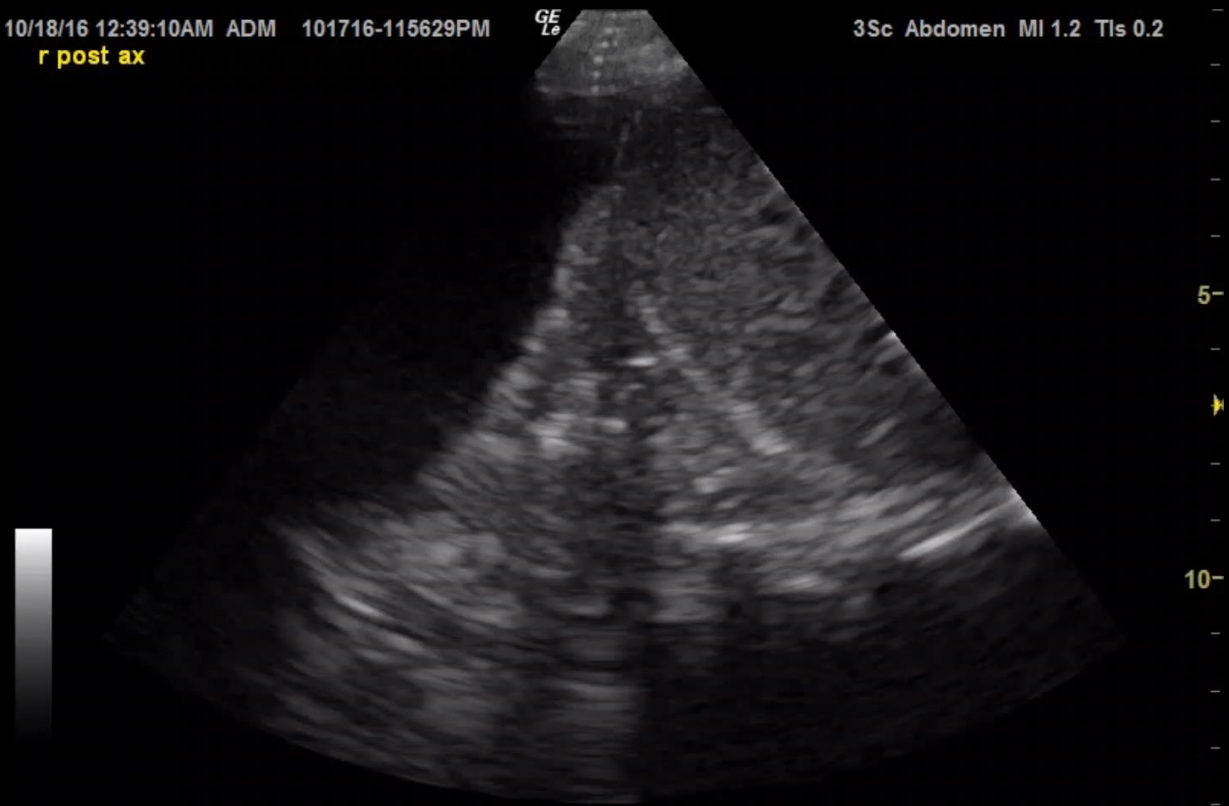
3Sc Abdomen MI 1.1 T1s 0.0

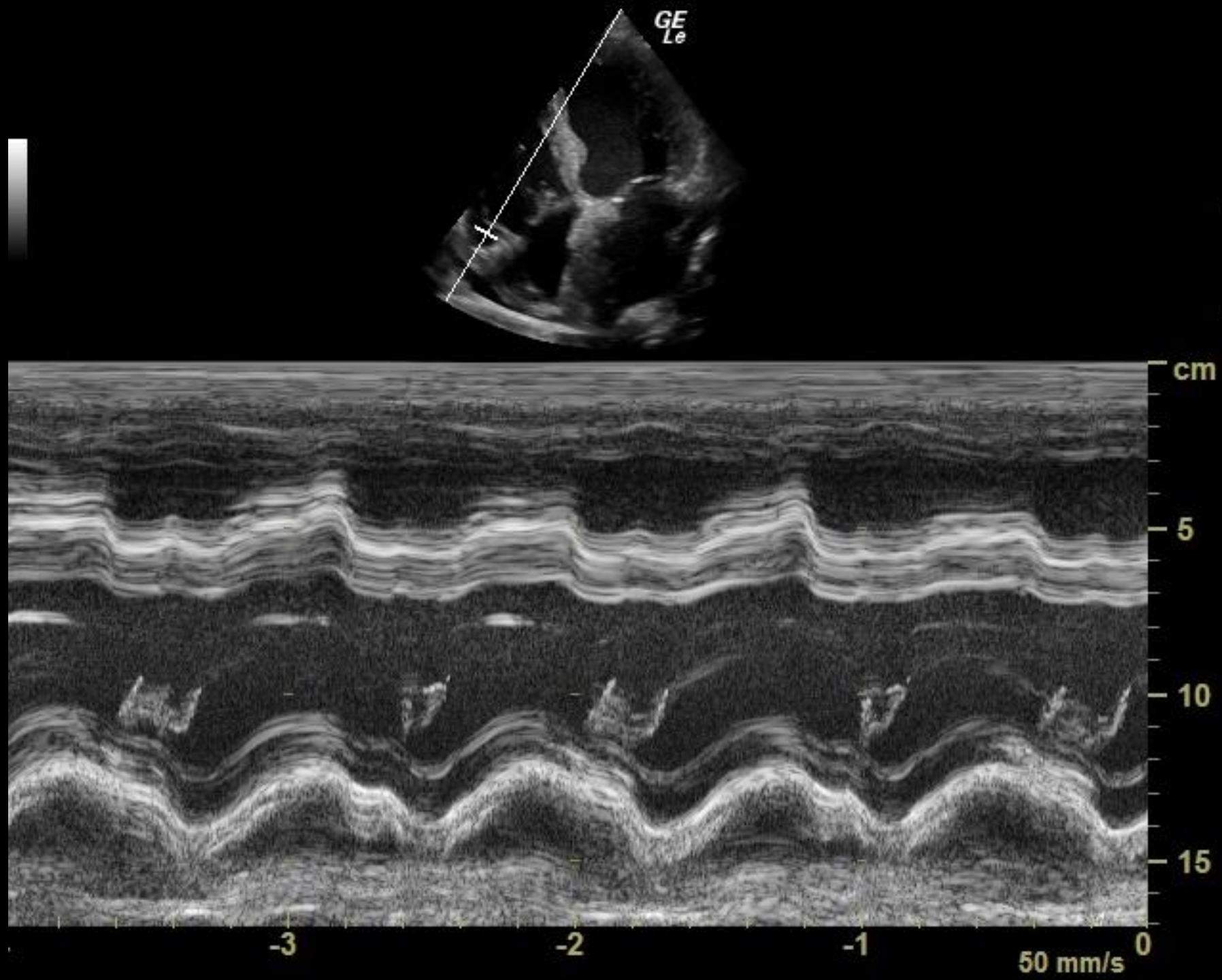


10/18/16 12:39:10AM ADM 101716-115629PM
r post ax

GE
L_o

3Sc Abdomen MI 1.2 TIs 0.2

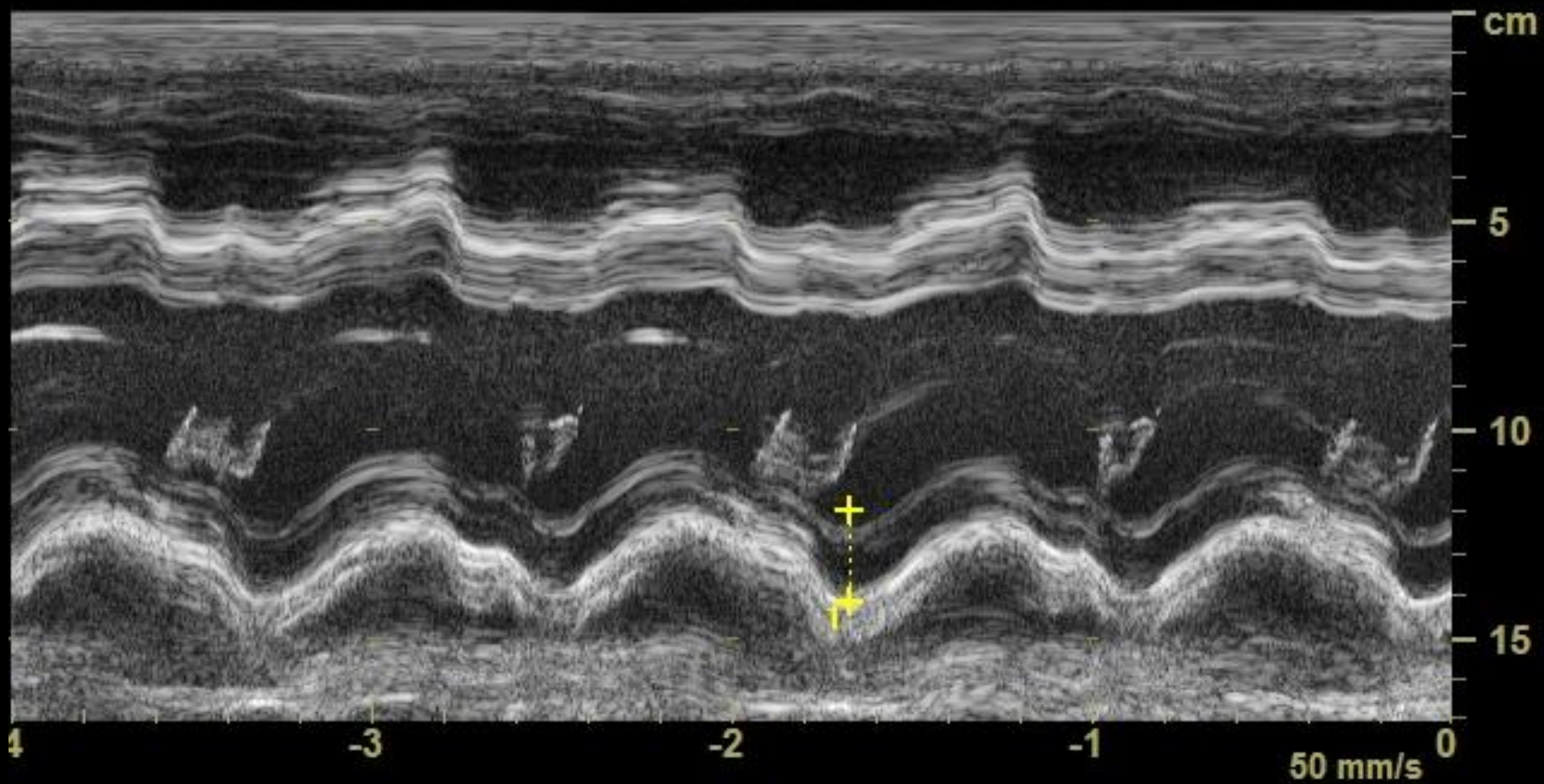




L 2.18 cm



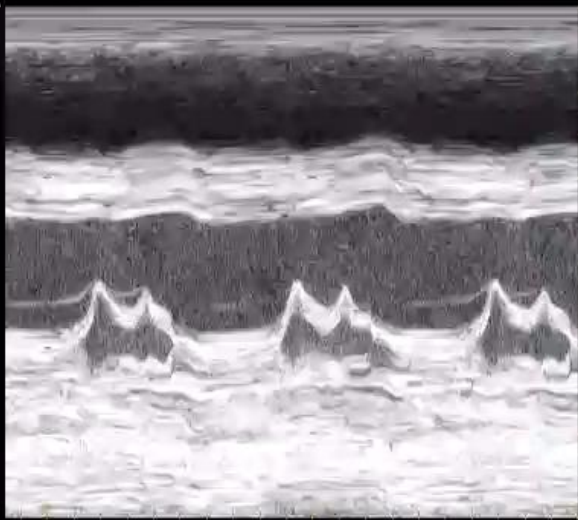
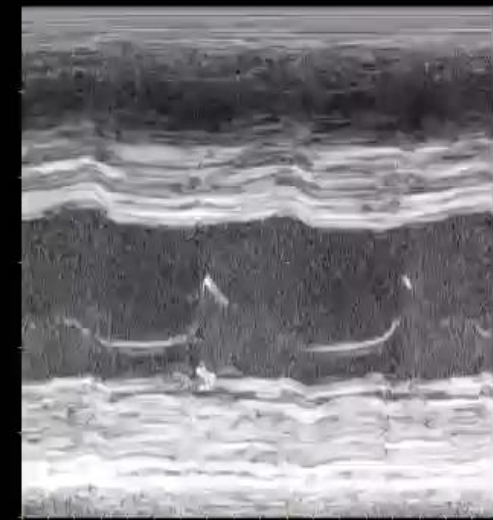
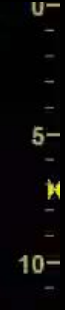
TAPSE



10/18/16 12:00:24AM ADM 101716-115629PM

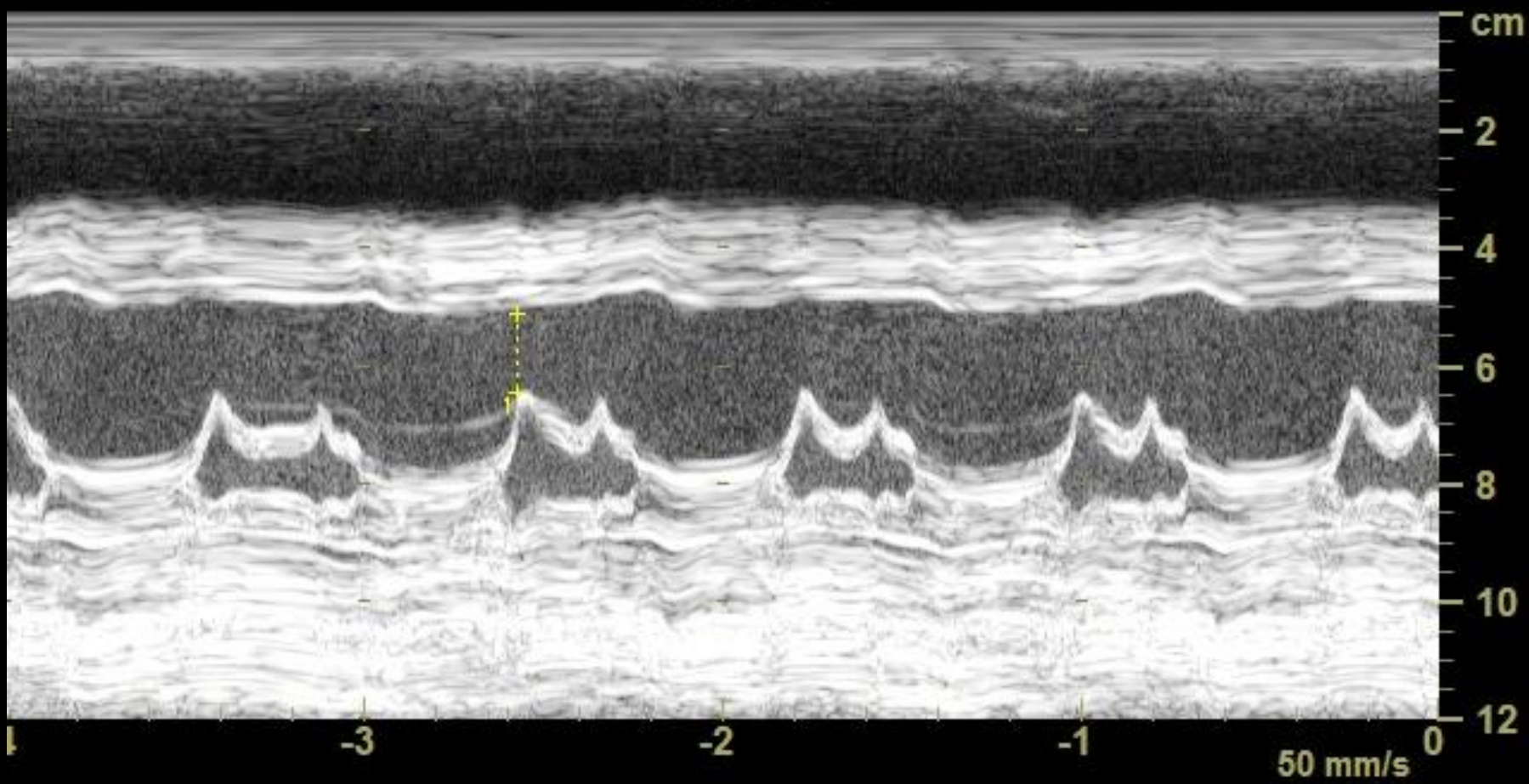
GE
L_e

3Sc Adult MI 1.2 TIs 0.2



-4 -3 -2 -1 50 mm/s

L 1.34 cm



L upper chest
Mid-clavicular line

6AM ADM 101716-115629PM

GE
Le

3Sc Abdomen MI 0.9 TIs 0.1



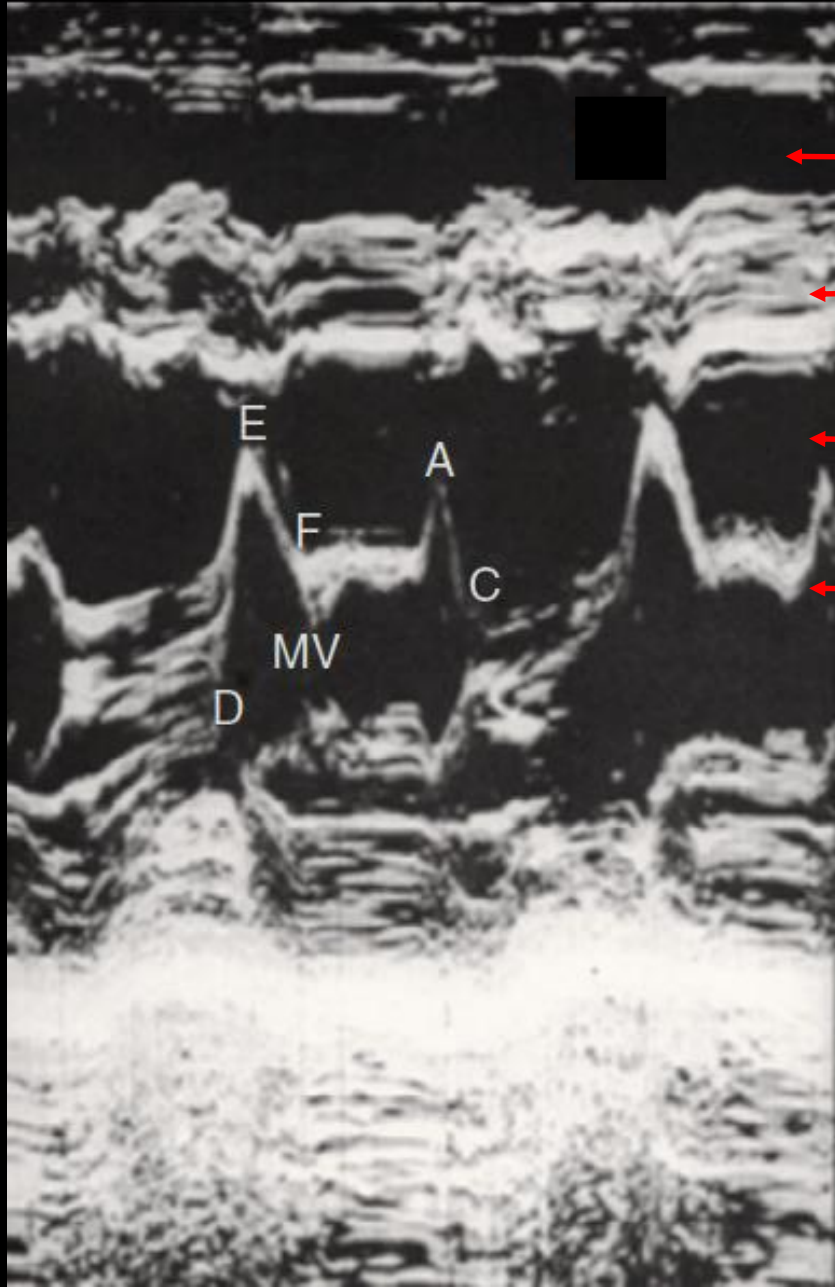
R upper chest
Mid-clavicular line

6AM ADM 101716-115629PM

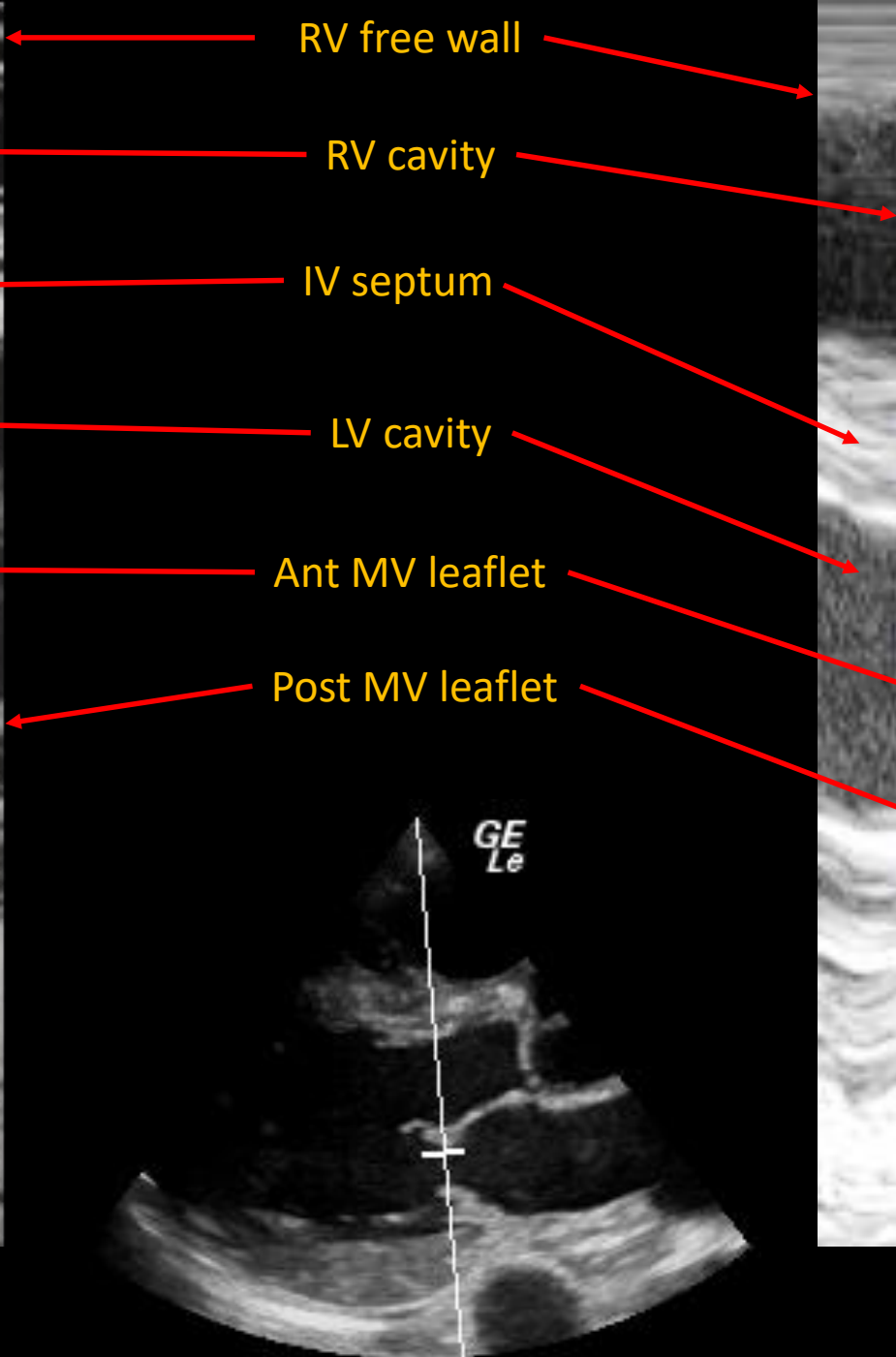
GE
Le

3Sc Abdomen MI 0.9 TIs 0.1





Normal



RV free wall

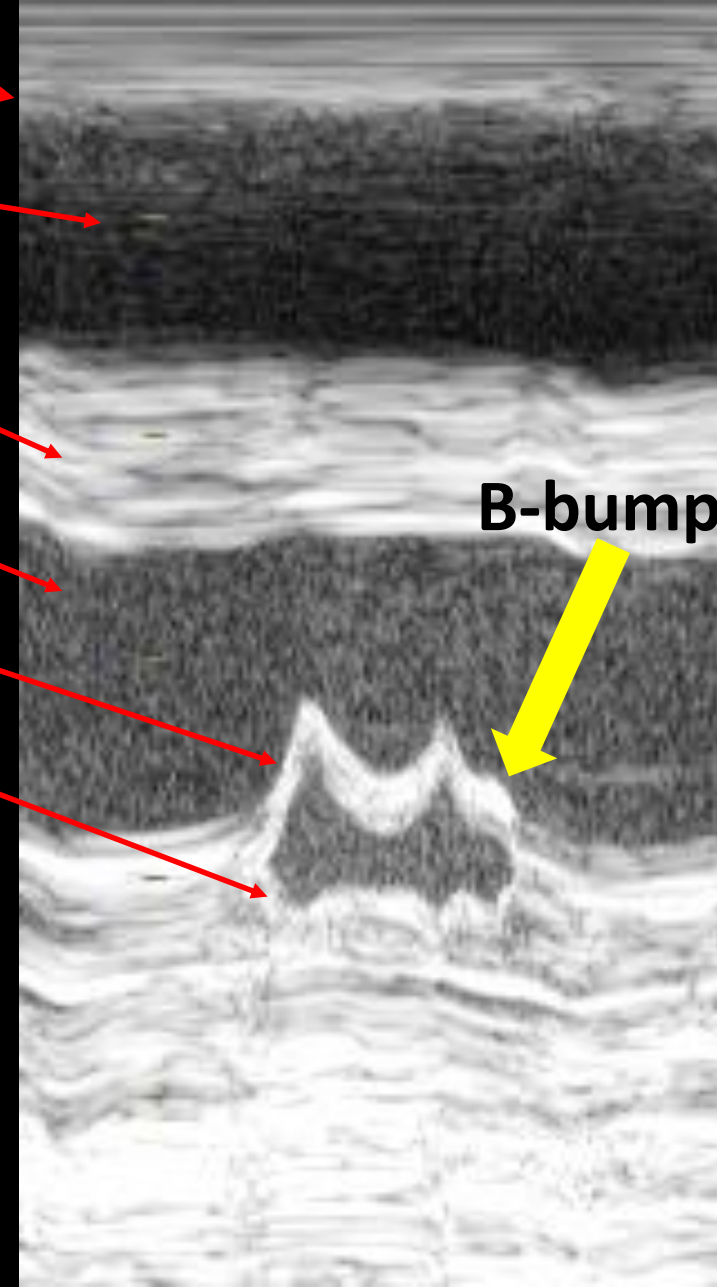
RV cavity

IV septum

LV cavity

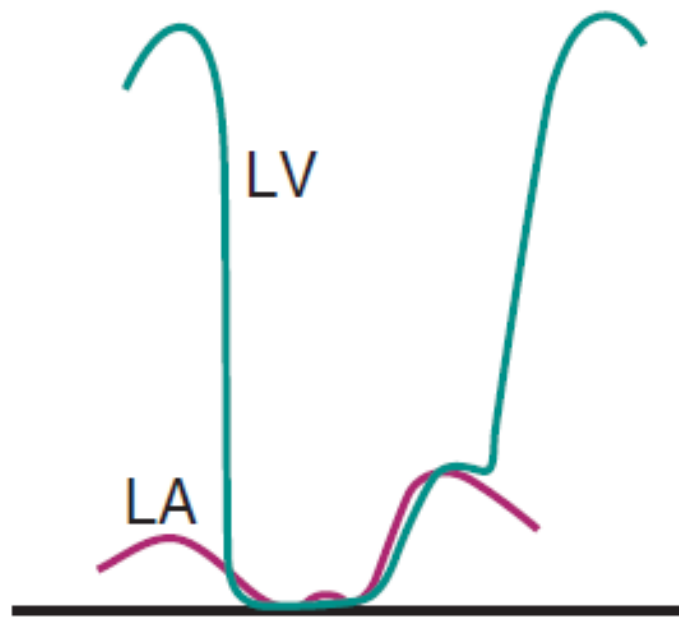
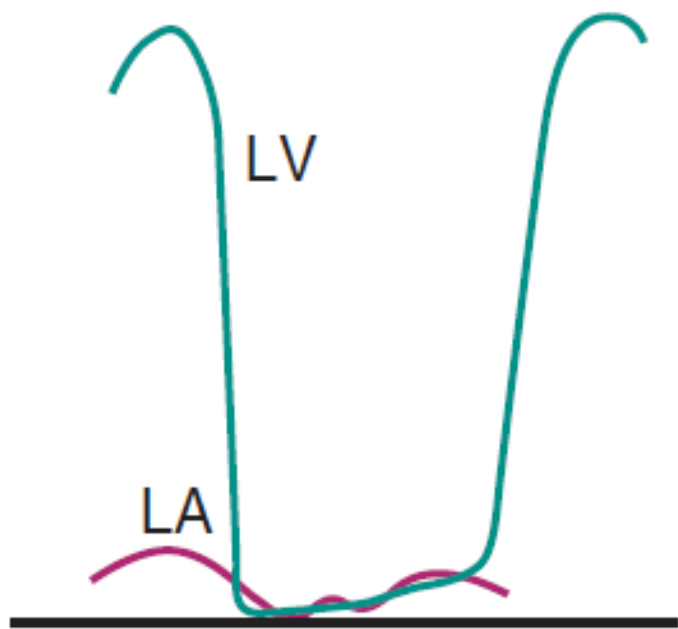
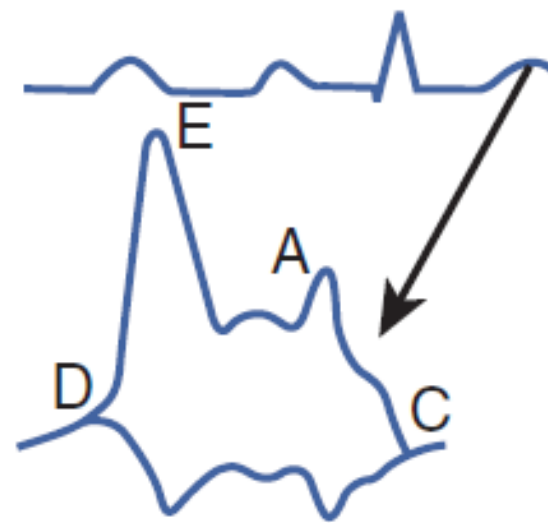
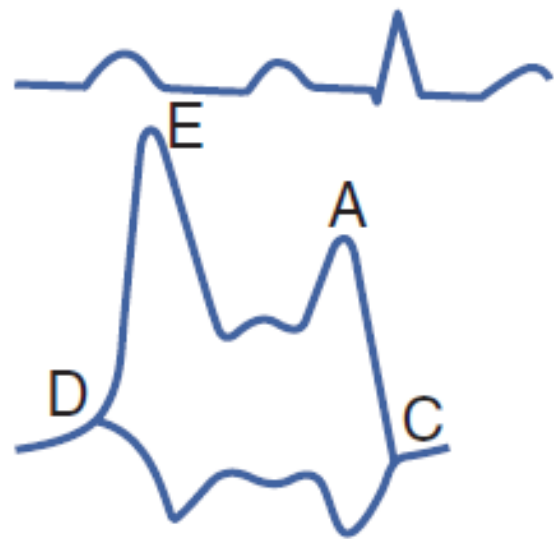
Ant MV leaflet

Post MV leaflet



B-bump

Patient



and an elevated LV end-diastolic pressure. A “B-bump” is not a normal finding and should not occur if the LV diastolic pressure is normal and the mitral flow is truly normal. This M-mode finding can also be useful in differentiating patients who have a mitral Doppler E/A ratio less than 1 because of abnormal LV relaxation from those in whom the abnormal ratio is caused by low LV filling pressures. Patients with diastolic dysfunction frequently may have elevated diastolic pressures and an M-mode B-bump, which will not be present with low LV filling pressures. This situation is another example of how M-mode and Doppler recordings can provide complementary hemodynamic information.

Feigenbaum, H. Role of M-mode Technique in Today's Echocardiography.
J Am Soc Echocardiography 2010;23:240-57

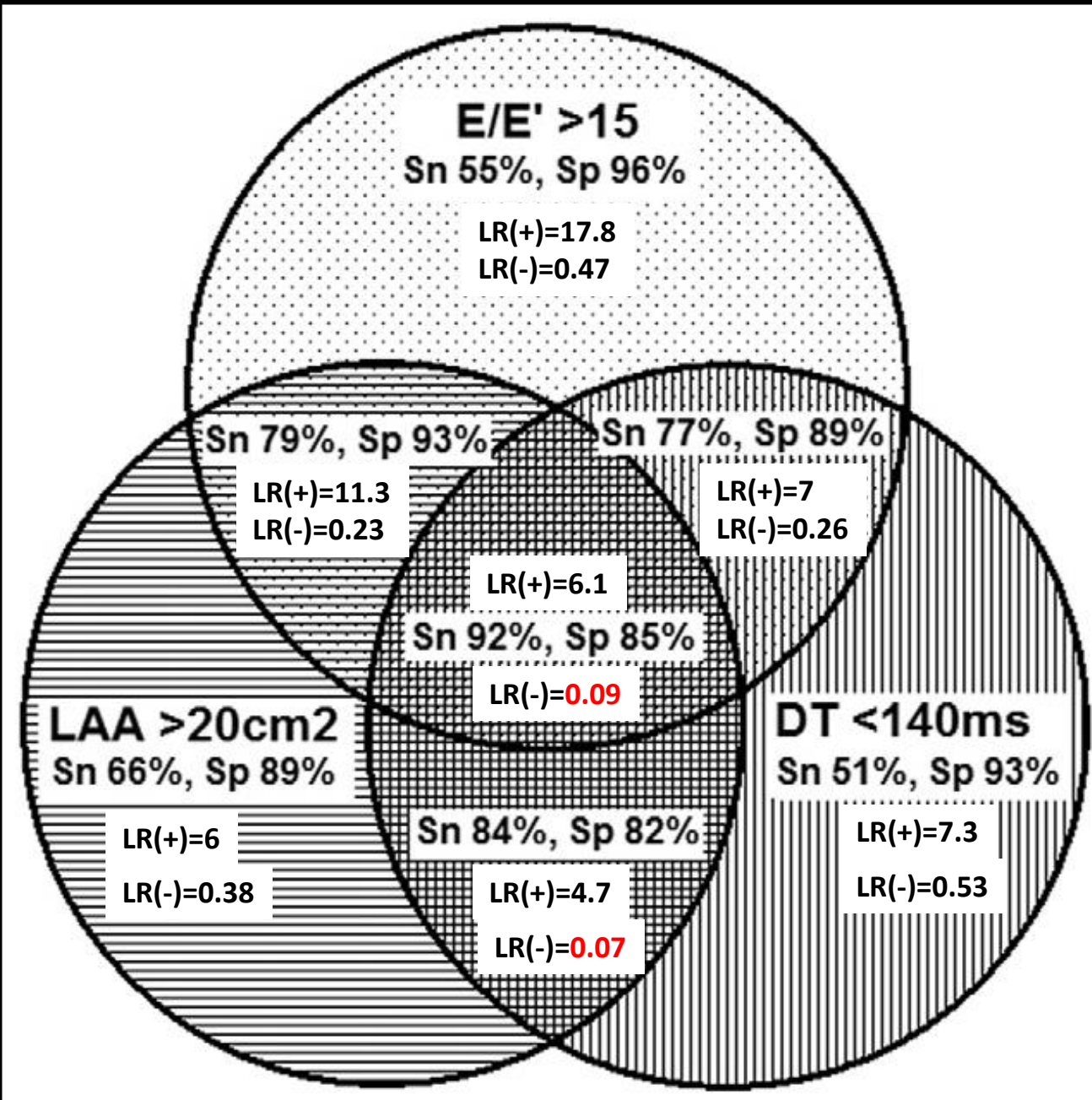
ASE/EACVI GUIDELINES AND STANDARDS

Recommendations for the Evaluation of Left Ventricular Diastolic Function by Echocardiography: An Update from the American Society of Echocardiography and the European Association of Cardiovascular Imaging

Sherif F. **Nagueh**, Chair, MD, FASE, Otto A. Smiseth, Co-Chair, MD, PhD, Christopher P. Appleton, MD, Benjamin F. Byrd, III, MD, FASE, Hisham Dokainish, MD, FASE,¹ Thor Edvardsen, MD, PhD, Frank A. Flachskampf, MD, PhD, FESC, Thierry C. Gillebert, MD, PhD, FESC,² Allan L. Klein, MD, FASE, Patrizio Lancellotti, MD, PhD, FESC, Paolo Marino, MD, FESC,² Jae K. Oh, MD, Bogdan Alexandru Popescu, MD, PhD, FESC, FASE,² and Alan D. Waggoner, MHS, RDCS

J Am Soc Echocardiogr 2016;29:277-314

NO B-BUMPS



B –bump vs EDP

	Sensitivity	Specificity	LR(+)	LR(-)
All	54%	77%	2.3	0.6
Decreased systolic fx	60%	75%	2.4	0.5
Normal systolic fx	41%	77%	1.8	0.8