

# Radiology of cardiac diseases

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# LECTURE OBJECTIVES:

- To list radiological exams used to image to the heart and mediastinal vessels.
- To list advantages and disadvantages of each exam in relation to heart and mediastinal vessels imaging.
- To Identify normal appearance of the heart and mediastinal vessels on each modality.

# What radiological exams are used in imaging heart and mediastinal vessels?

- X ray
- Angiogram
- Echocardiogram
- CT scan
- MRI
- Nuclear scan

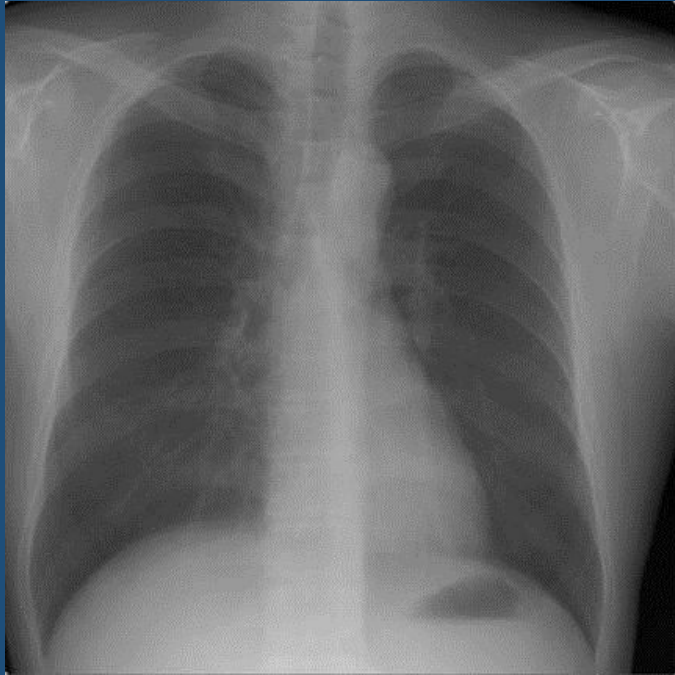
# What radiological exams are used in imaging heart and mediastinal vessels?

- X ray
- Angiogram
- Echocardiogram
- CT scan
- MRI
- Nuclear scan

**ALL ARE USED**

**X ray**

# Chest X ray = Radiograph = Plain film



# Chest X ray

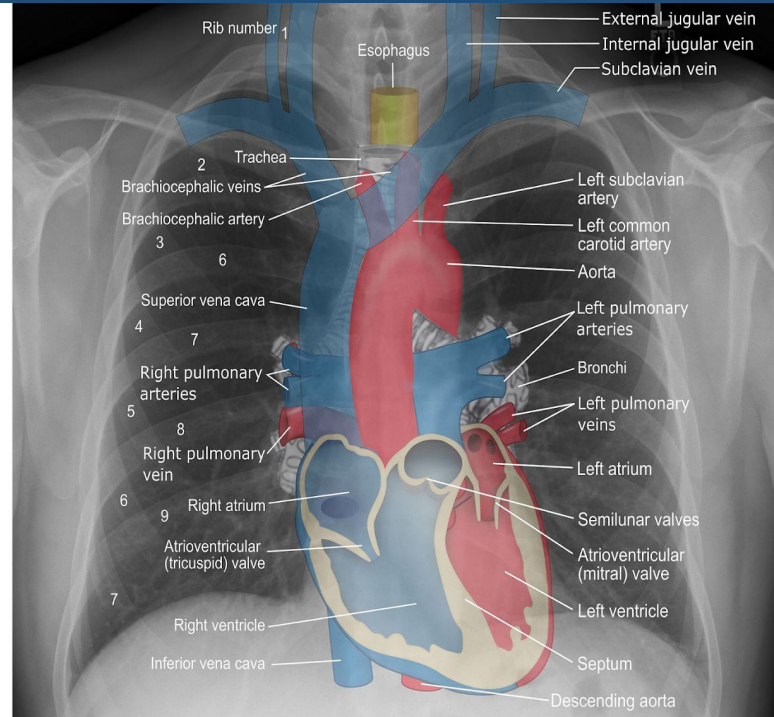
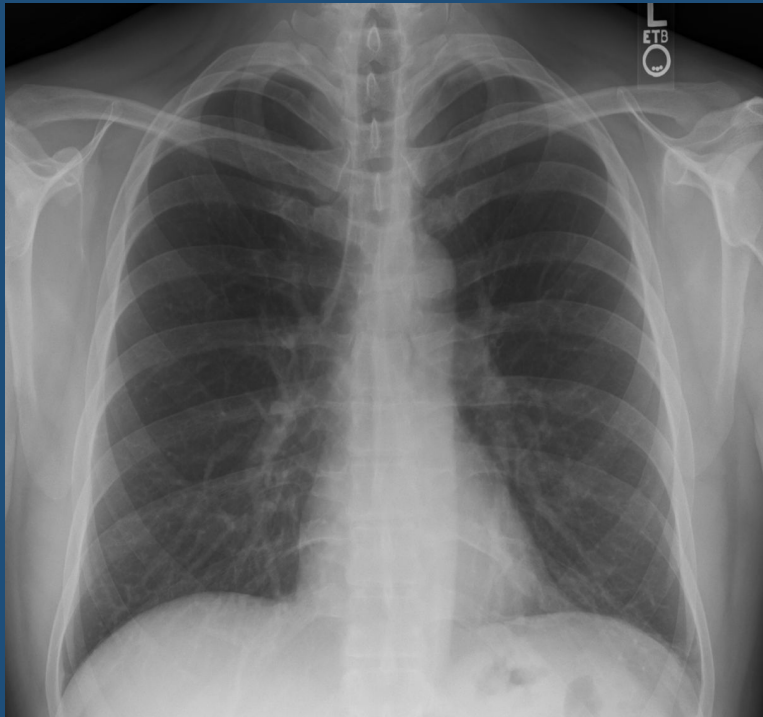
## **□ Advantages :**

- Widely available, portable, cheap, easy to read.
- Proper in assessing heart size.
- Proper in assessing heart position (e.g. dextrocardia).
- Proper in assessing lung changes secondary to cardiac diseases (e.g. pulmonary edema).

## **□ Disadvantages:**

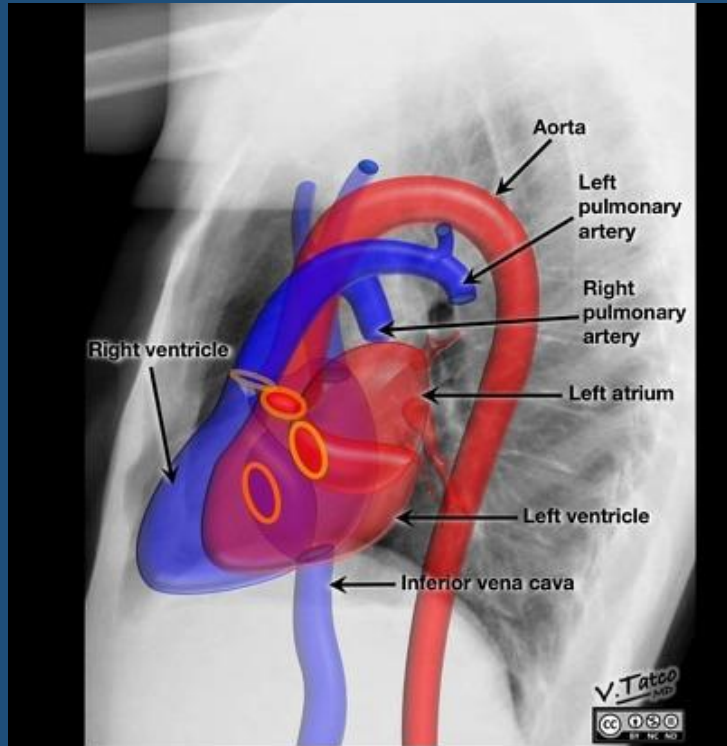
- Use Ionizing radiation.
- Limited assessment of heart chambers and myocardium.
- Limited assessment of heart valves (only when calcified).
- Limited assessment of pericardium.
- Limited assessment of mediastinal vessels.

# Normal chest x-ray (Posterior–Anterior view)

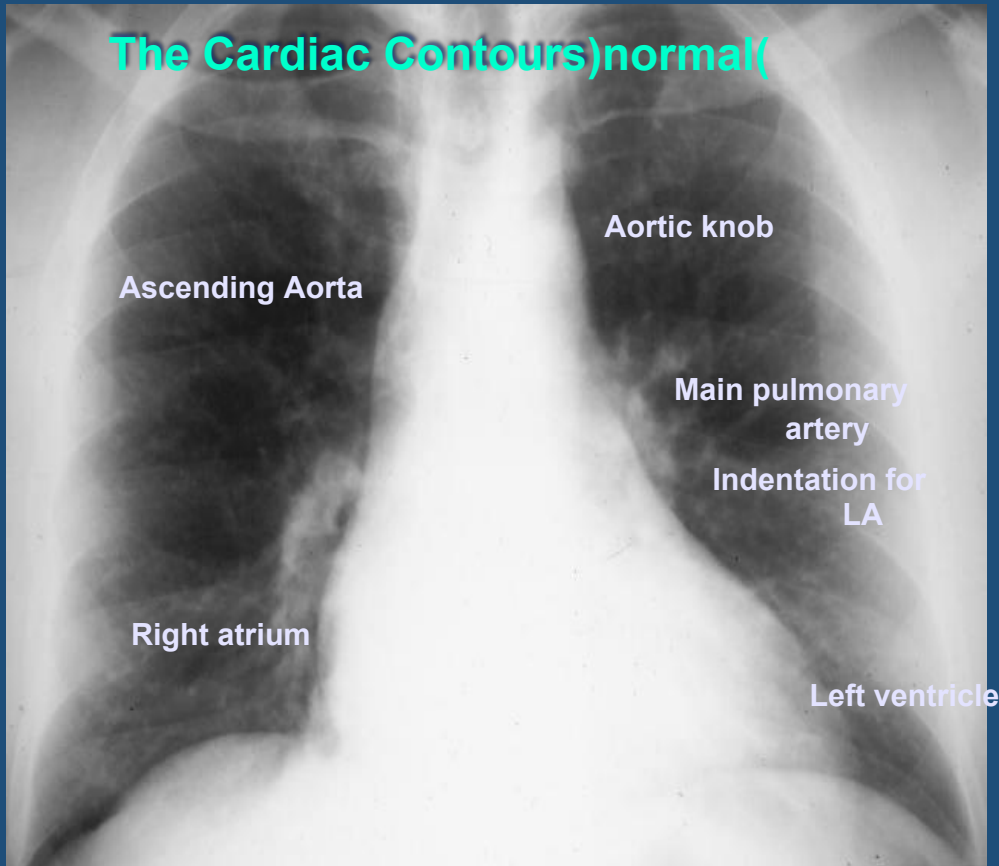




# Normal chest x-ray (lateral view)



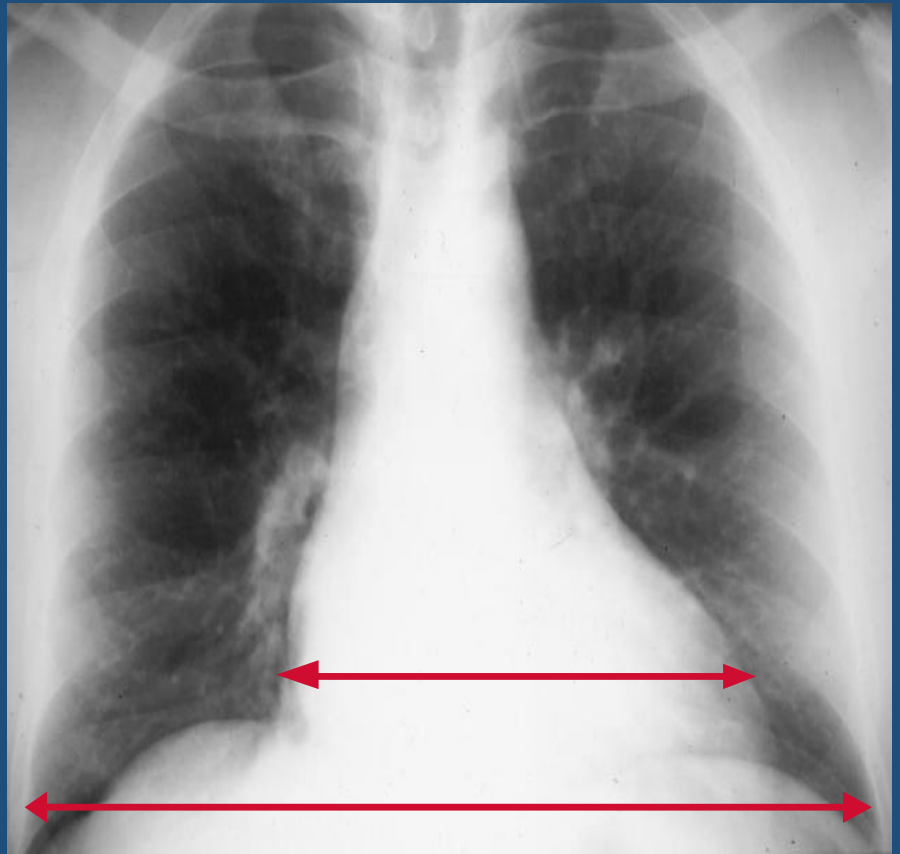
## The Cardiac Contours)normal(



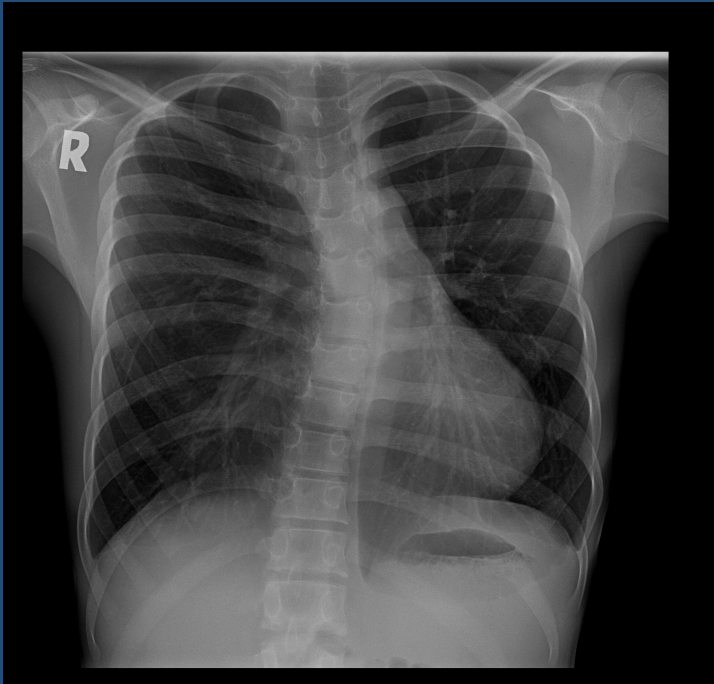
# Cardio-thoracic Ratio

One of the easiest observations to make is something you already know: the cardio-thoracic ratio which is the widest diameter of the heart compared to the widest internal diameter of the rib cage

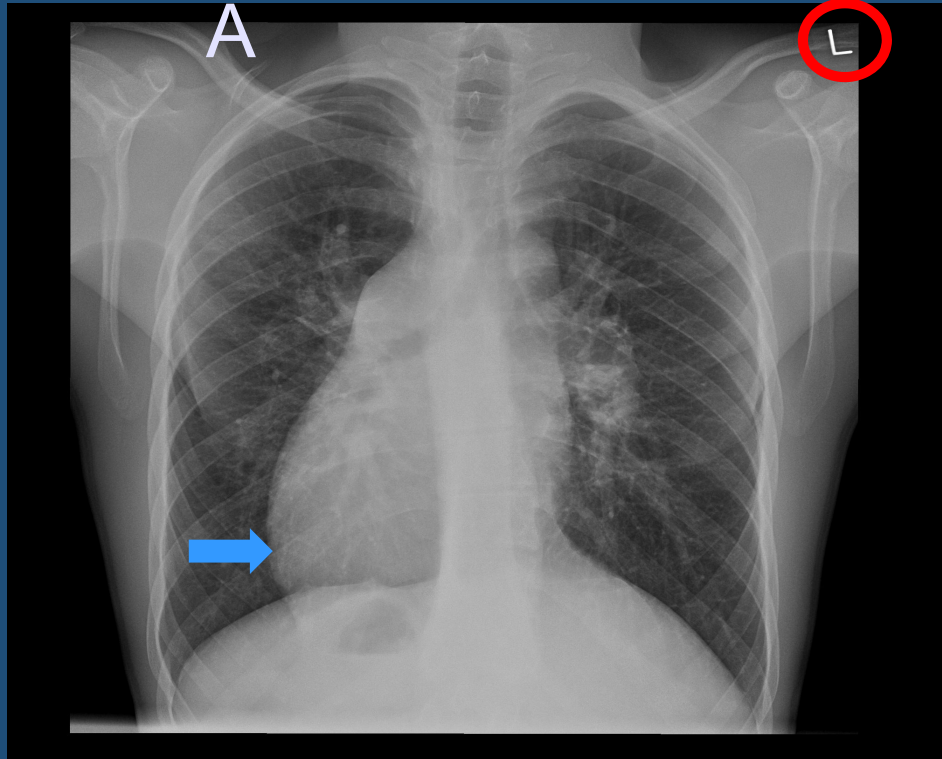
**<50%**



# Cardiac displacement, Pectus excavatum (

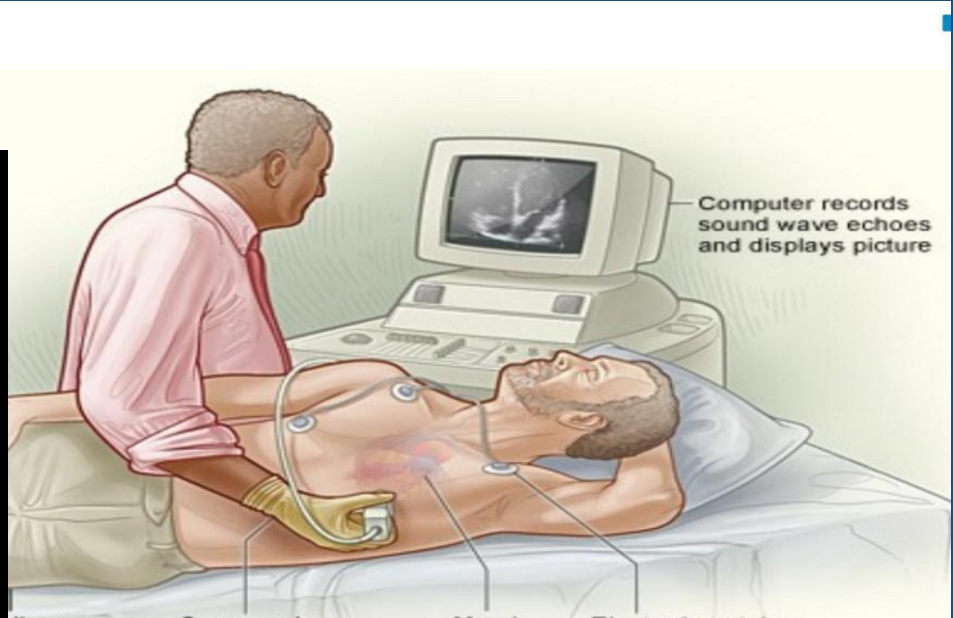
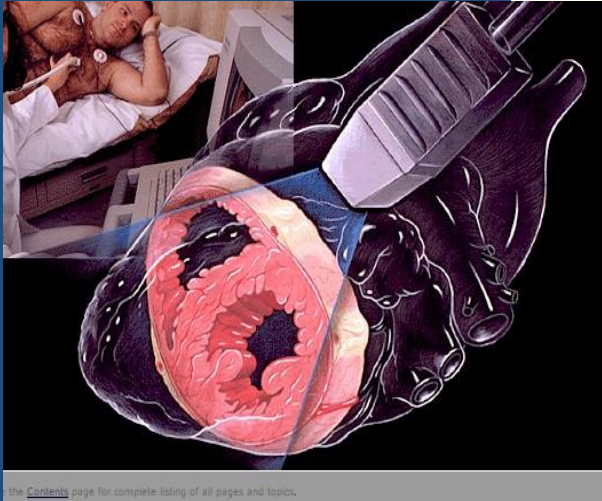


# DEXTROCARDI



# Echocardiogram

# Echocardiogram



# Echocardiogram

## □ Advantages:

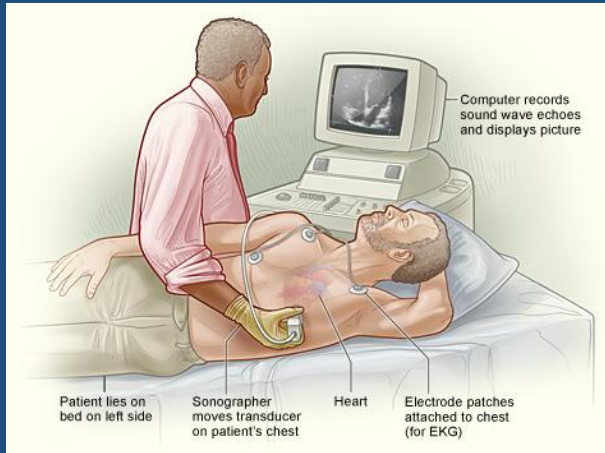
- No Ionizing radiation
- Widely available, portable.
- Proper in assessing heart morphology (cardiac chambers, myocardium and valves).
- Proper in assessing heart function (ejection fraction).
- Proper in assessing pericardial effusion.

## □ Disadvantages:

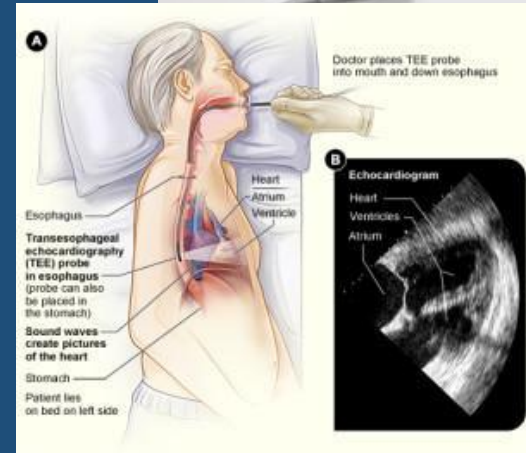
- Operator dependent.
- Not proper to assess coronary arteries



# Echocardiogram

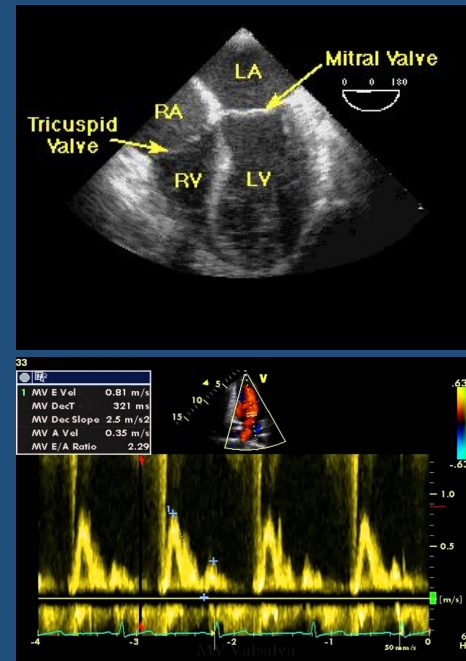
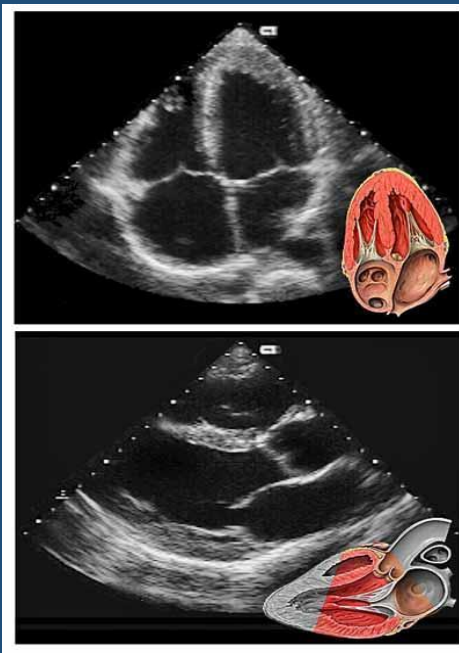
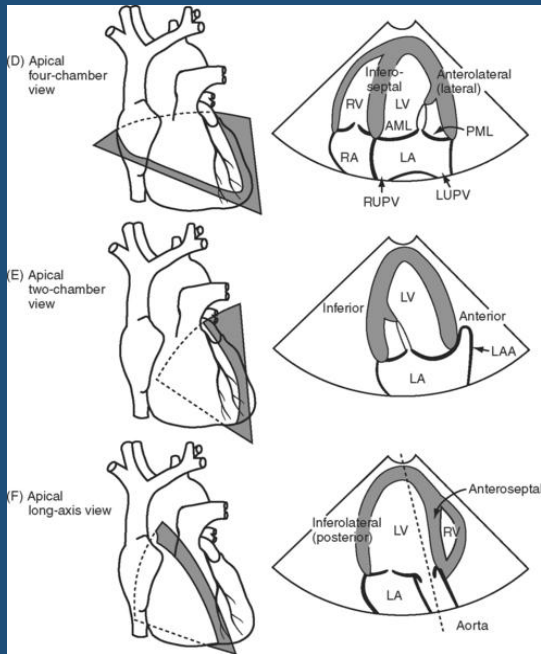


Trans-Thoracic



Trans-Esophageal

# Echocardiogram (normal)



# Angiogram

Angiogram= x-ray + I.V.  
contrast

# Angiogram

**Cardiac catheterization:** assessment of coronary arteries and left ventricle.

**Aortogram:** assessment of aorta and main branches.

**Pulmonary angiogram:** assessment of pulmonary arteries.

# Angiogram

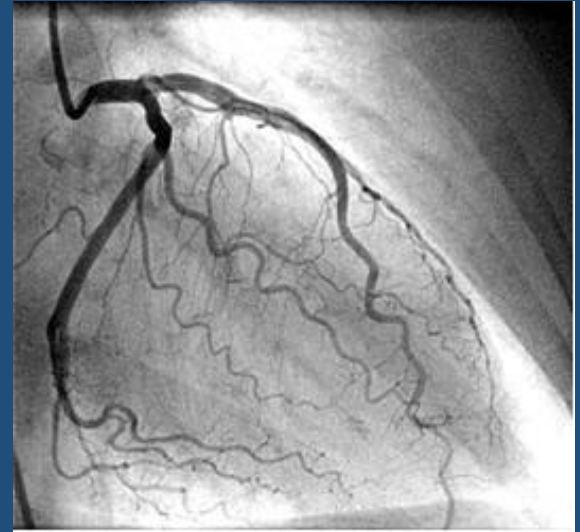
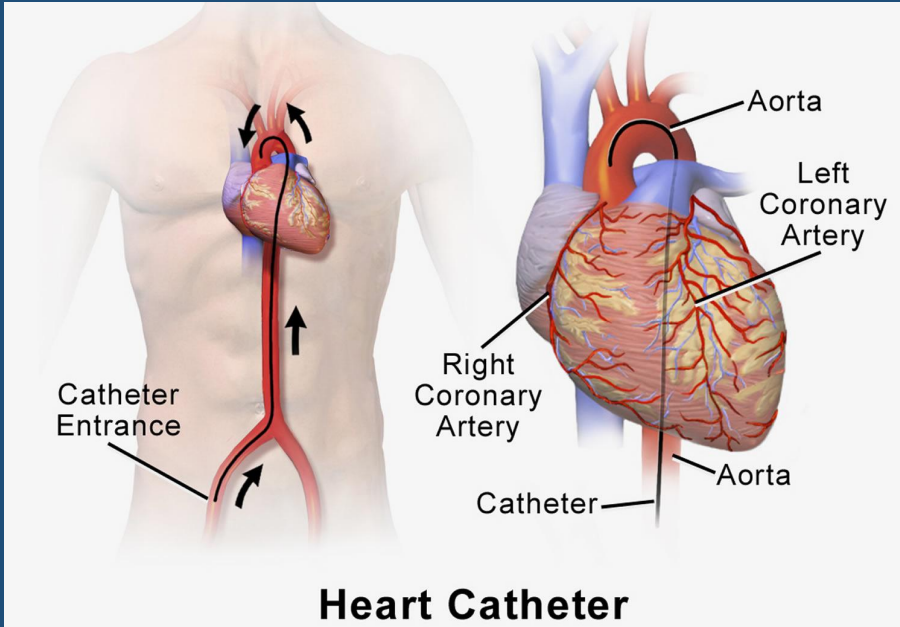
## □ Advantages:

- Minimal invasive procedure and can replace surgery.
- Proper in assessing and treating coronary stenosis.
- Proper in assessing left ventricle.
- Proper in assessing and treating aortic dissection or aneurysm.
- A treatment option in extensive pulmonary embolism.

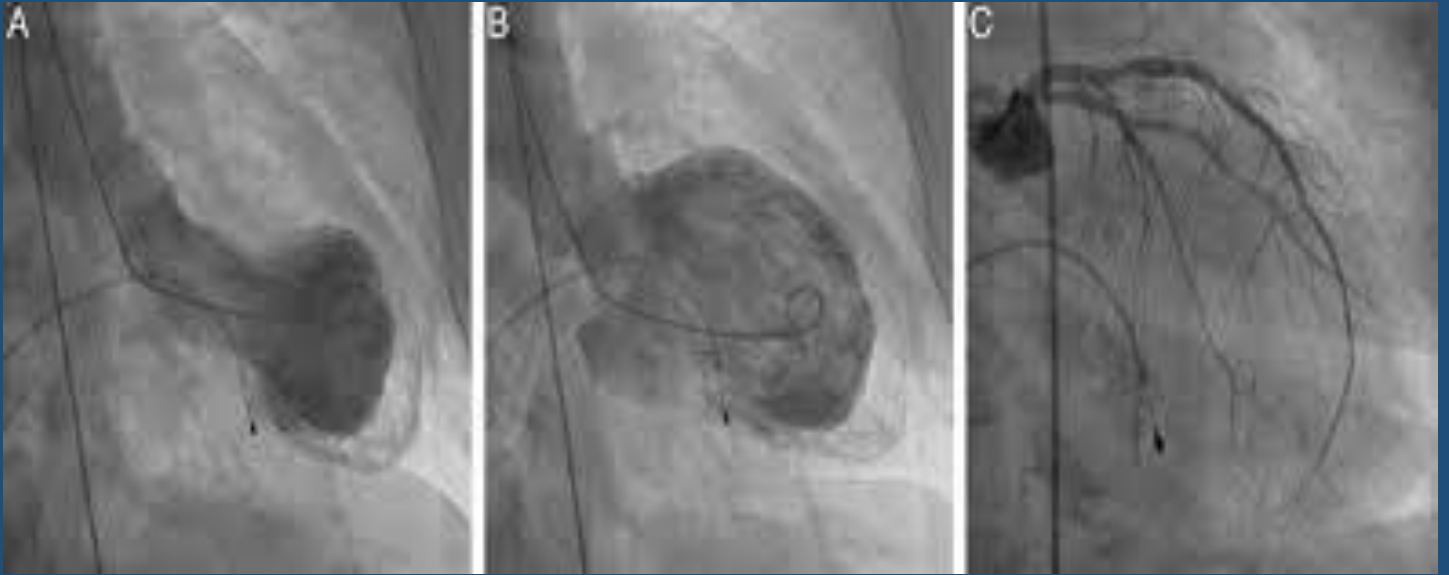
## □ Disadvantages:

- Use Ionizing radiation.
- Invasive procedure.
- Contrast complications.

# cardiac catheterization



# cardiac catheterization

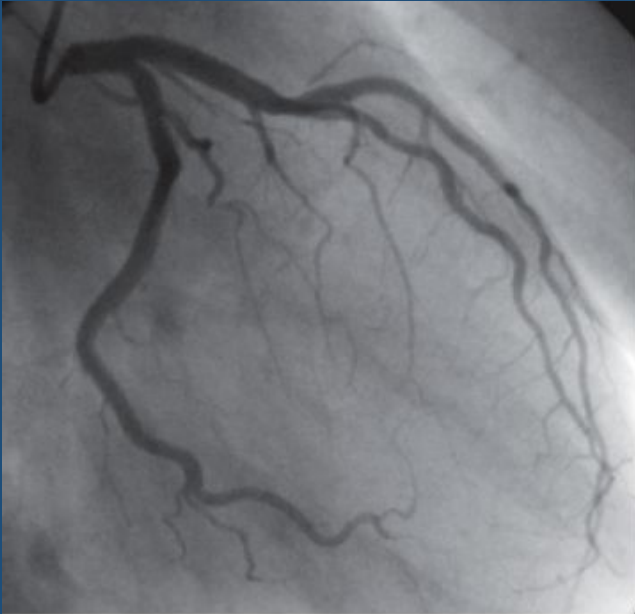


Left ventricle

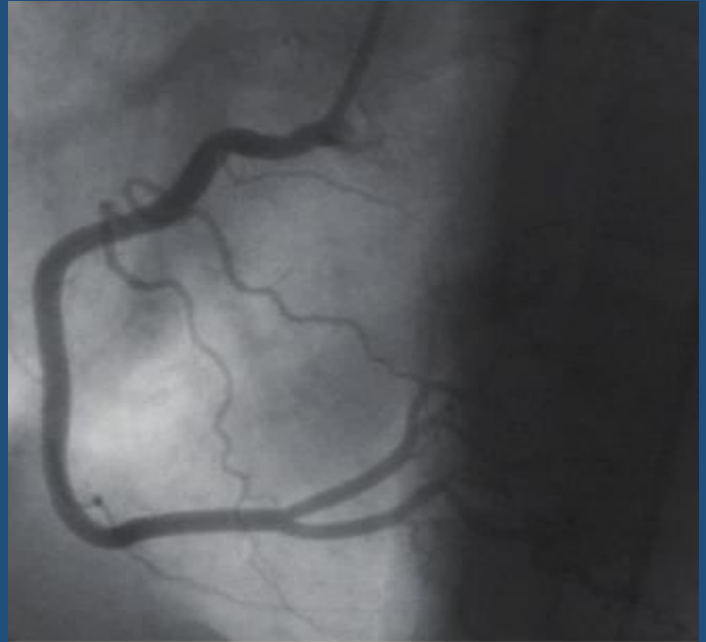
Coronary arteries



# Normal coronary arteries

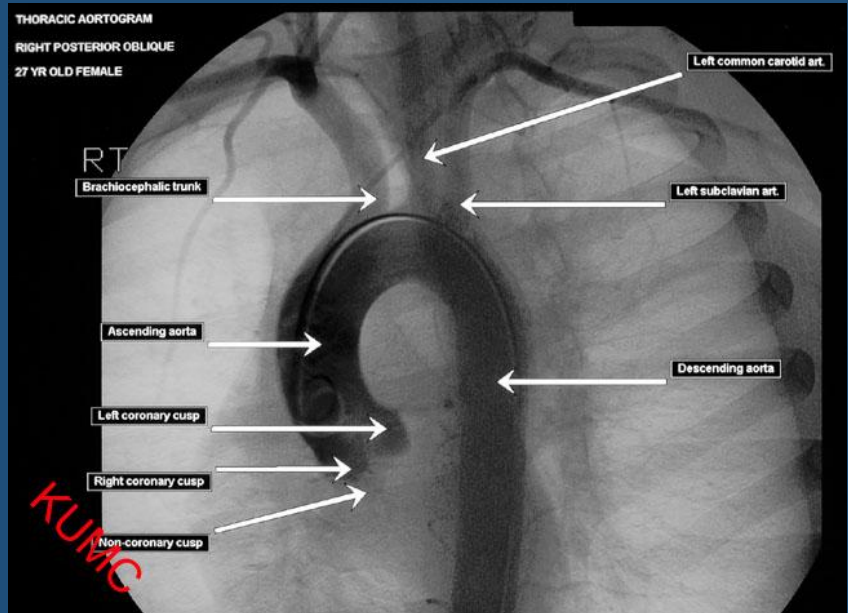
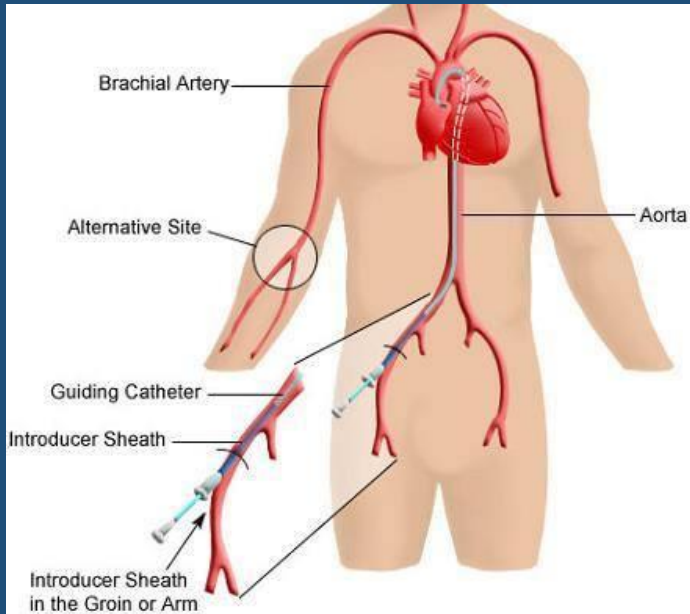


Normal coronary arteries on the left side  
of the heart

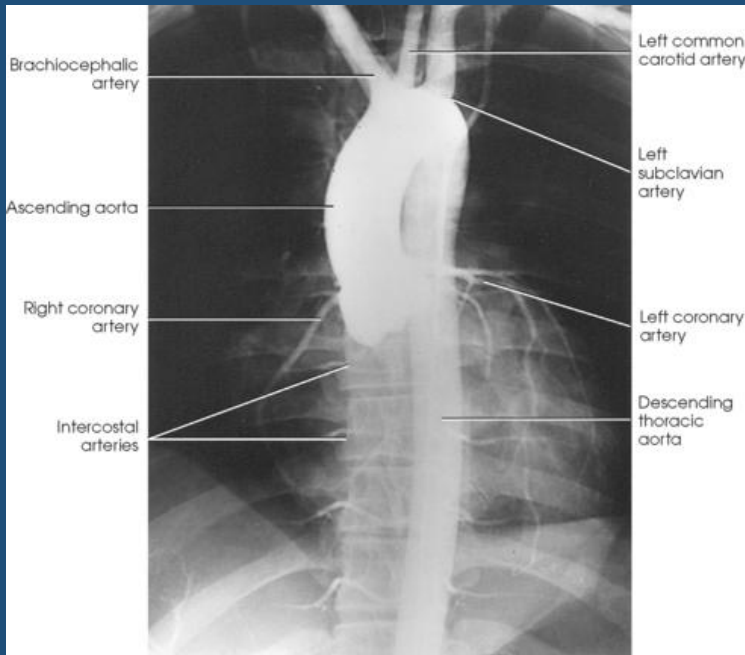


Normal coronary arteries on the right side

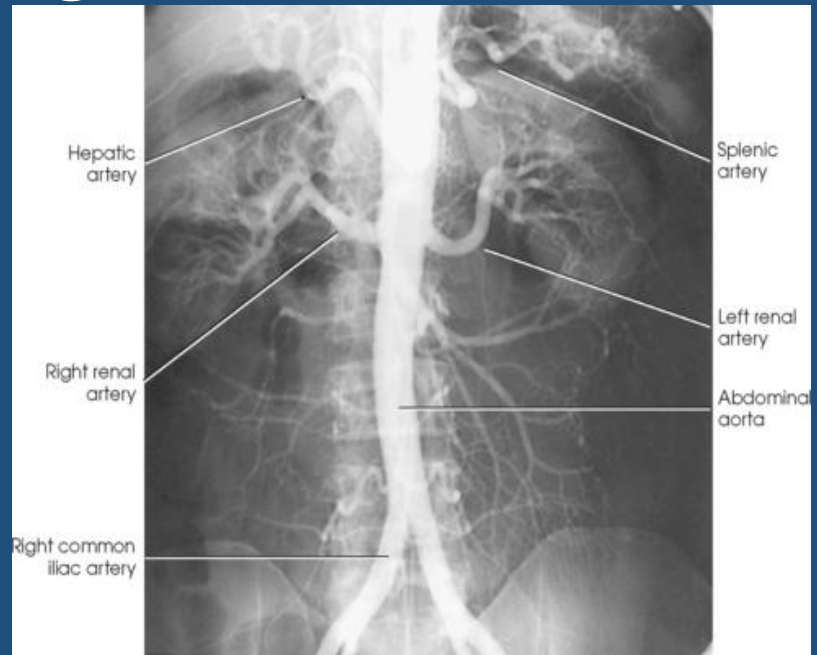
# Aortogram



# Aortogram

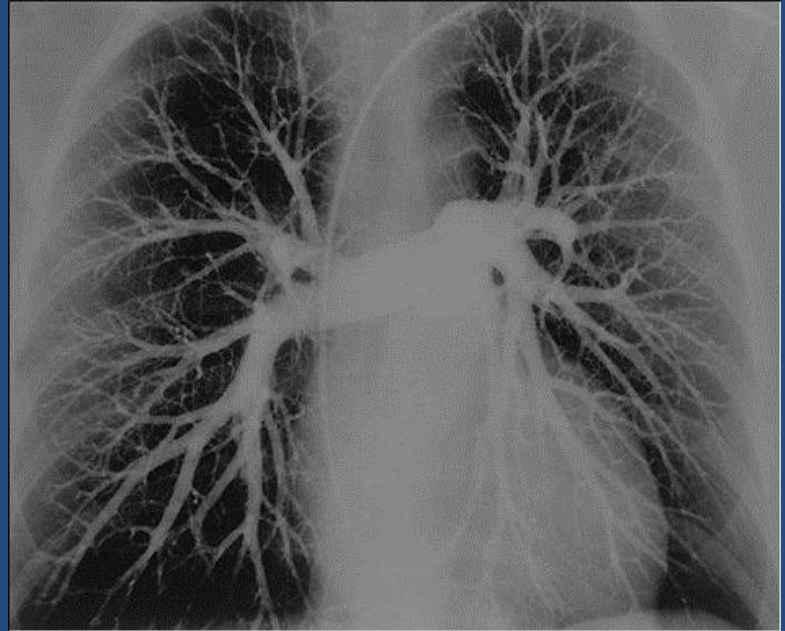


**Thoracic aorta**

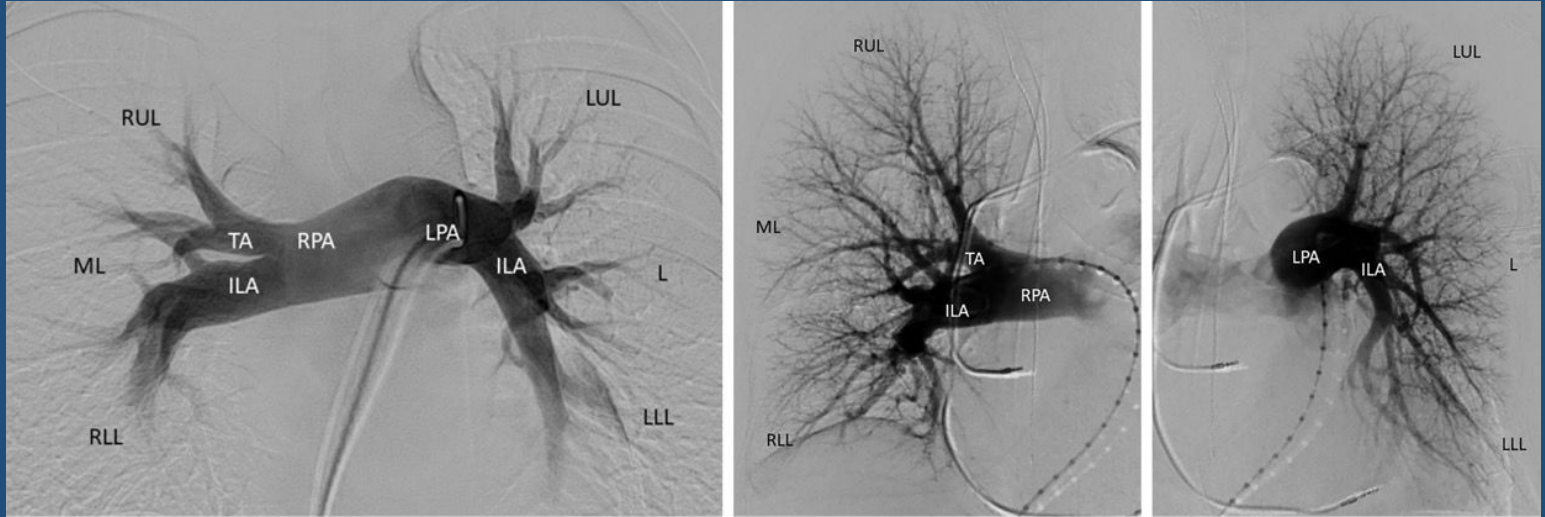


**Abdominal**

# Pulmonary angiogram



# Pulmonary angiogram



**RPA = Right Pulmonary Artery; LPA = Left Pulmonary Artery; ILA = Interlobar Artery; TA = Truncus Anterior; RUL = Right Upper Lobe; ML = Middle Lobe; RLL = Right Lower Lobe ; LUL = Left Upper Lobe ; L = Lingual ; LLL = Left Lower Lobe.**

CT scan

# CT scan



# CT scan

## □ Advantages :

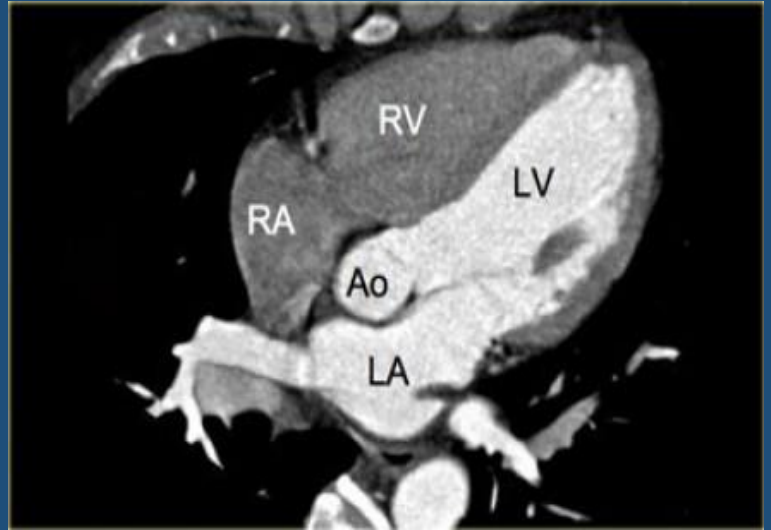
- Widely available, relative cheap.
- Proper in assessing pulmonary artery and aorta.
- Proper in assessing coronary arteries (e.g. stenosis, calcification).
- Proper in assessing heart anatomy.
- Proper in assessing structure around the heart and mediastinal vessels (e.g. lungs).

## □ Disadvantages:

- Use Ionizing radiation.
- Heart rate < 60 beat/min for an adequate cardiac exam.
- Intravenous contrast complications.

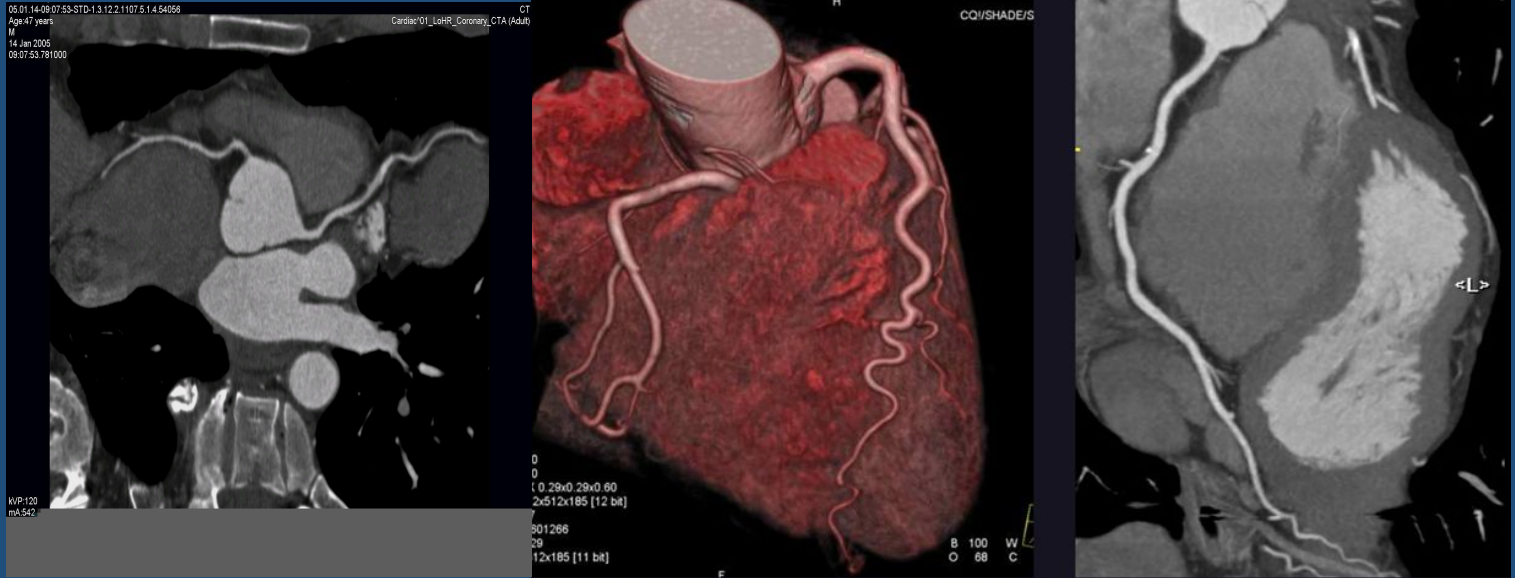


# Cardiac CT



Cardiac chambers

# Cardiac CT



Coronary arteries

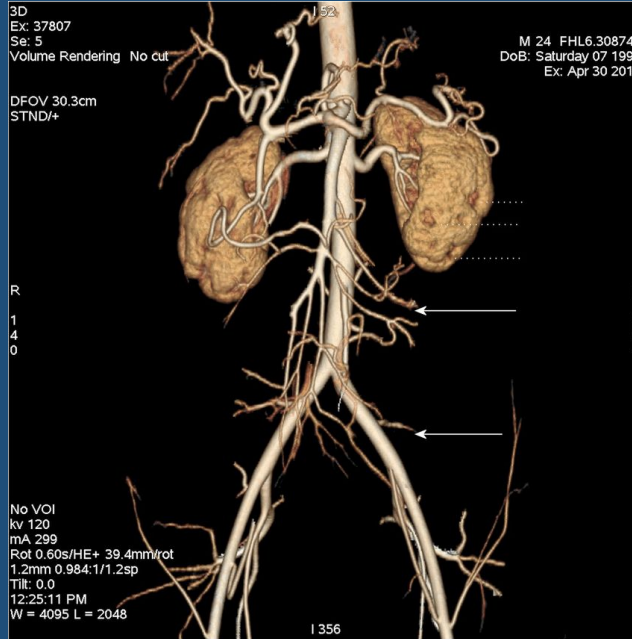
# Cardiac CT vs cardiac cath.



# CT aortogram

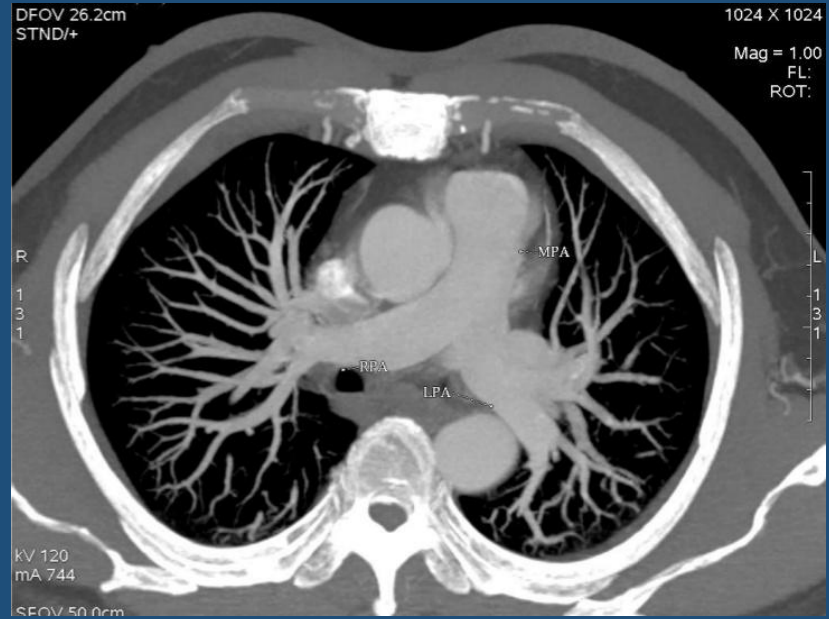
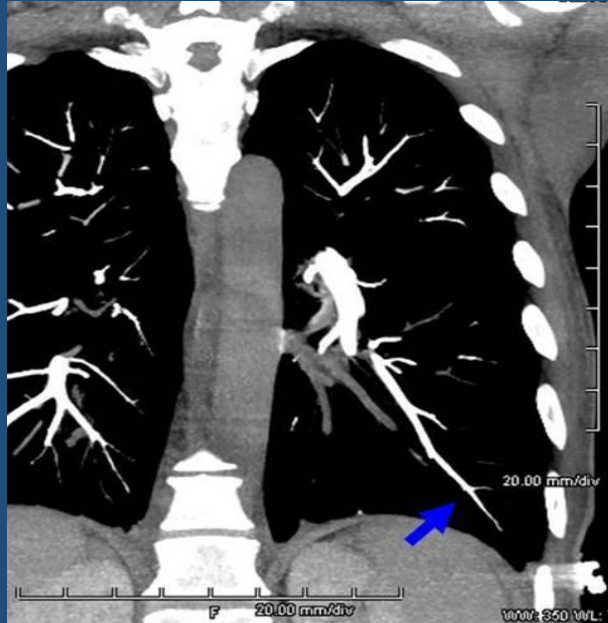


# CT aortogram

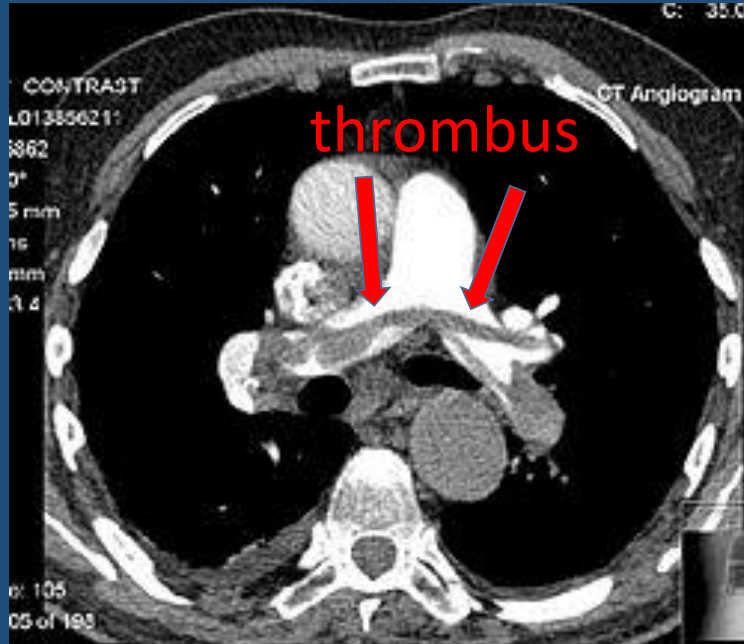


Volume rendering

# CT Pulmonary angiogram



# CT Pulmonary angiogram



**Gold standard** exam to diagnose **Pulmonary Embolism**

**MRI**



# MRI



# MRI

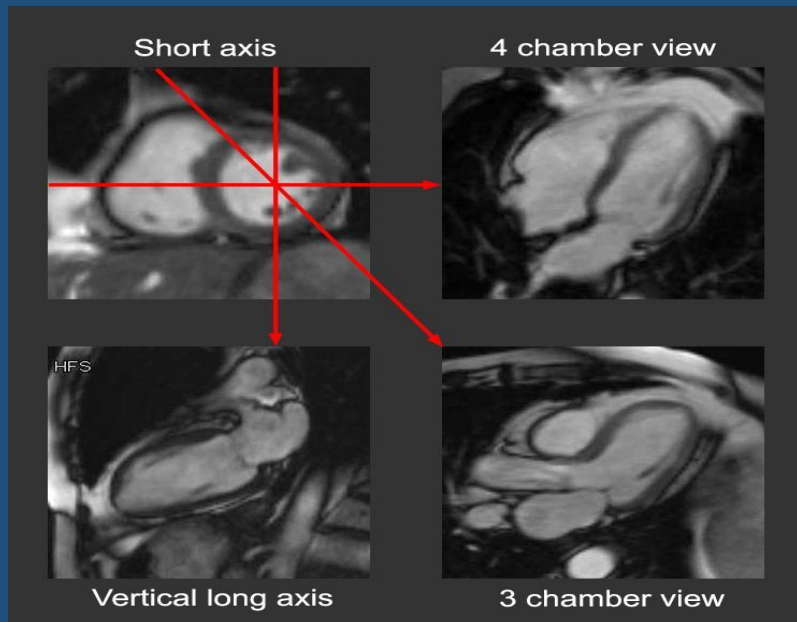
## □ Advantages :

- No Ionizing radiation.
- Better soft tissue Characterization.
- Proper in assessing myocardium ( e.g. infarction, infiltrative diseases).
- Proper in assessing cardiac valves.
- Proper in assessing aorta.

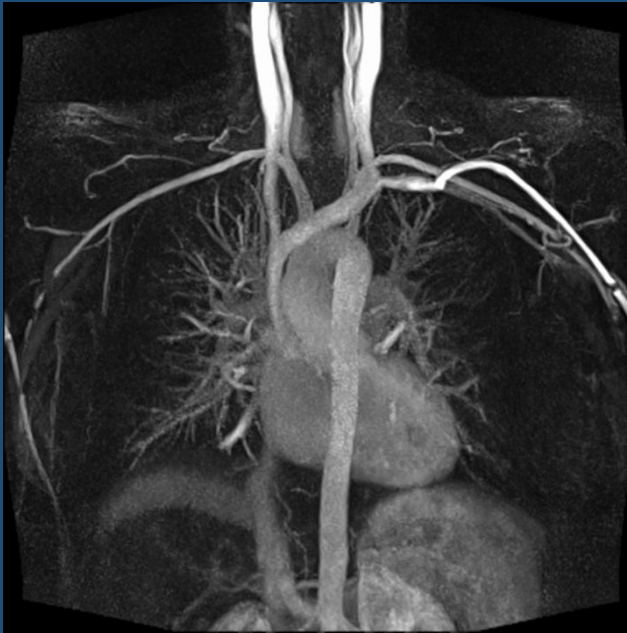
## □ Disadvantages:

- Not widely available.
- Contra indications (cardiac devices)
- Intravenous contrast complications.

# Cardiac MRI

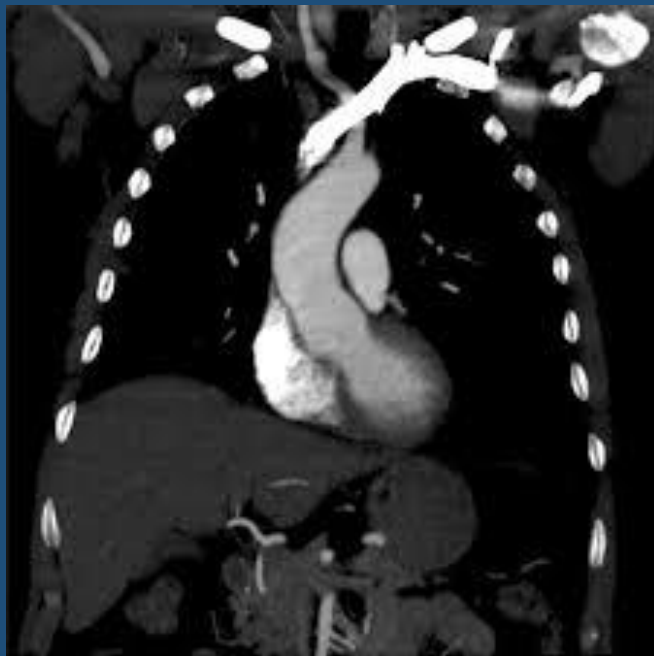
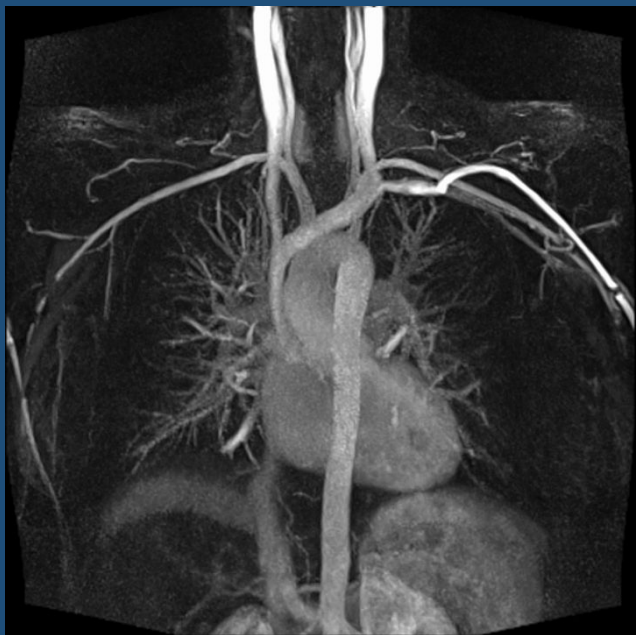


# MRI Aortogram



# MRI vs

# CT



# Nuclear scan

# Nuclear scan



# Nuclear scan

## □ Advantages:

- Assess physiology/ pathophysiology
- Proper in assessing myocardium perfusion ( e.g. ischemia vs infarction).
- Proper in assessing lung perfusion (pulmonary embolism) alternative to CT scan.

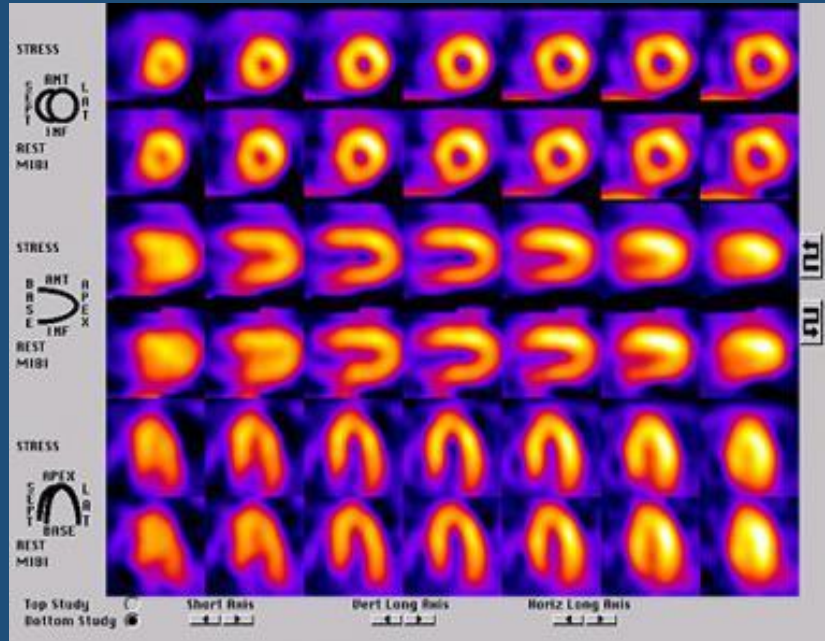
## □ Disadvantages:

- Use ionizing radiation.
- Not widely available.
- Poor in assessing anatomy.



# Cardiac scan

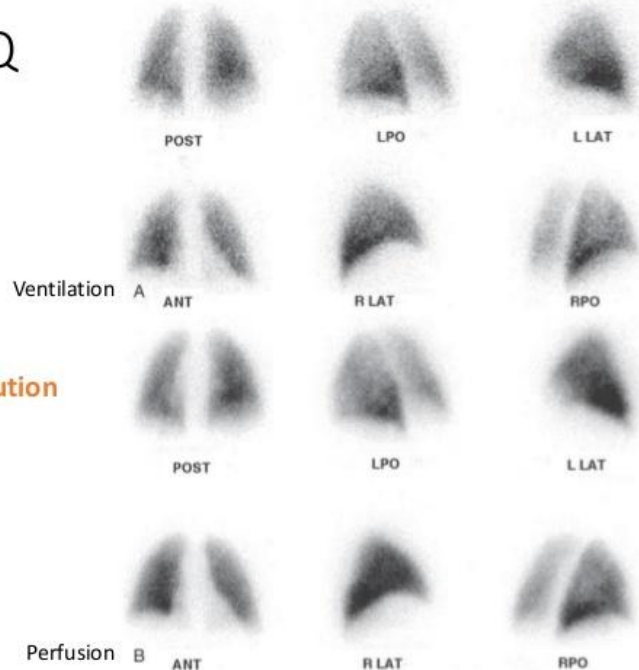
- A study to assess myocardial perfusion (mainly left ventricle).
- Includes a stress and rest phases.
- Normal exam shows continuous uptake of left ventricle (no defects).



# V/Q scan

- A study to diagnose pulmonary embolism.
- Alternative to CT scan.
- Includes ventilation phase and perfusion phase.
- Normal exam shows similar lungs uptake in ventilation and perfusion phases.

Normal V/Q scan



Thank you