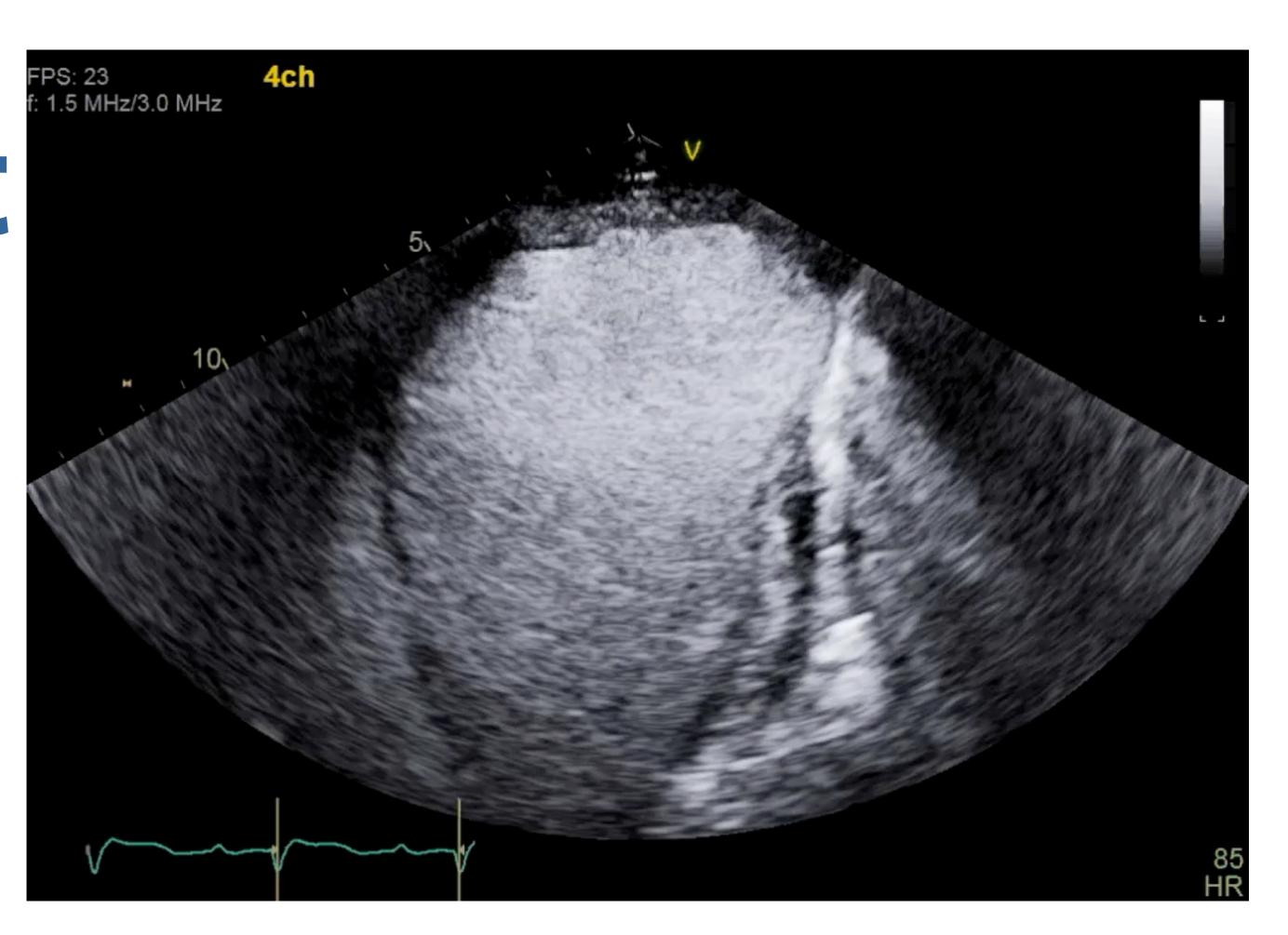


Using Contrast for LVO

Madeline Jankowski, ACS, RDCS, FASE

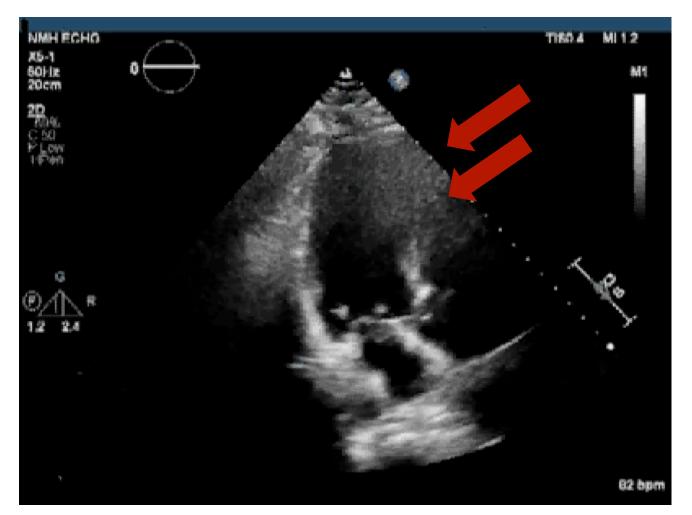


@maddiejane25 #EchoHawaii





When should I use contrast?



- Resting echo
 - ASE guidelines suggest to use contrast when unable to visualize 2 contiguous segments
 - Not always appropriate. Consider clinical history, reason for exam, findings of the exam. What do we do when not adding it to the study?



- Stress echo
 - If unable to acquire images within 1 minute at rest, consider contrast
 - If 1 segment is not well visualized



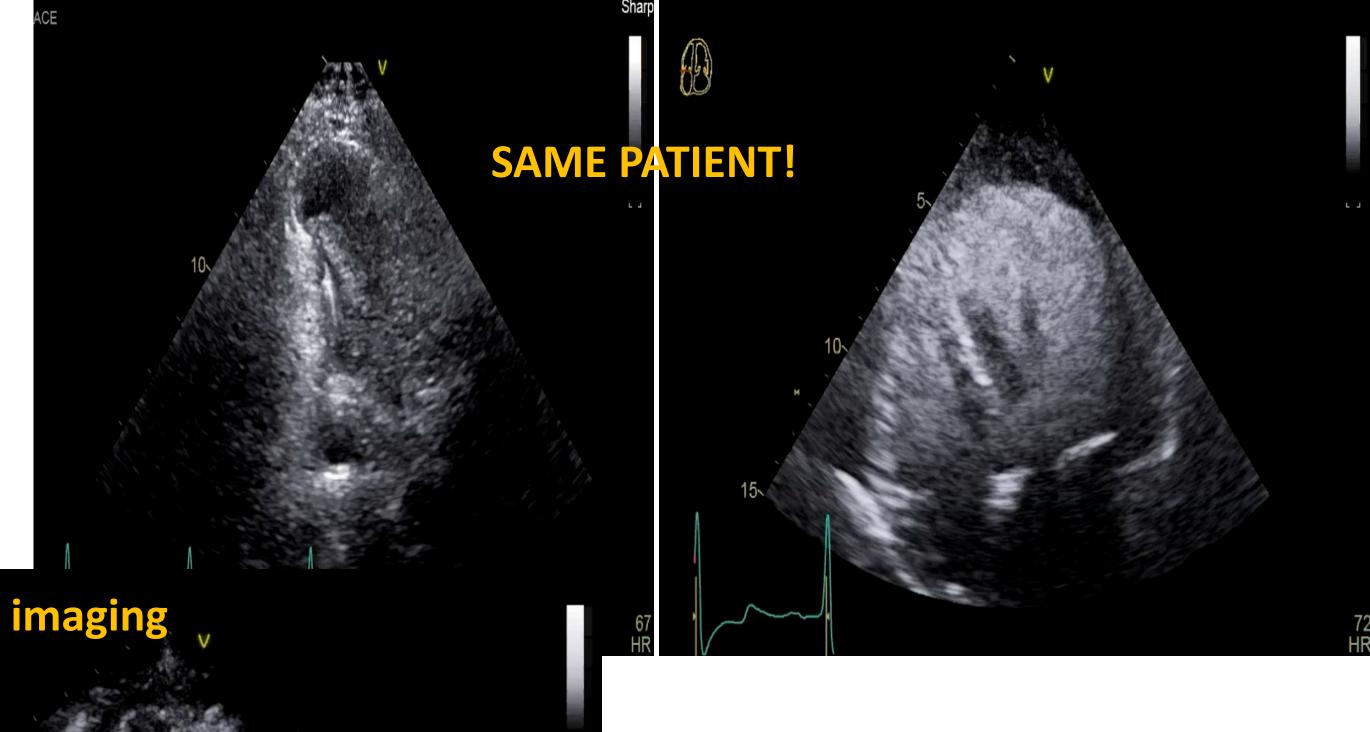
UEA considerations

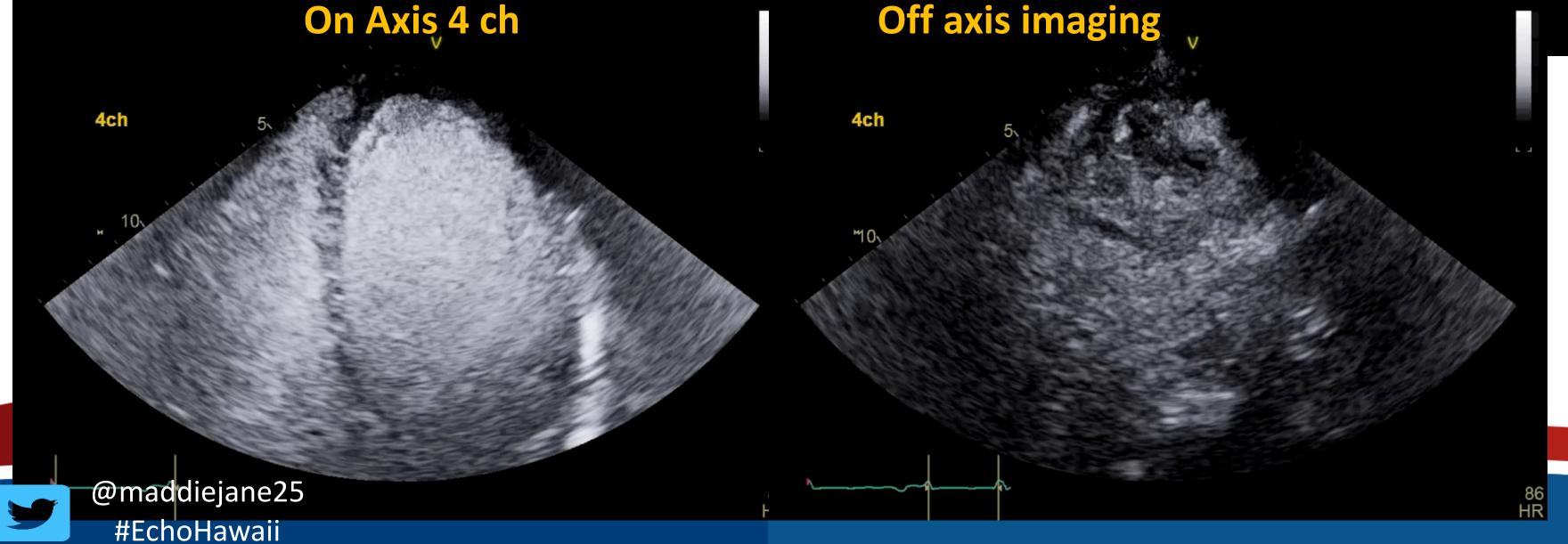
- Order process
 - Build a standing order in EPIC allows sonographers to use when necessary
- Institutional guidelines on who is able to start IVs, push UEAs
 - ASE ContrastZone gives Recommended Laboratory Practices



Contrast use # technical skill

- When using contrast, continue to obtain non-foreshortened images (down a rib space, breath hold, etc.)
- Find the true apex!
- Use off axis images if necessary to show pathology







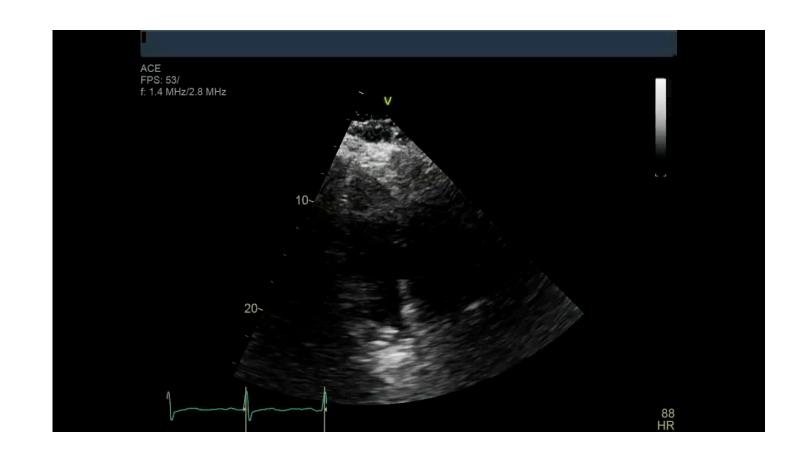
Contrast considerations

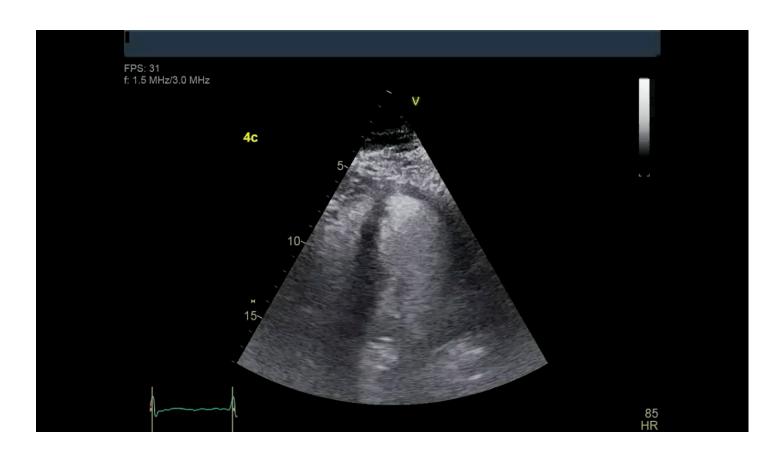
- Going bedside? Please consider the following:
 - Is the patient on ECMO? (need to let nurse/ ECMO specialist know)
 - Is the patient on dialysis? (need to let the nurse know newer dialysis machines may alarm)
 - Does the patient have an LVAD? We CAN use UEA!

Contrast use in a technically difficult patient 44 year old female with BMI of 40 with muscular dystrophy







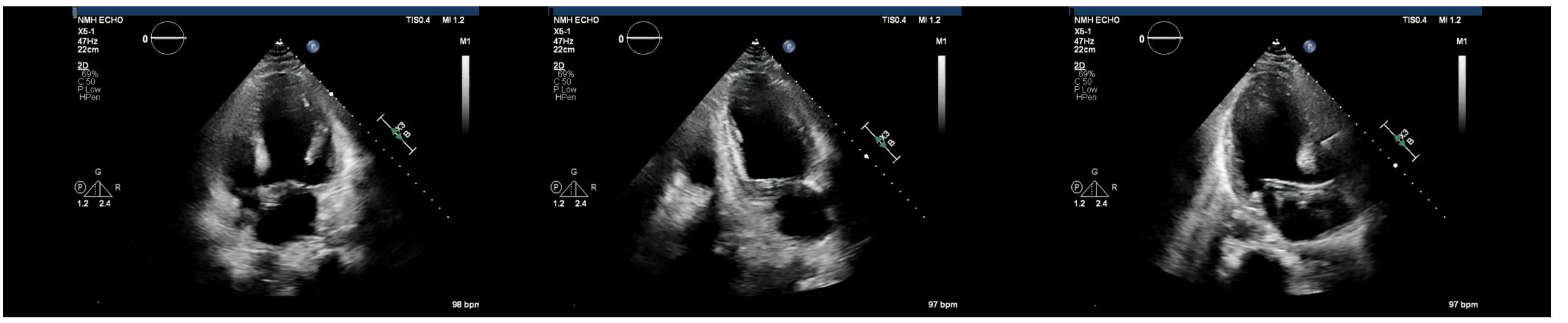


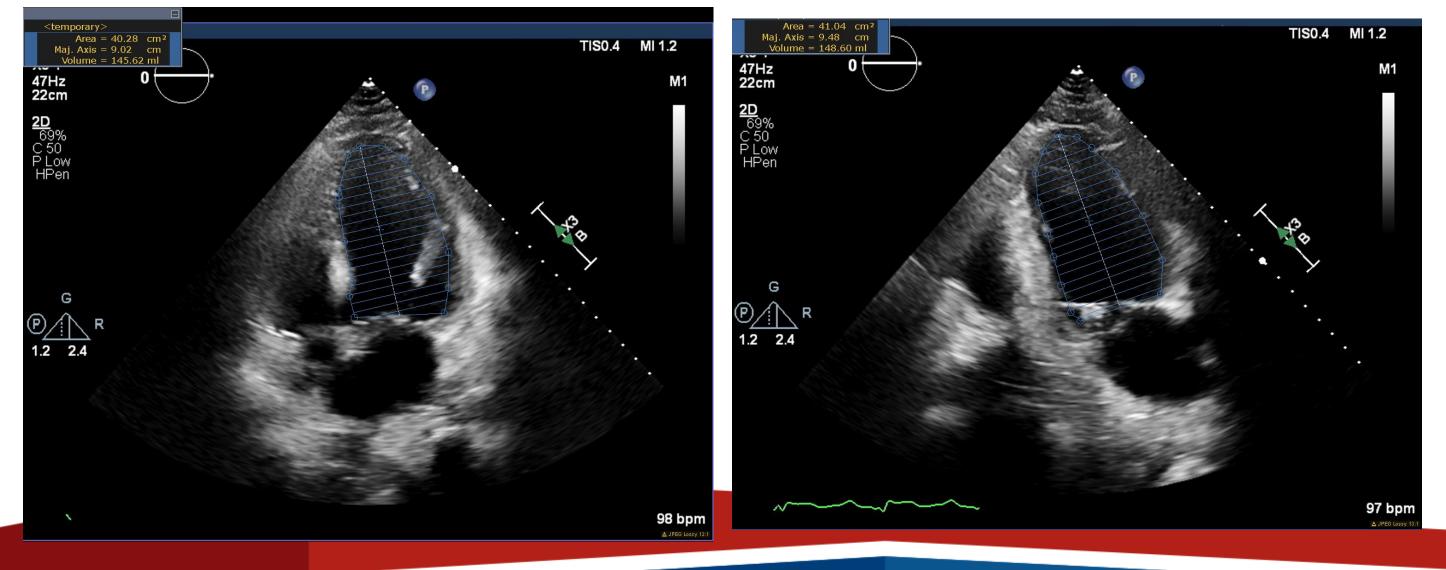


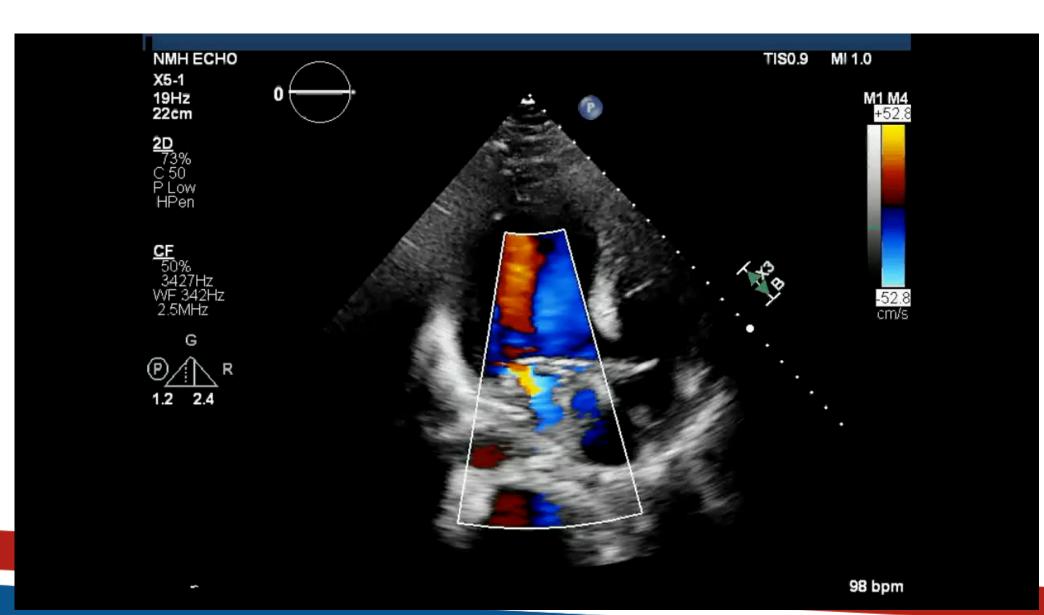




Contrast use for accurate volumes in patients with severe valve disease 53 year old male with acute MR due to papillary muscle rupture - on Impella

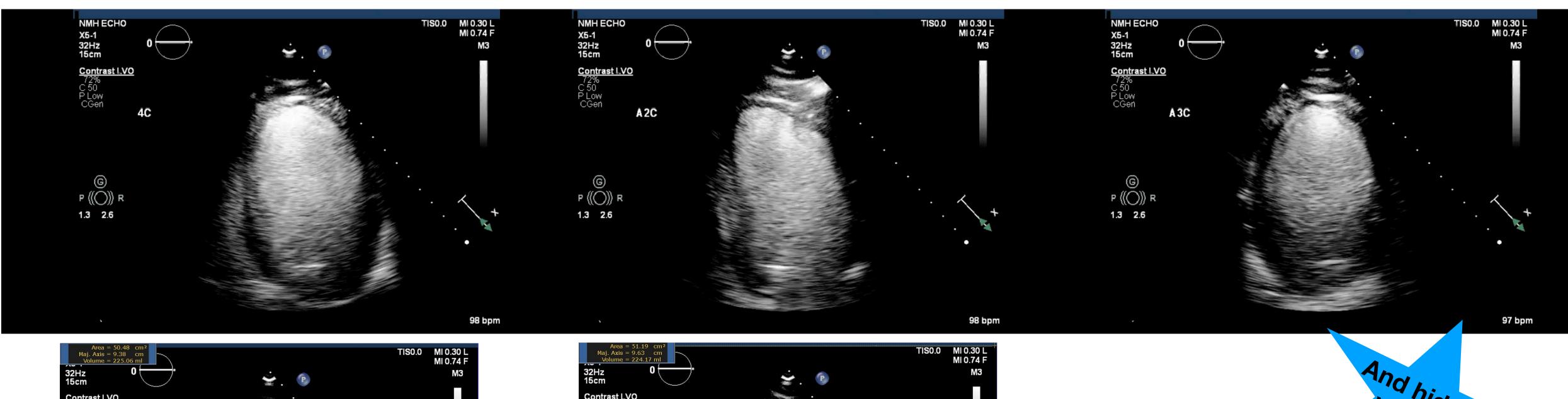


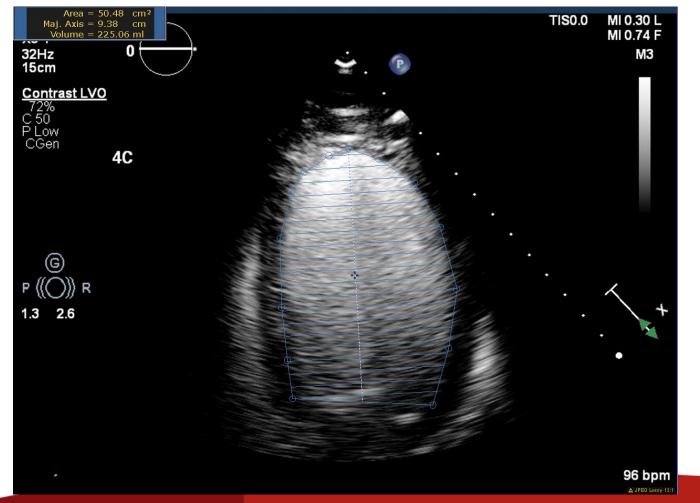


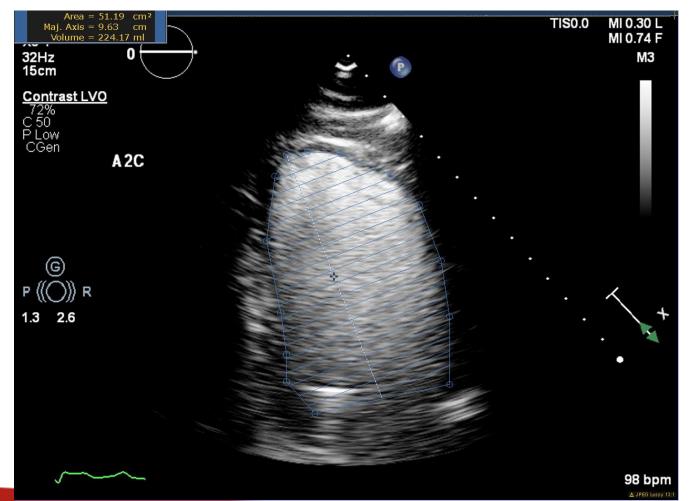




More accurate volumes with contrast, more comparable to MRI



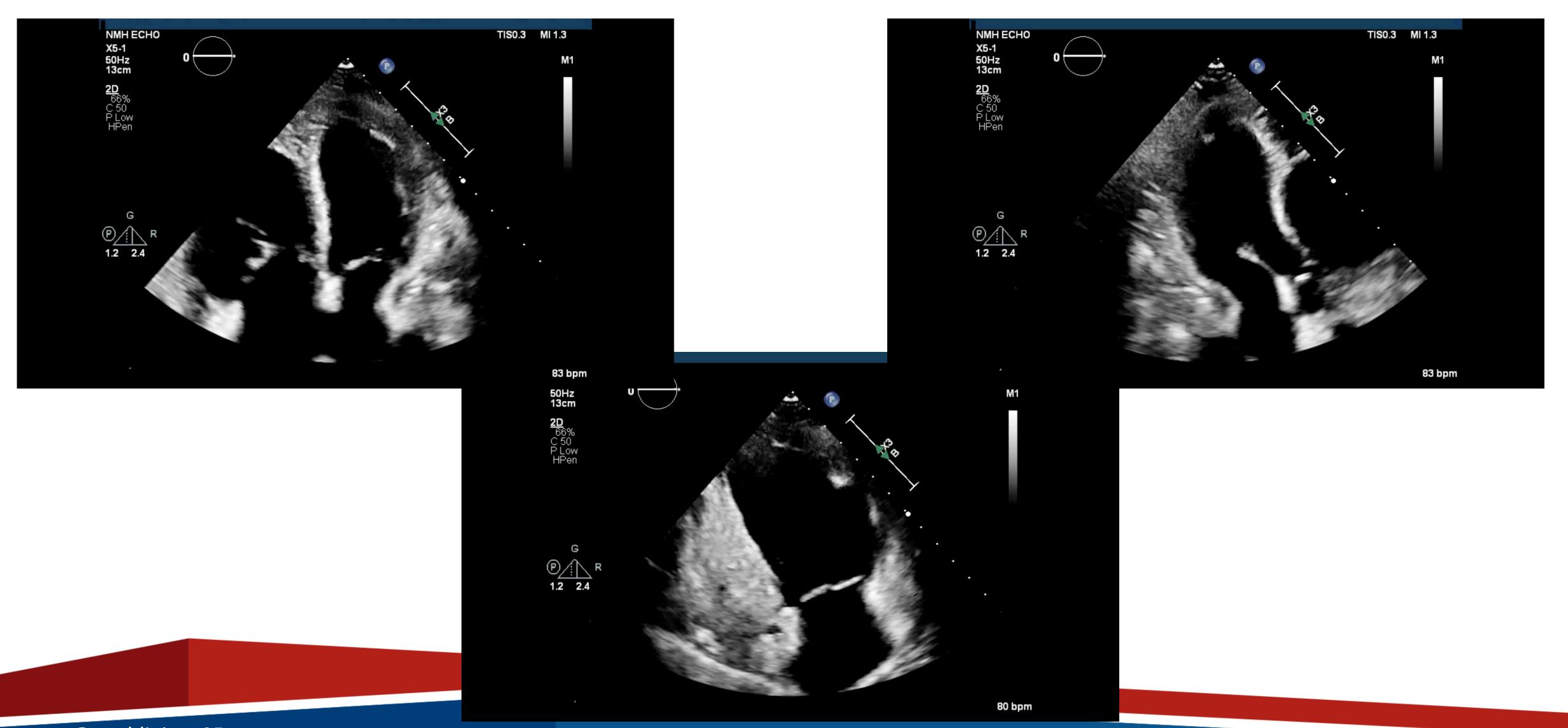






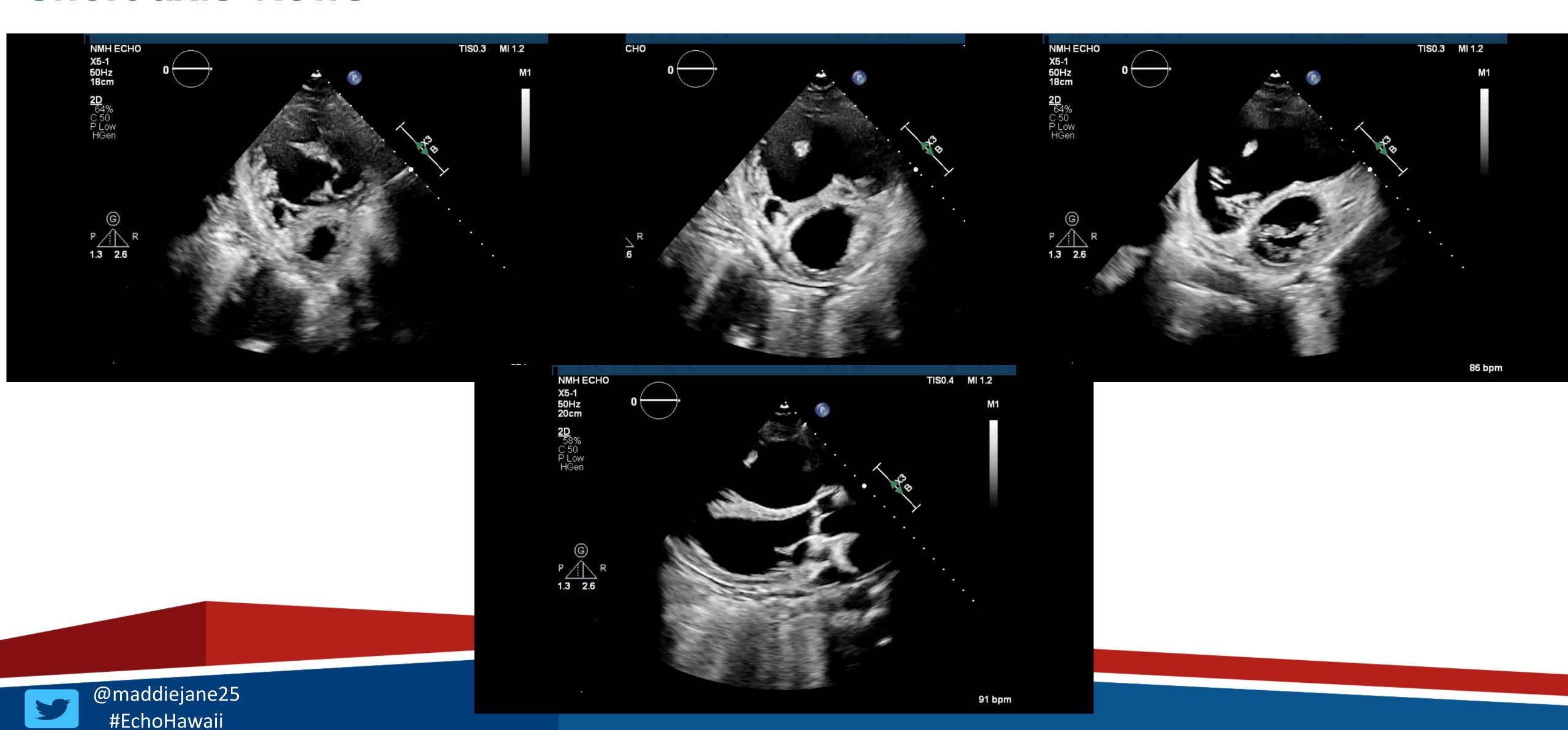
38 year old female with history of scleroderma, no known CAD







No contrast given, but able to see all LV segments from short axis views





Mahalo and use contrast!