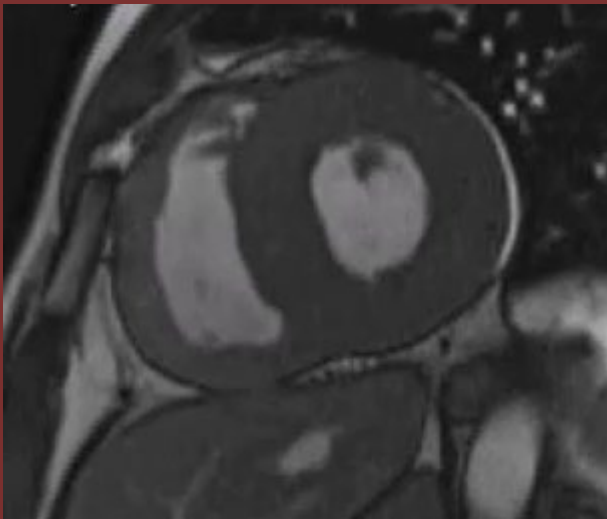
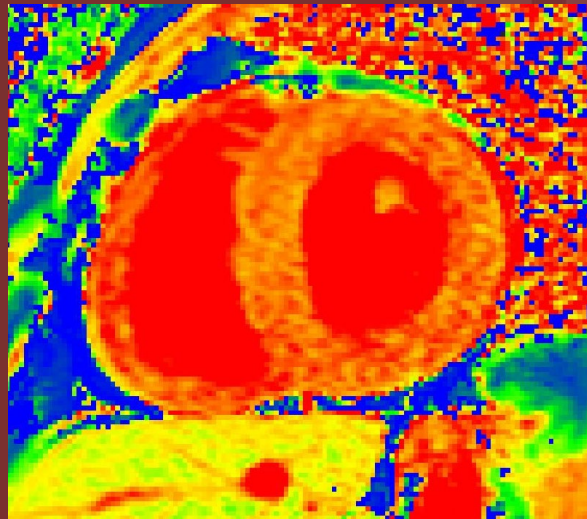


52-year-old male with abnormal ECG and TTE



Short axis SSFP view demonstrates biventricular wall thickening with normal systolic function.



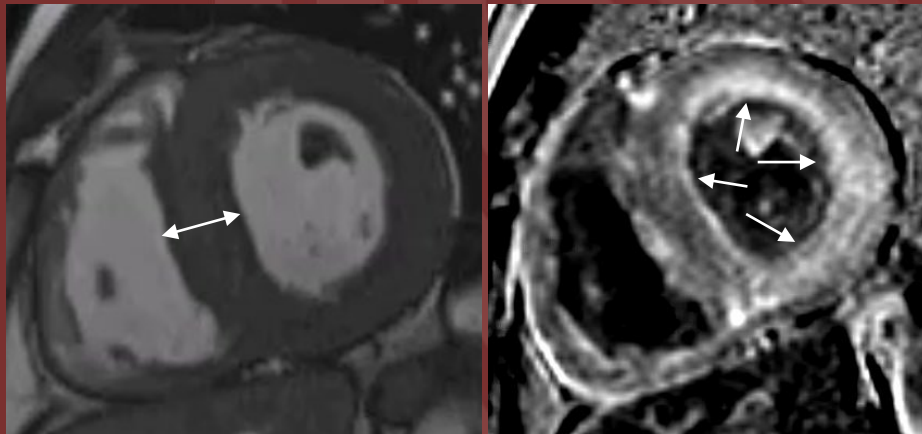
Native T1 colored map in short axis view with diffusely increased native T1 values (1182 msec).



Short axis PSIR view shows diffuse subendocardial enhancement. Also note the black signal of blood pool.

Diagnosis: Cardiac Amyloidosis

Cardiac amyloidosis is a type of infiltrative cardiomyopathy caused by abnormal extracellular accumulation of light-chain (AL) or transthyretin (ATTR) proteins. The process first results in diastolic dysfunction, can be associated with left ventricular or biventricular hypertrophy, thickening of interatrial septum, biatrial enlargement, pericardial or pleural effusions. The most typical LGE pattern is circumferential/diffuse subendocardial enhancement. Atrial wall or right ventricular enhancement can also be seen. Significantly elevated native T1 and ECV has high positive predictive values. Additionally, ECV has a higher diagnostic and prognostic value compared to native T1 values.



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