

Scary Cardiovascular Images

Greater Houston Society of Echo
Vascular (GHSEV)

For: October 29, 2020

Houston, TX

Case submission Instructions

Scary Echos Case Submission Instructions

- Submit up to 4 cases per lab
- Education Committee will select up to 2 cases per lab for sonographer presentation at 10/29/20 GHSEV Meeting
- Prizes Given for the best (“scariest”) case and other categories
- Use either a “long” or “short” format (below) **Oral presentation < 5 min /per case!**
- **Long Format** (see example Case 1)
 - 4-6 slides
 - Short 1-2 line clinical summary
 - Final slide incorporates most striking image and bulleted teaching points (reference if appropriate)
- **Short Format** (see example Case 2)
 - 2-3 slides
 - Short 1-2 line clinical summary – teaching points final image “give away” slide

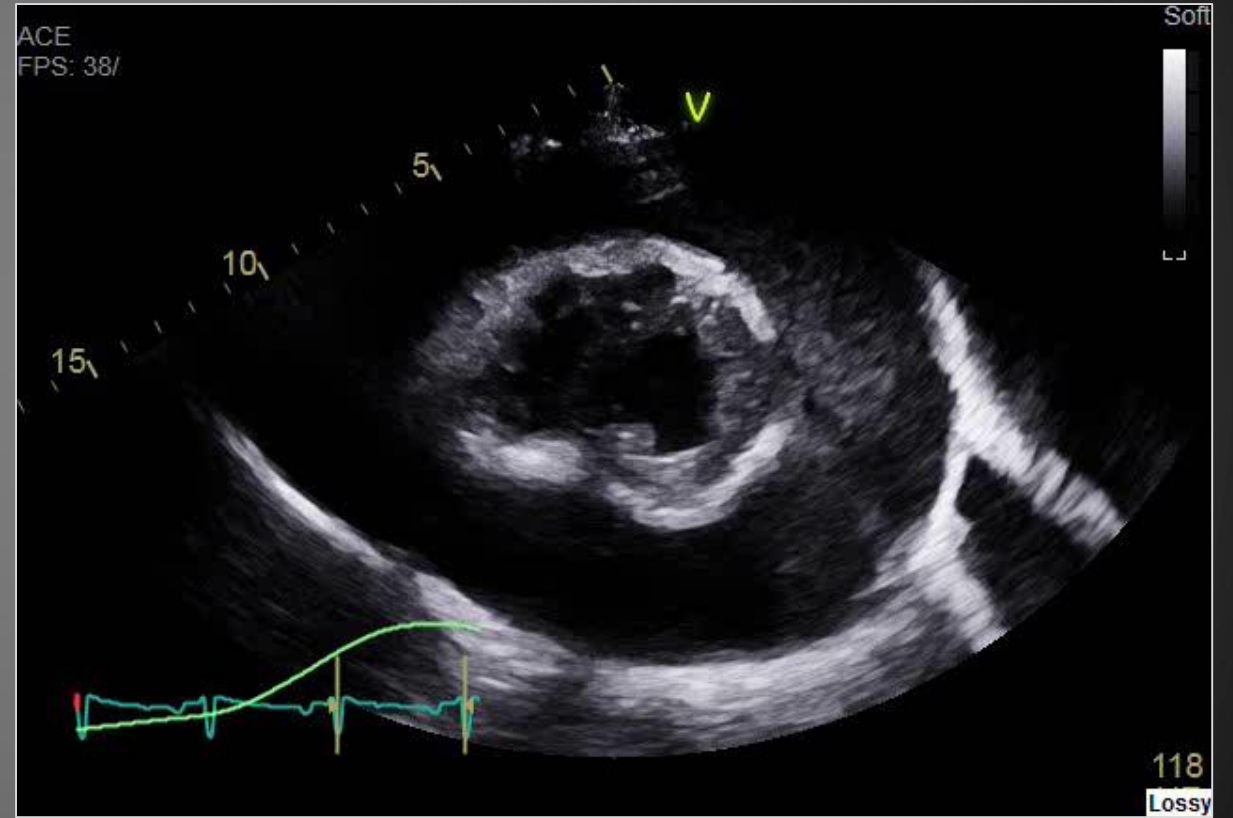
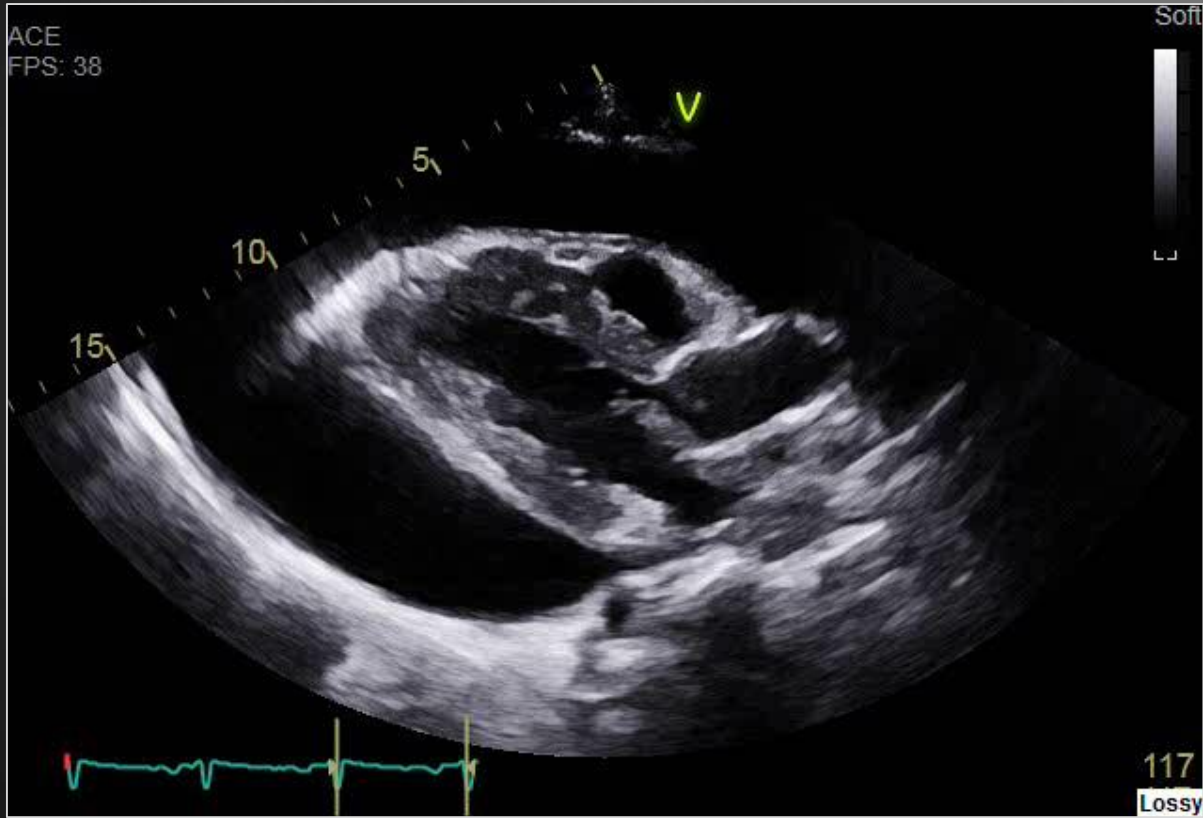
Scary Echos Case Submission Instructions

1. Create in PowerPoint (“long” or “short” format – see following examples)
 - I. Title slide:
 - Echo lab name
 - Sonographer presenter
 - MD mentor if appropriate (but not necessary)
 - II. Slide Background:
 1. Be creative (scary) or plain background
 2. If selected, we can place your case into scary GHSEV slide background – or use your submitted scary slide format.
 - III. Moving images – usually AVI best – creating a teaching case from your lab with moving images is part of the challenge!
2. Submit case and author information using online form, and upload case(s)
 - Access [online submission form here](#), and upload case using Dropbox link in the submission form. If you have trouble, email us at: education@ghsev.org

Example Case 1 – long format (4-6 slides)

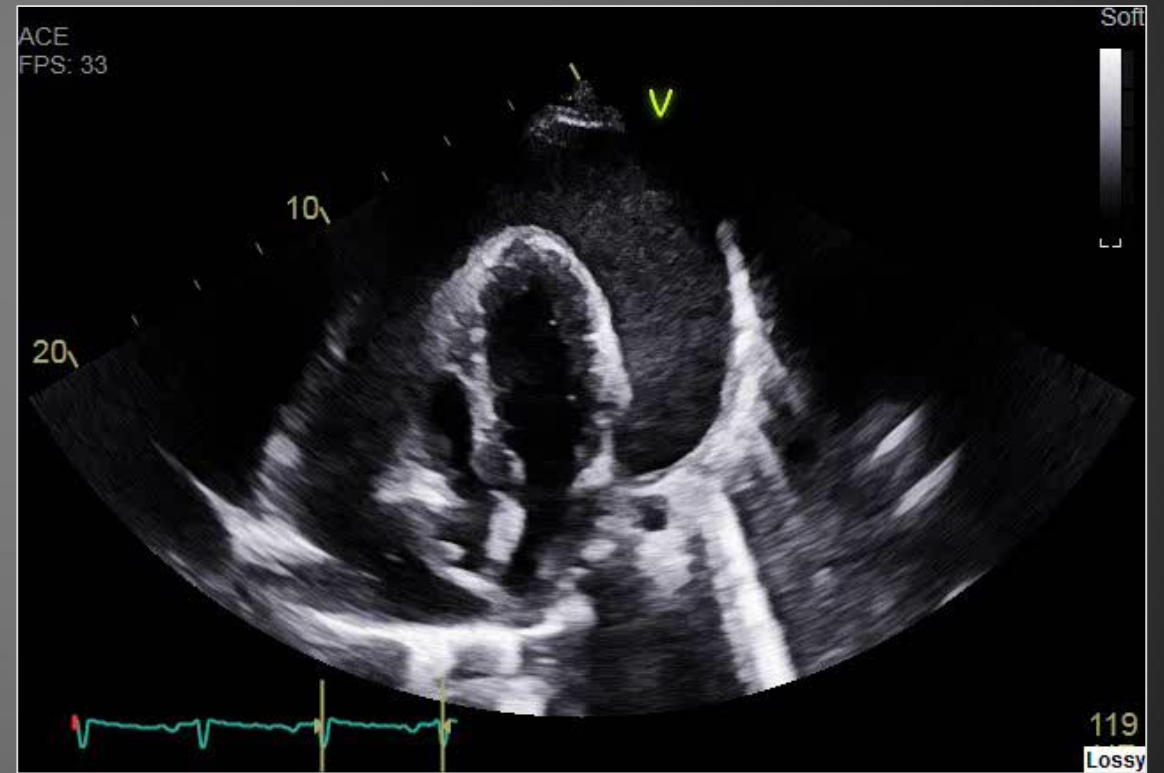
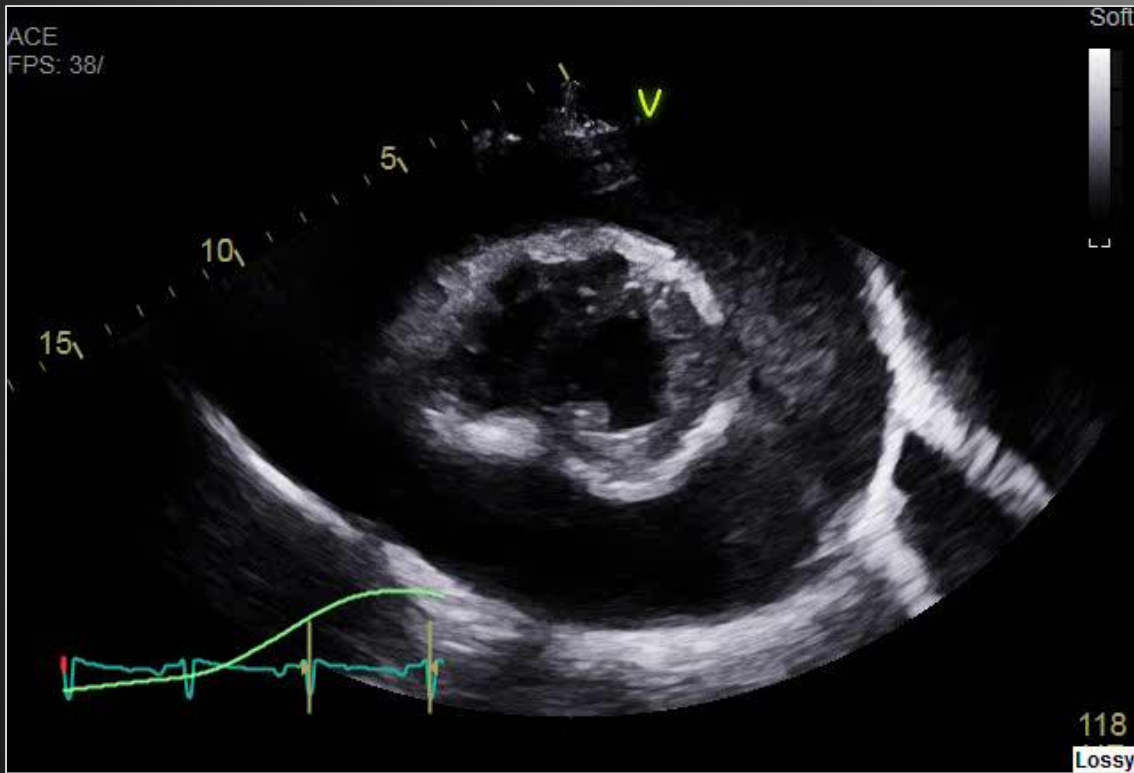
Case 1 (long)

- Previously healthy 18 yr male high school athlete
- several day hx new constant chest discomfort and DOE



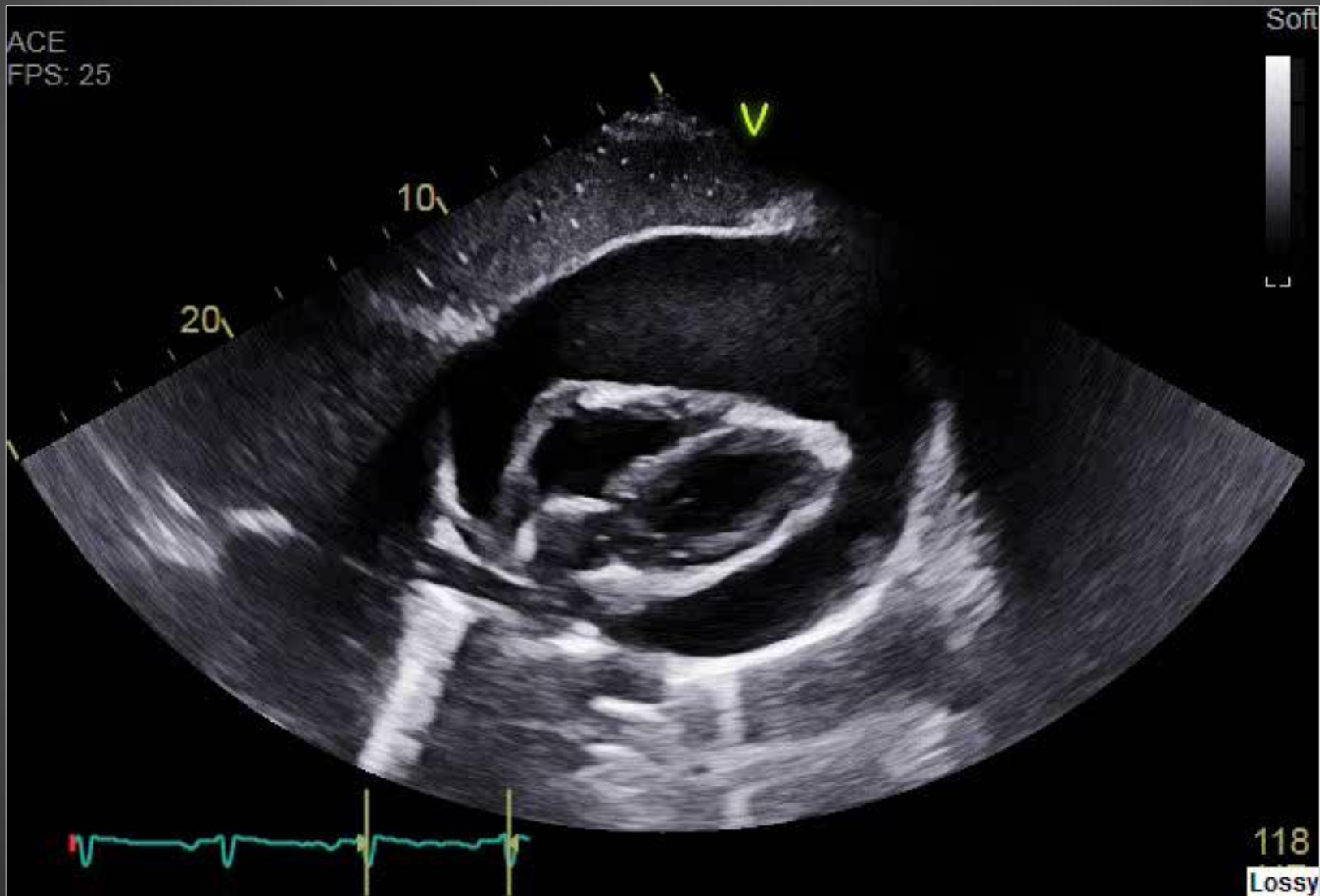
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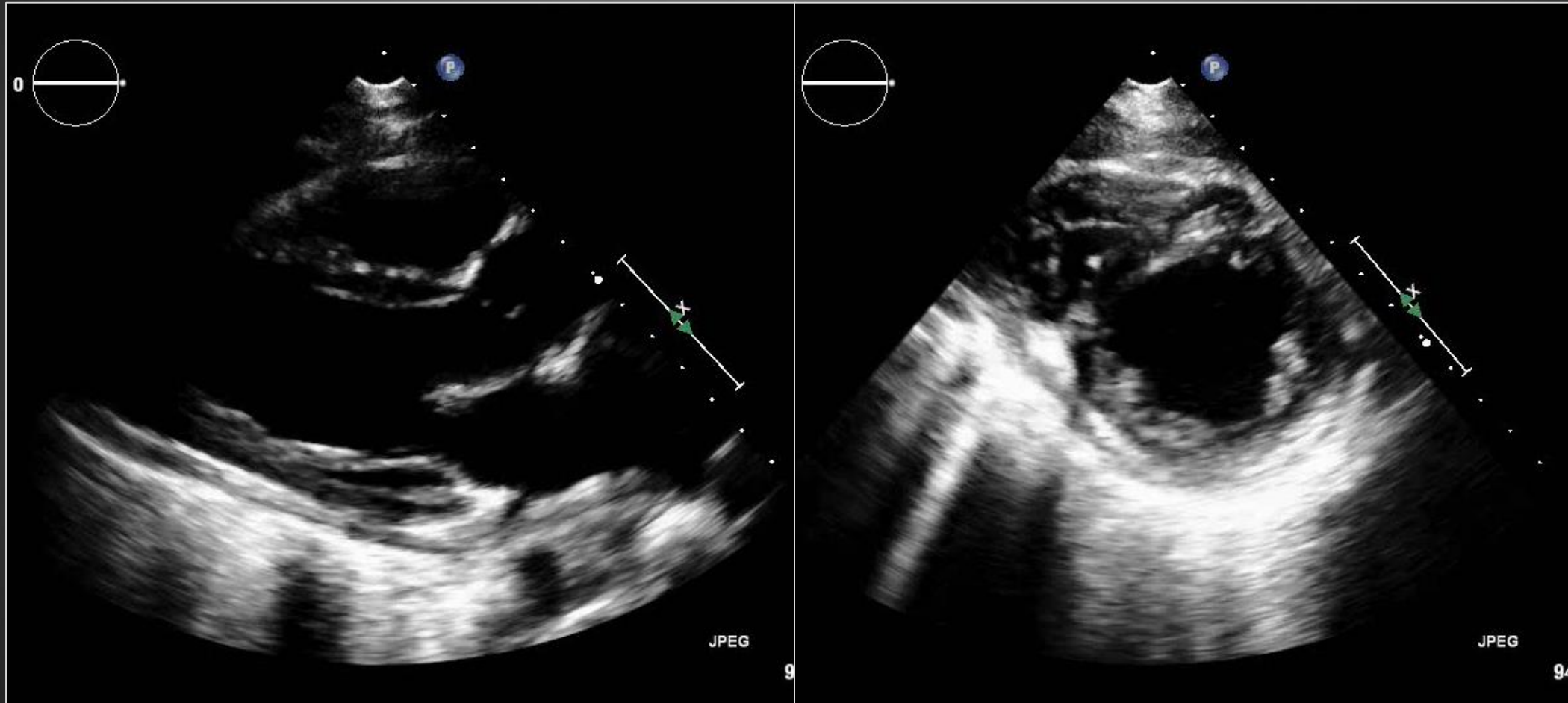
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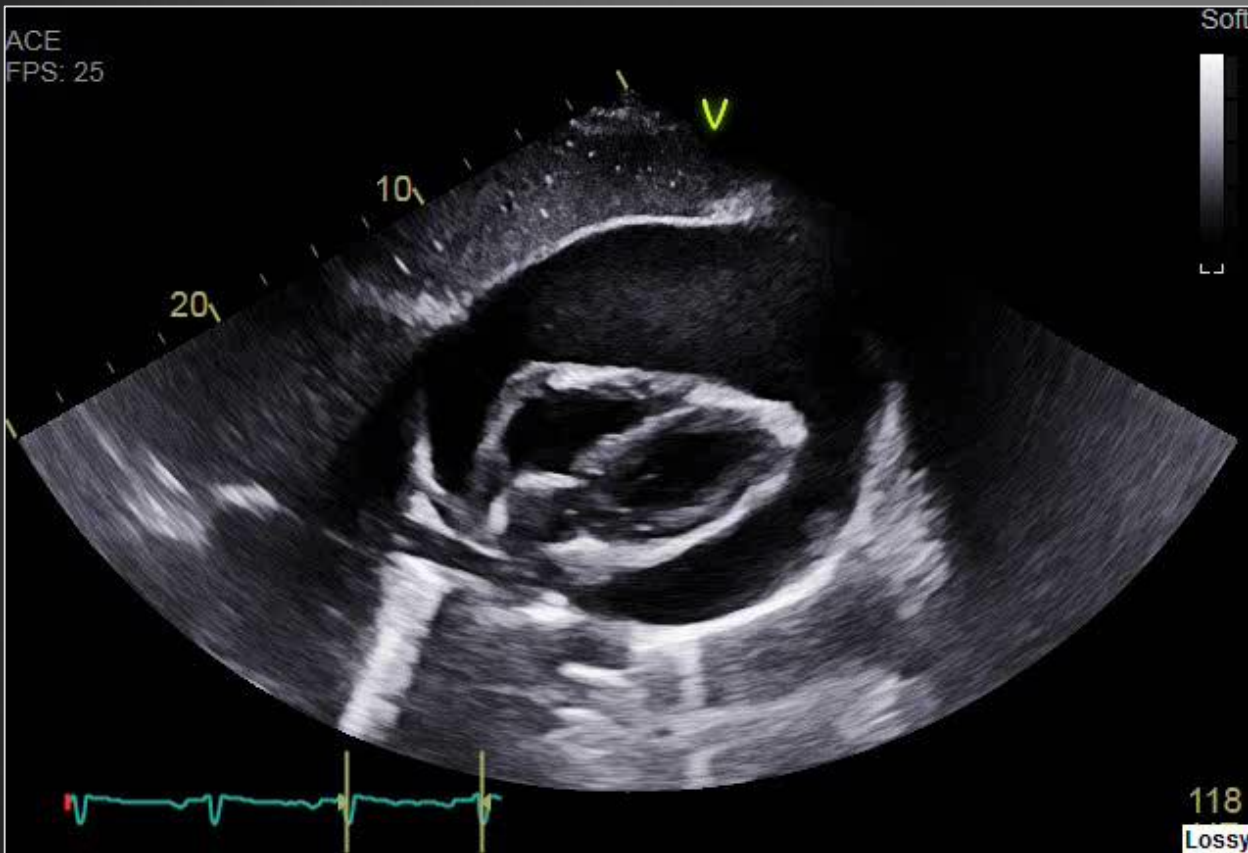
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- s/p pericardial window – 2 Liters bloody fluid (micro & cyto neg) asx 2 wk f/u

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- Previously healthy 18 yr male high school athlete
- several day hx new constant chest discomfort and DOE



Idiopathic vs Viral pericarditis

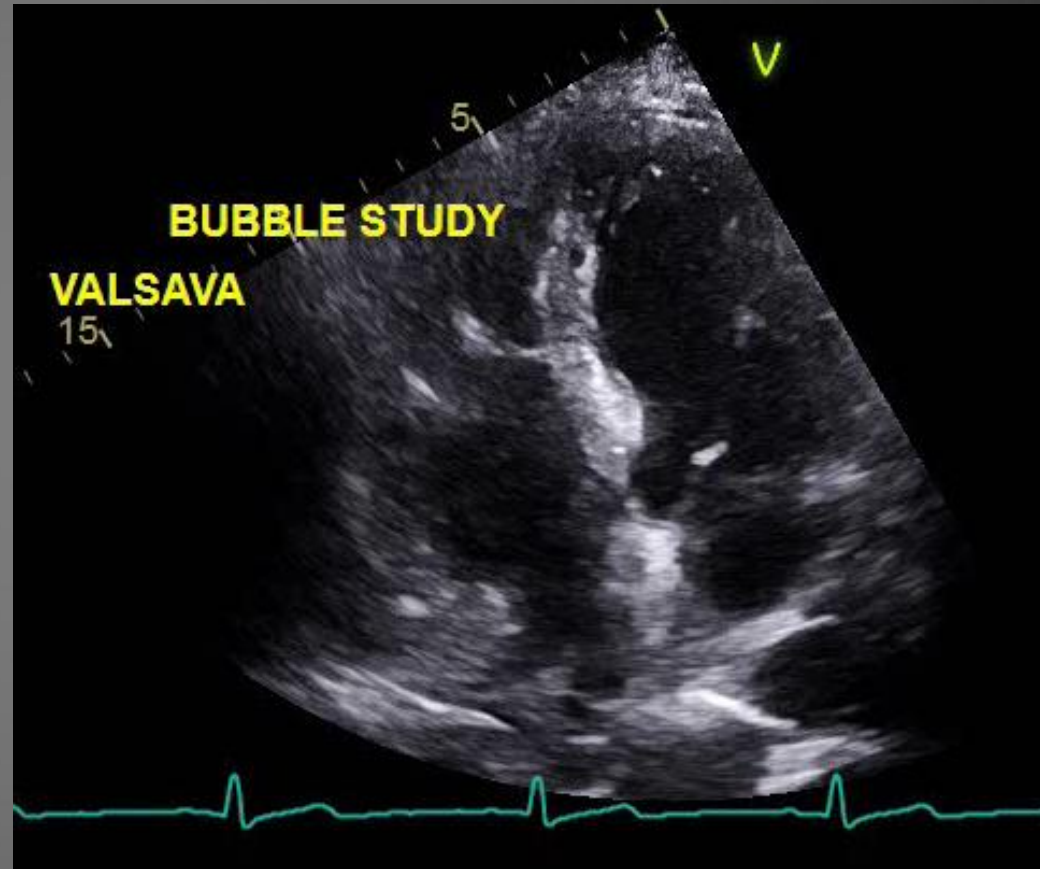
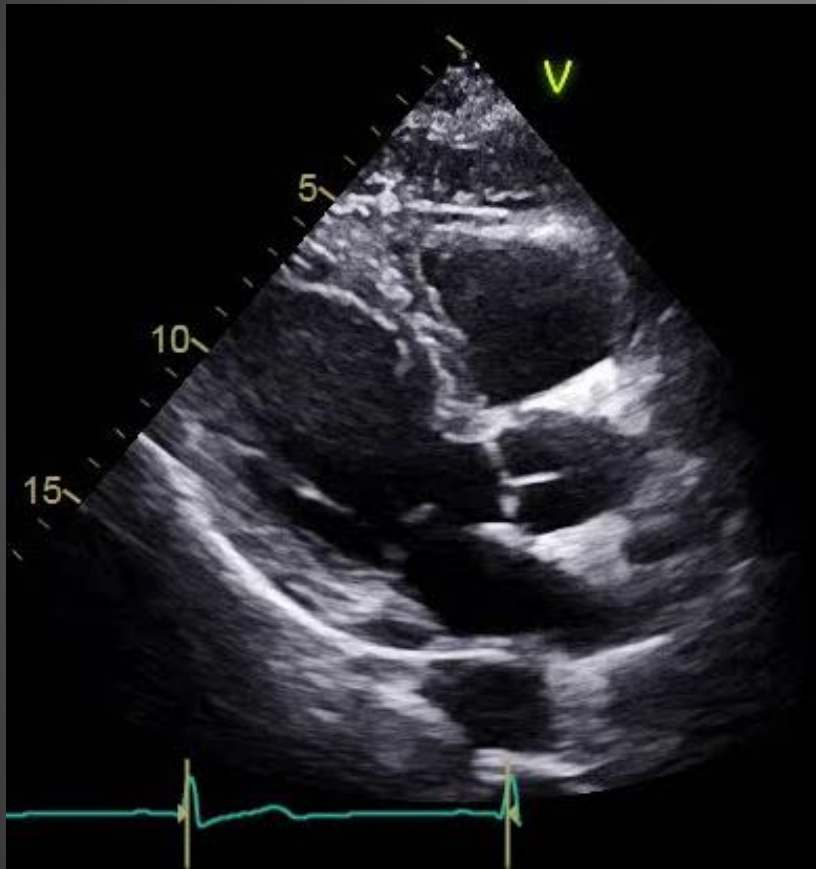
- Imaging / clinical teaching point 1
- Imaging / clinical teaching point 2
- Imaging / clinical teaching point 3
- Etc.
- Reference material if appropriate
- (note: this case was very scary because the effusion is so large, heart so tiny, pt young and healthy, images very high quality –very beautiful (frame it) & several learning points can be made)

- s/p pericardial window – 2 Liters bloody fluid (micro & cyto neg) asx 2 wk f/u

Example Case 2 – Short format (2-3 slides)

Case 2 (short)

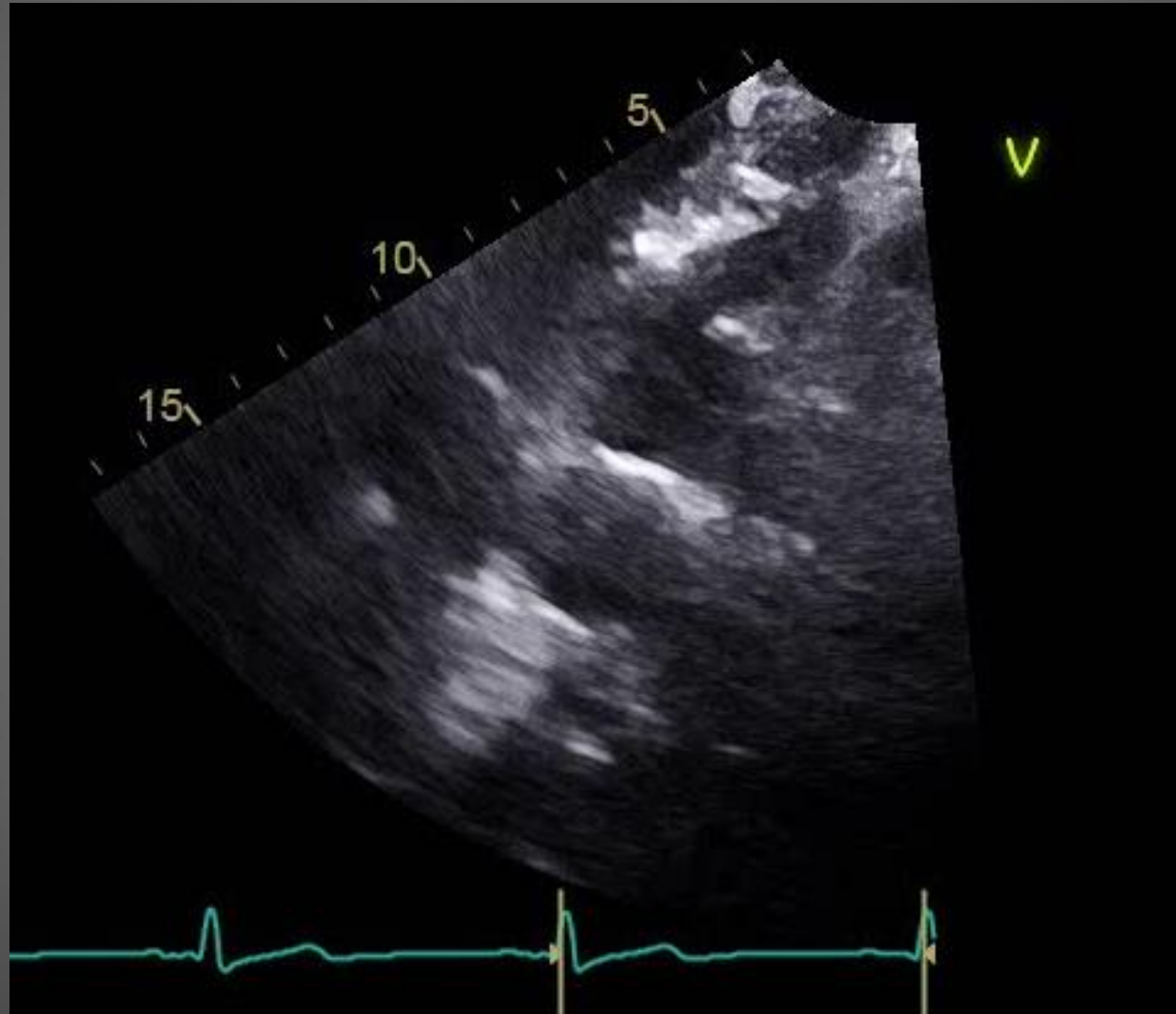
- 72 yr male with TIA – resolved hemiparesis – echo ordered for “stroke.”



(clearly negative PFO bubble study)

Case 2 (short)

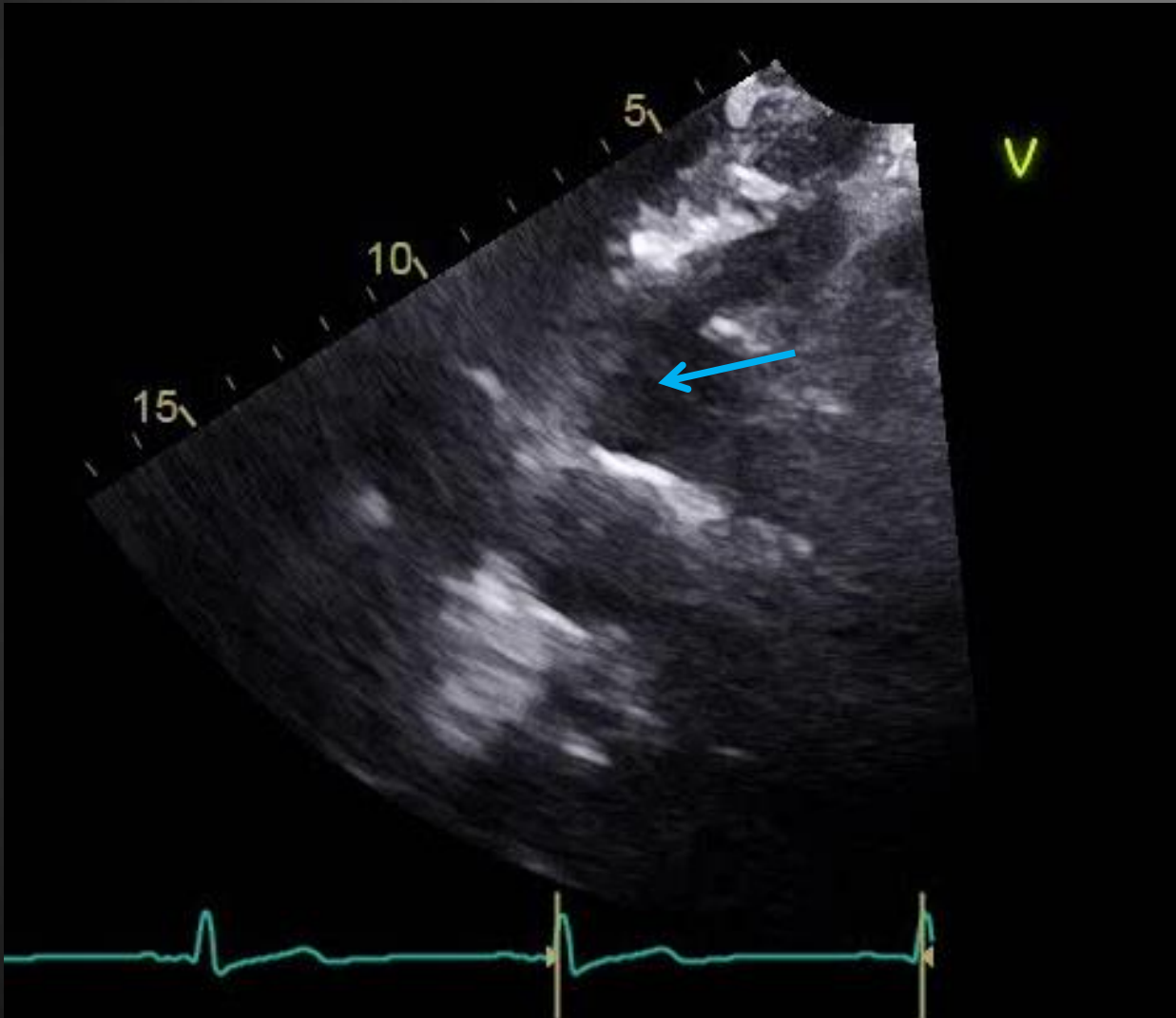
- 72 yr male with TIA – resolved hemiparesis.



**What do
you see?**

Case 2 (short)

- 72 yr male with TIA – resolved hemiparesis.



- Suprasternal Notch View
- Large mobile probable thrombus, transverse arch near left common carotid artery (likely source of TIA)
- *Note: Although this initially seems like a mundane case to r/o a PFO, it turned out to be very "scary" – what if we missed this. Reminder to keep your eyes peeled for other causes of cardioembolic causes. In addition, the SSN view can be challenging and in some labs it has even (inappropriately) been abandoned due to low yield and sometimes difficult to obtain – way to go- sonographer!*