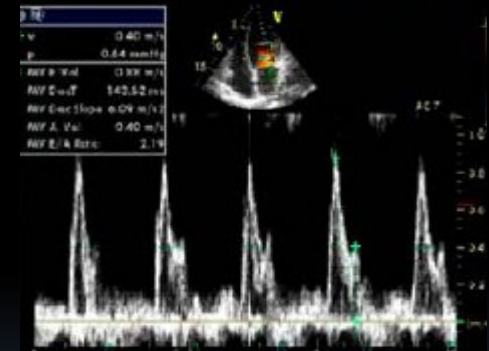
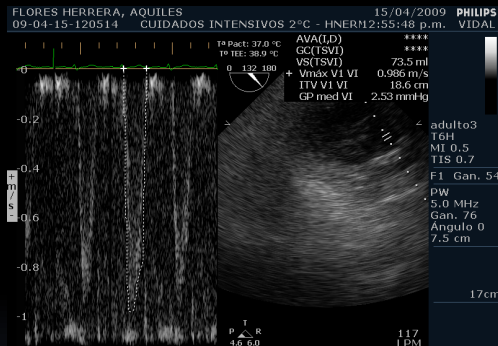


FUNCIÓN SISTÓLICA

HOSPITAL NACIONAL EDGARDO REBAGLITI MARTINS - LIMA-PERU
CUIDADOS INTENSIVOS GENERALES - UCI-I- UNIDAD ULTRASONIDO CRITICO



MOISES VIDAL LOSTAUNAU

MEDICO INTENSIVISTA

**MEDICO ASISTENTE UNIDAD POSTOPERADOS CARDIOVASCULAR Y
TRANSPLANTADOS
CMP 32818 - RNE 15535**

Ventricular Systolic Function Measures

Global

Linear and Volumetric Measures
Parameters: Wall Thickness, Dimensions, Areas, Mass, Wall Stress, Volumes, Ejection Fraction
Modalities: M-Mode, 2D, 3D

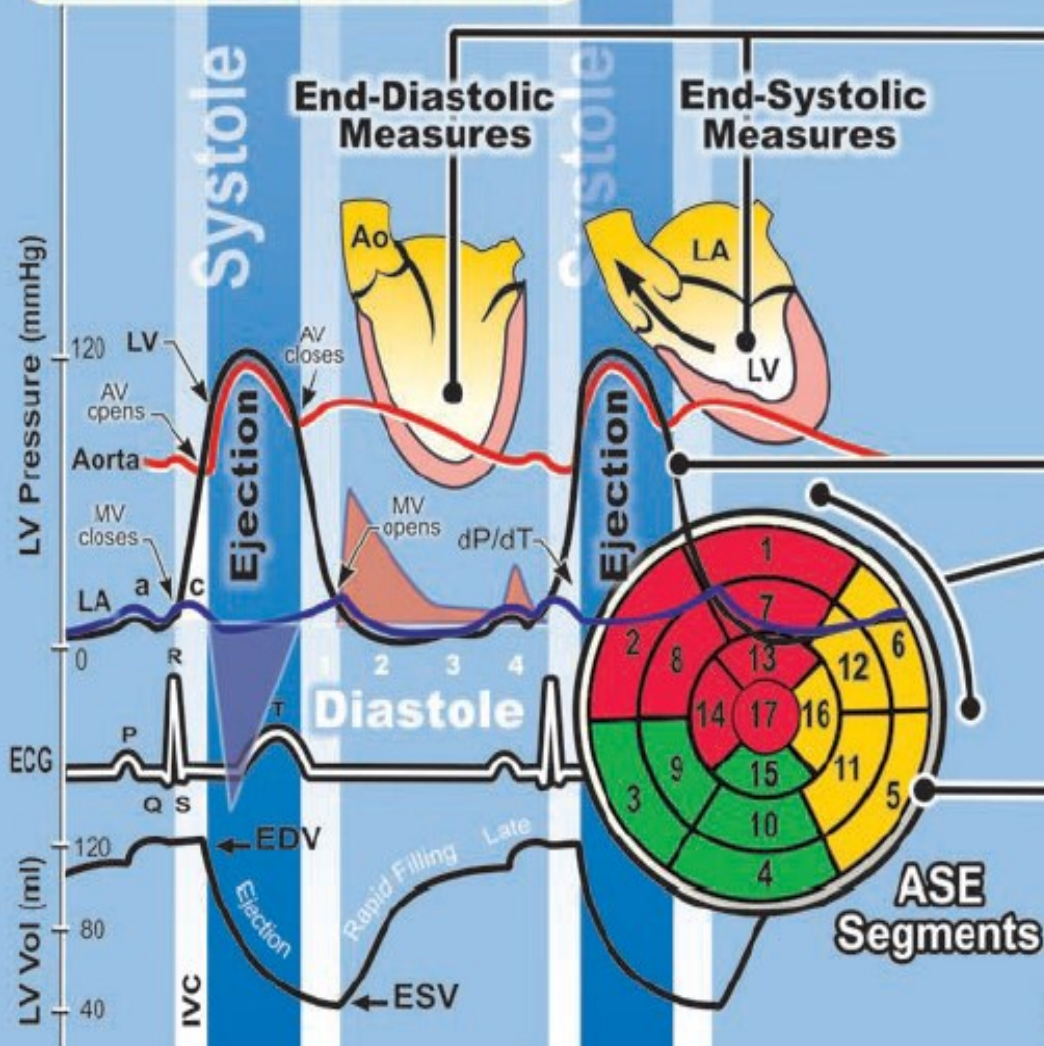
Doppler Hemodynamics
 SV, CO, CI, dP/dT, MPI

Global Mechanics
 Myocardial Velocity & Deformation

Regional

Wall Mechanics
 Wall Motion, Wall Thickening, Wall Motion Score & Index, Dyssynchrony Measures

Myocardial Velocity & Deformation Measures
 Tissue Doppler & Speckle Tracking Velocity, Displacement Strain Rate, Strain



BE Bulwer, MD

QUE ES IMPORTANTE ?

- ◆ MORFOLOGIA VI.
- ◆ FE, VOLUMENES, GEOMETRIA.
- ◆ REGURGITACION MITRAL.
- ◆ ISQUEMIA INDUCIBLE Y VIABILIDAD.

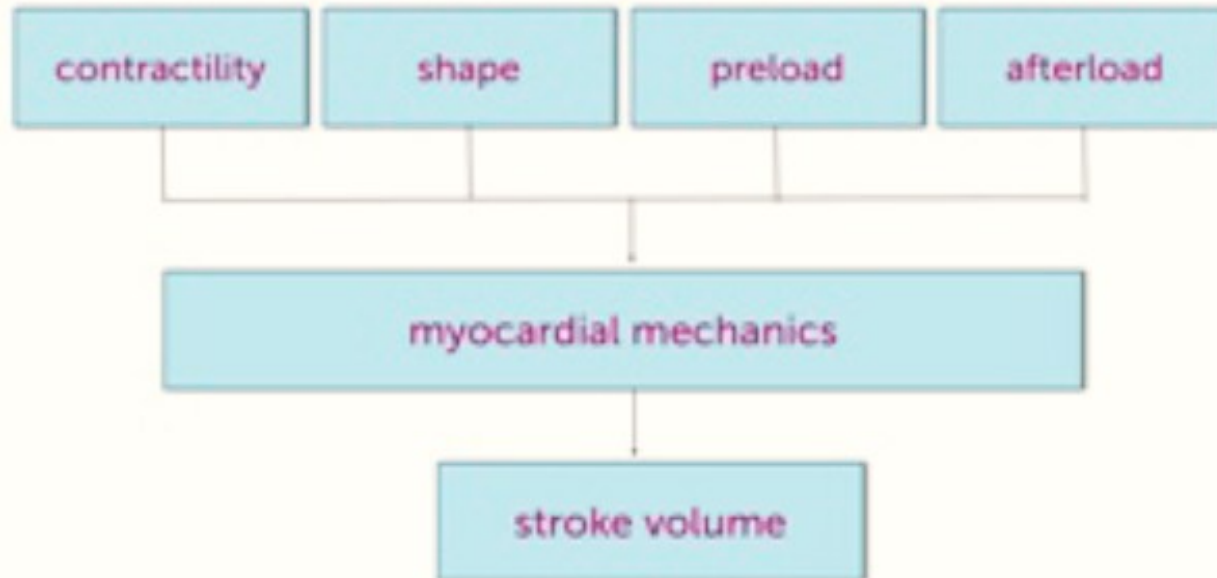
QUE PUEDO MEDIR POR ECO?

- DDVI, DSVI y FRACCION ACORTAMIENTO.
- VDVI, VSVI y FE (QUE METODO?)
- MASA VI (QUE METODO?)
- GASTO CARDIACO POR TVI DEL TSVI.
- dP/dt DERIVADO DE LA REGURGITACION MITRAL.

Medidas de función ventricular

- Fracción de acortamiento sistólico (modo M)
 - Inapropiado en VI remodelado o con asimetrías segmentarias
- Fracción de eyección (recomendado el método biplano)
- Volúmenes ventriculares
- Índice de masa ventricular

Principles of LV Function:



Factors which influence ejection fraction / stroke volume

Parameters of LV Function



Fractional shortening

Cardiac output

"Eyeballing" of LVF

Cardiac Index

Ejection fraction (EF) -
Simpson method

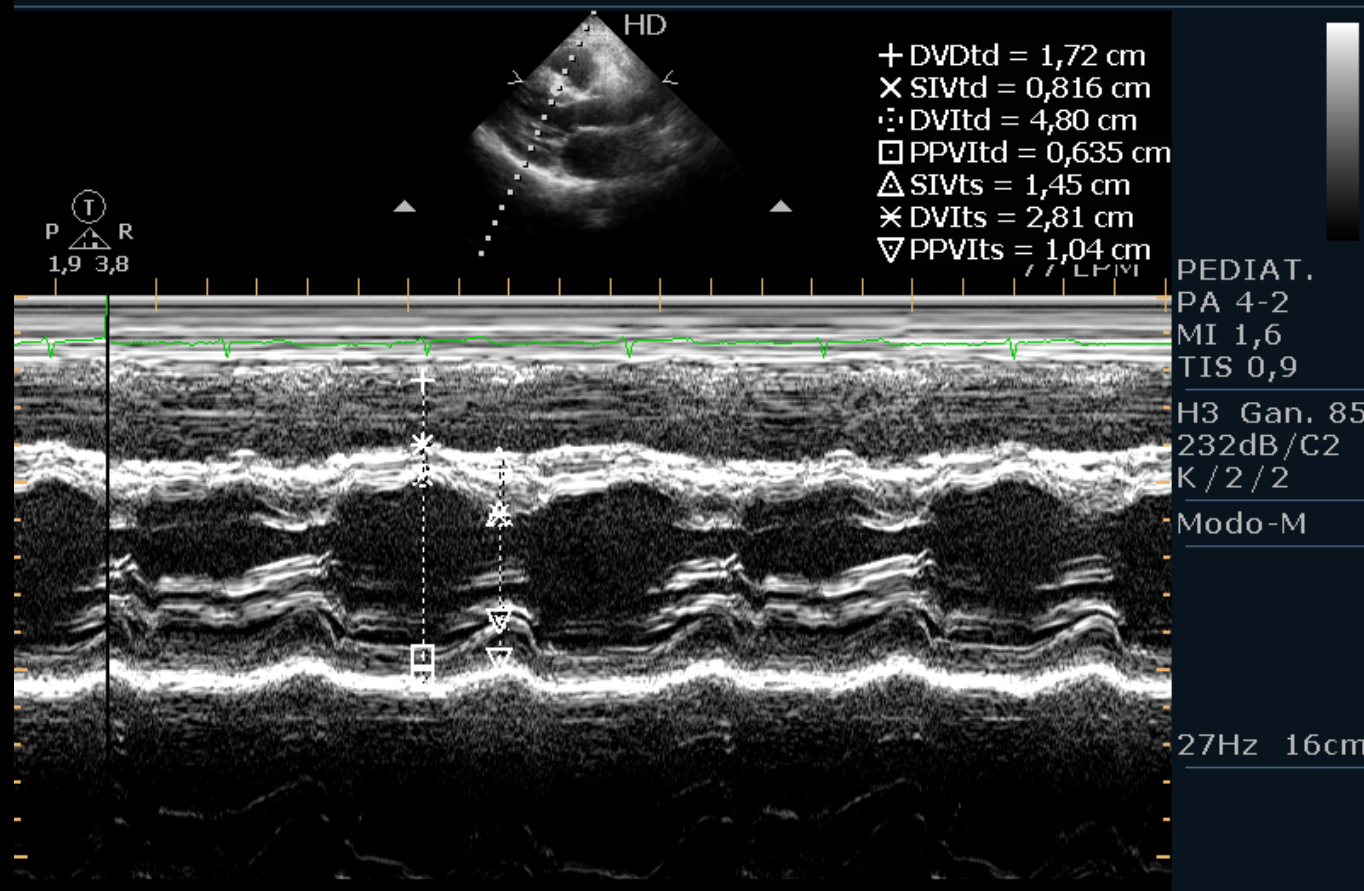
Contractility (dp/dt)

Stroke volume

Tei index

Medidas de función ventricular

- Fracción de acortamiento sistólico (modo M)
 - Inapropiado en VI remodelado o con asimetrías segmentarias
- Fracción de eyección (recomendado el método biplano)
- Volúmenes ventriculares
- Índice de masa ventricular



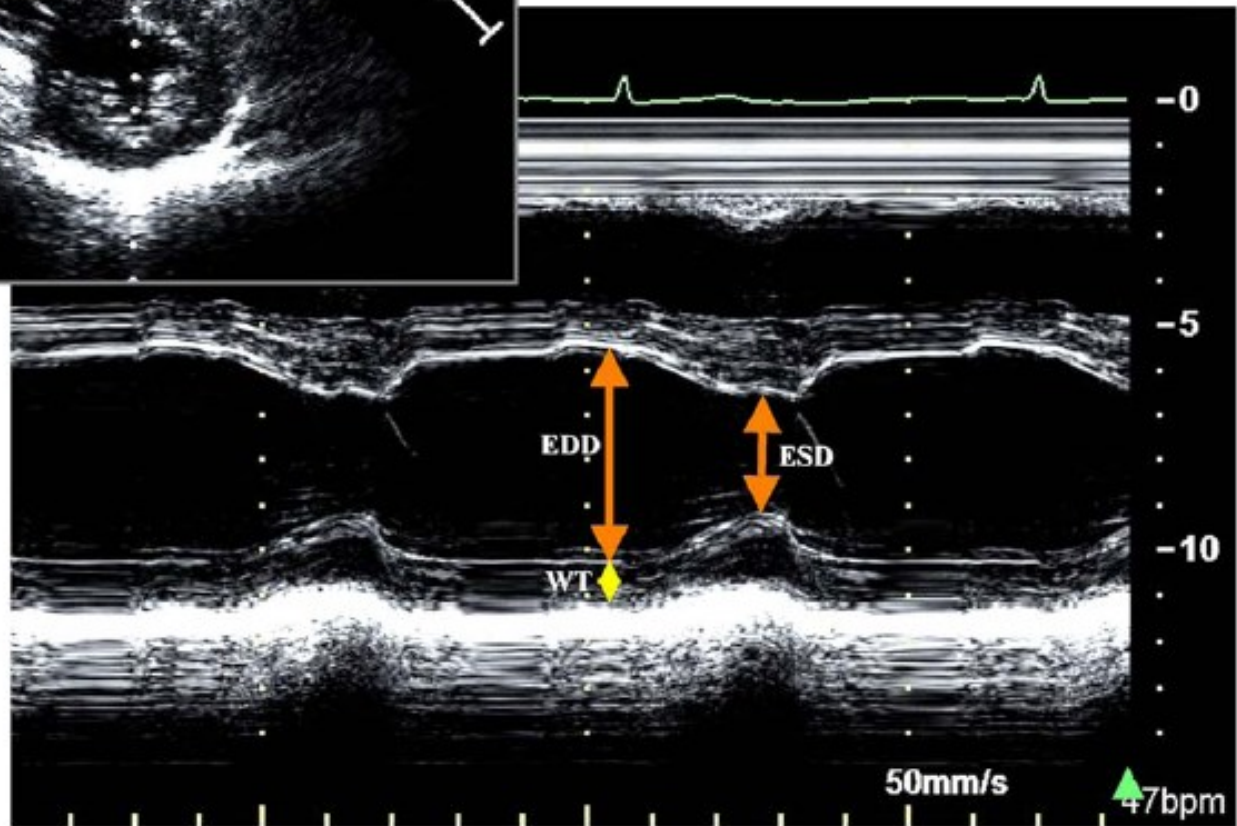
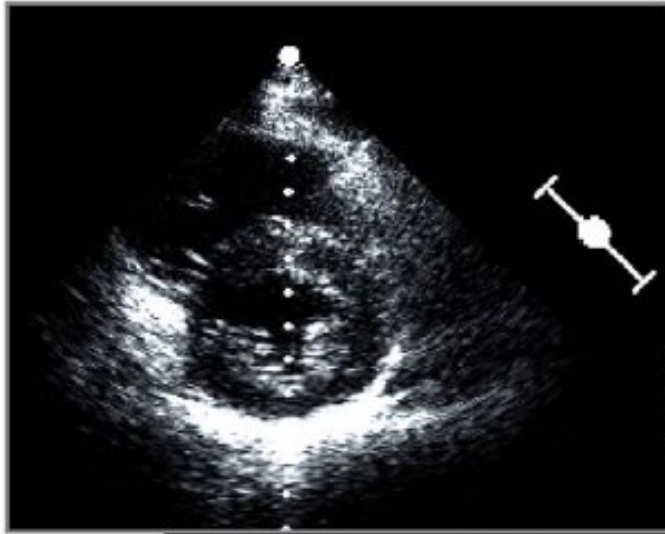
Fracción de acortamiento sistólico

$$FAS = (DTDVI - DTSVI) / DTDVI$$

Índice de masa ventricular izquierda

$$IMVI = (0.8 * \{1.04 * [(DTDVI + \text{septo en diástole} + \text{pared posterior en diástole})^3 - (DTDVI)^3]\} + 0.6) / SC \text{ g/m}^2$$



MODO M



Fracción de acortamiento sistólico

$$\text{FAS} = (\text{DTDVI} - \text{DTSVI}) / \text{DTDVI}$$

Fractional Shortening — Reference Values

		
Normal	25- 43%	27- 45%
Mild	20- 24%	22- 26%
Moderate	15- 19%	17- 21%
Severe	≤ 14%	≤ 16%

Fracción de acortamiento sistólico

$$FAS = (DTDVI - DTSVI) / DTDVI$$

Fractional Shortening – Contraindications



LBBB / Dyssynchrony

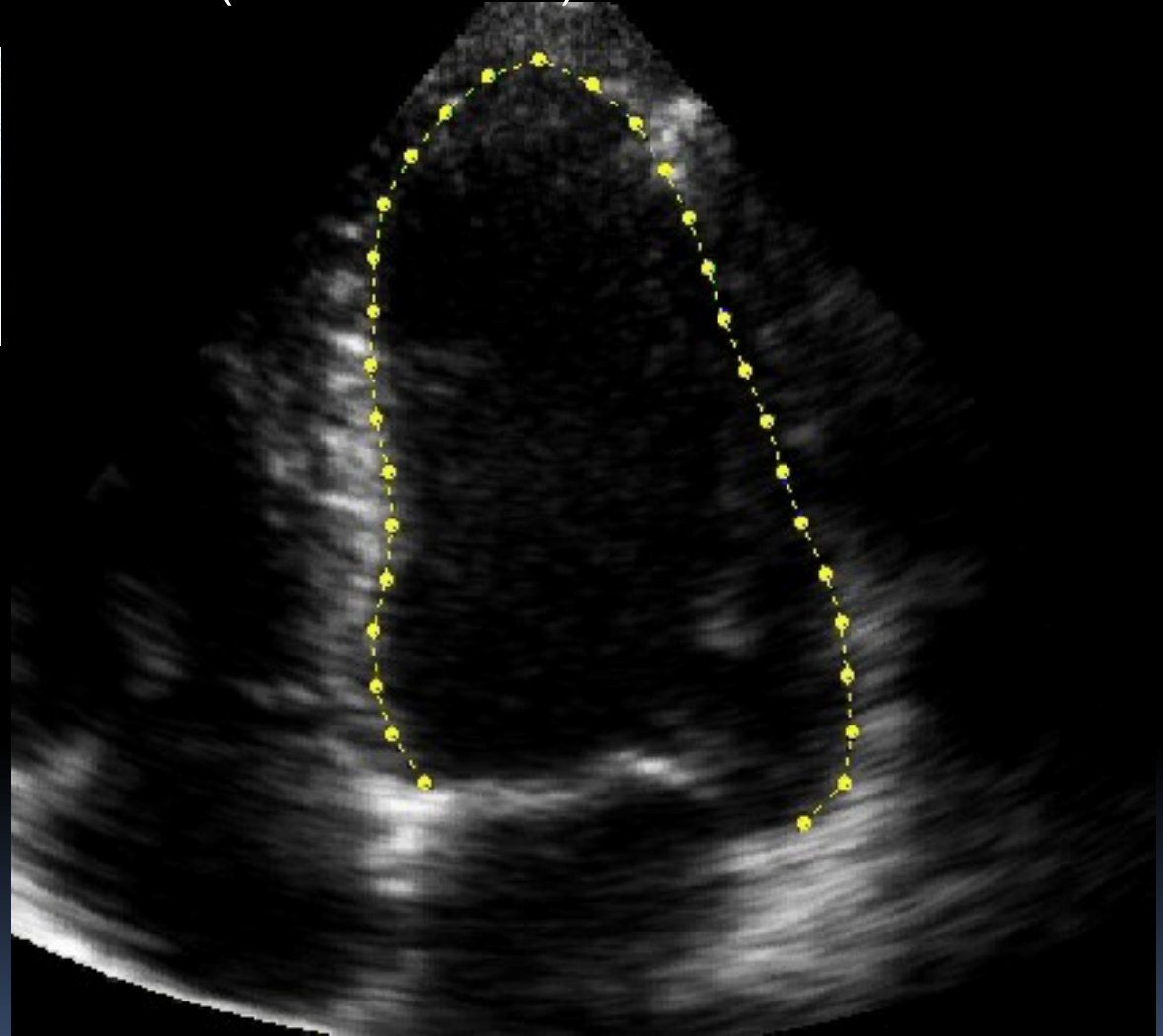
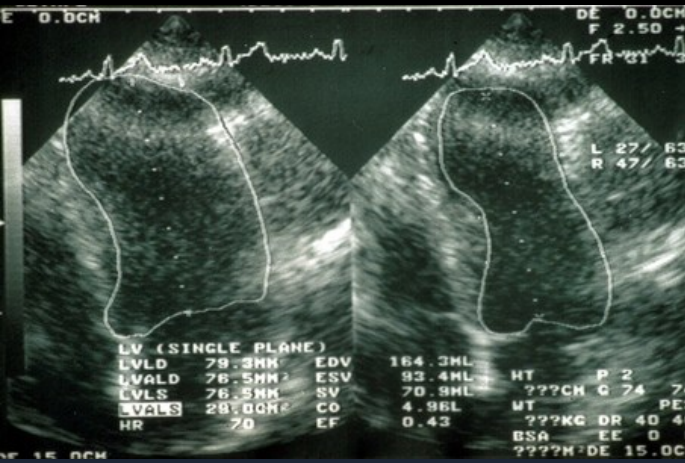
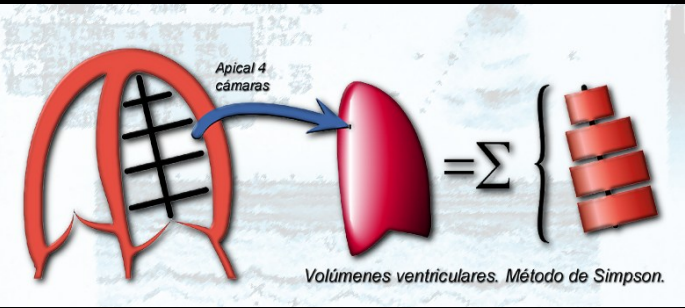
Abnormal septal motion

Regional wall motion abnormalities

Inadequate MMode orientation

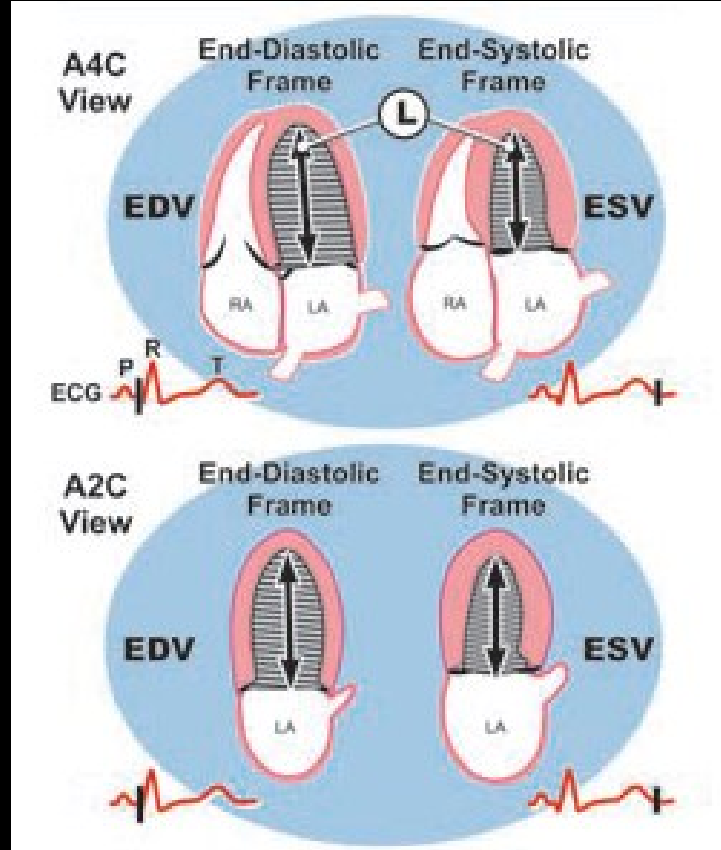
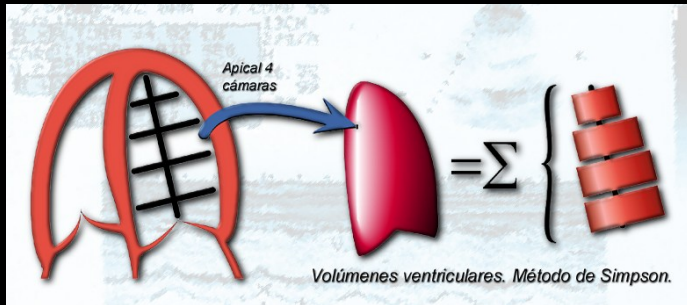
Poor image quality

Fracción de eyección

$$FE = (VTDVI - VTSVI) / VTDVI$$


Fracción de eyección

$$FE = (VTDVI - VTSVI) / VTDVI$$



Ejection Fraction – Simpson Method

$$EF = \frac{ED_{vol} - ES_{vol}}{ED_{vol}} \times 100$$

Normal

> 55 %

Mild

45– 54 %

Moderate

30– 44 %

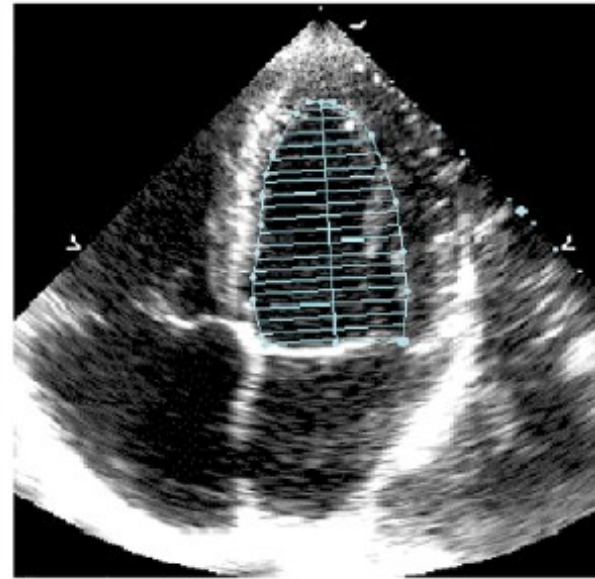
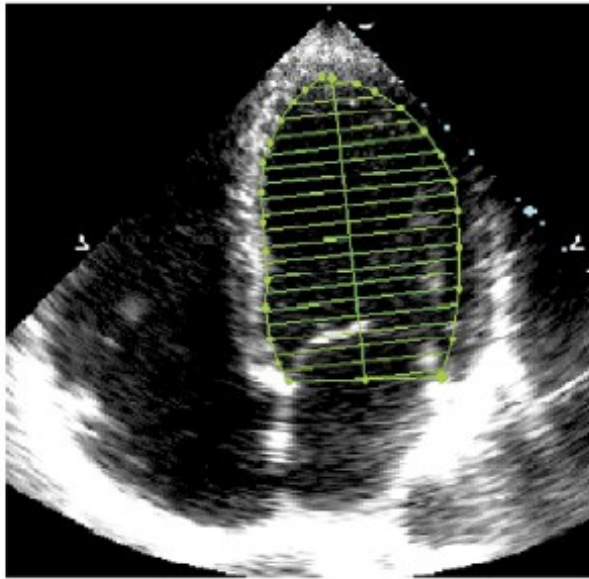
Severe

< 30%

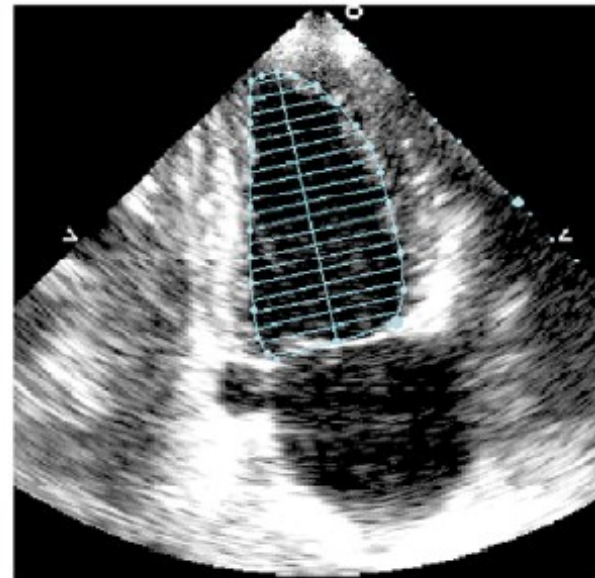
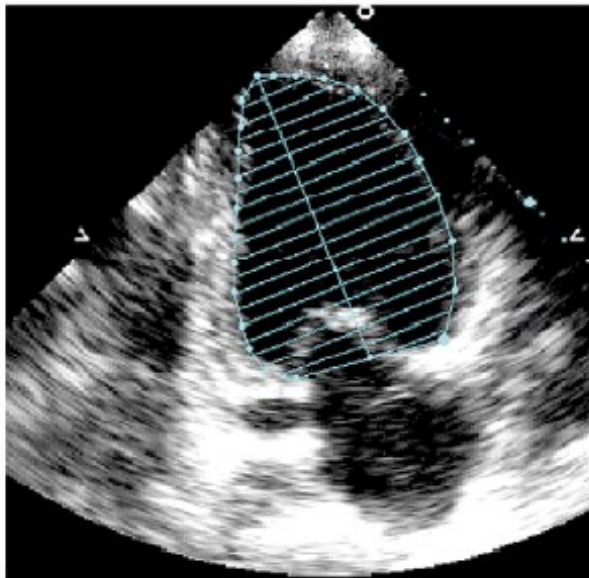
LV EDD

LV ESD

A4C

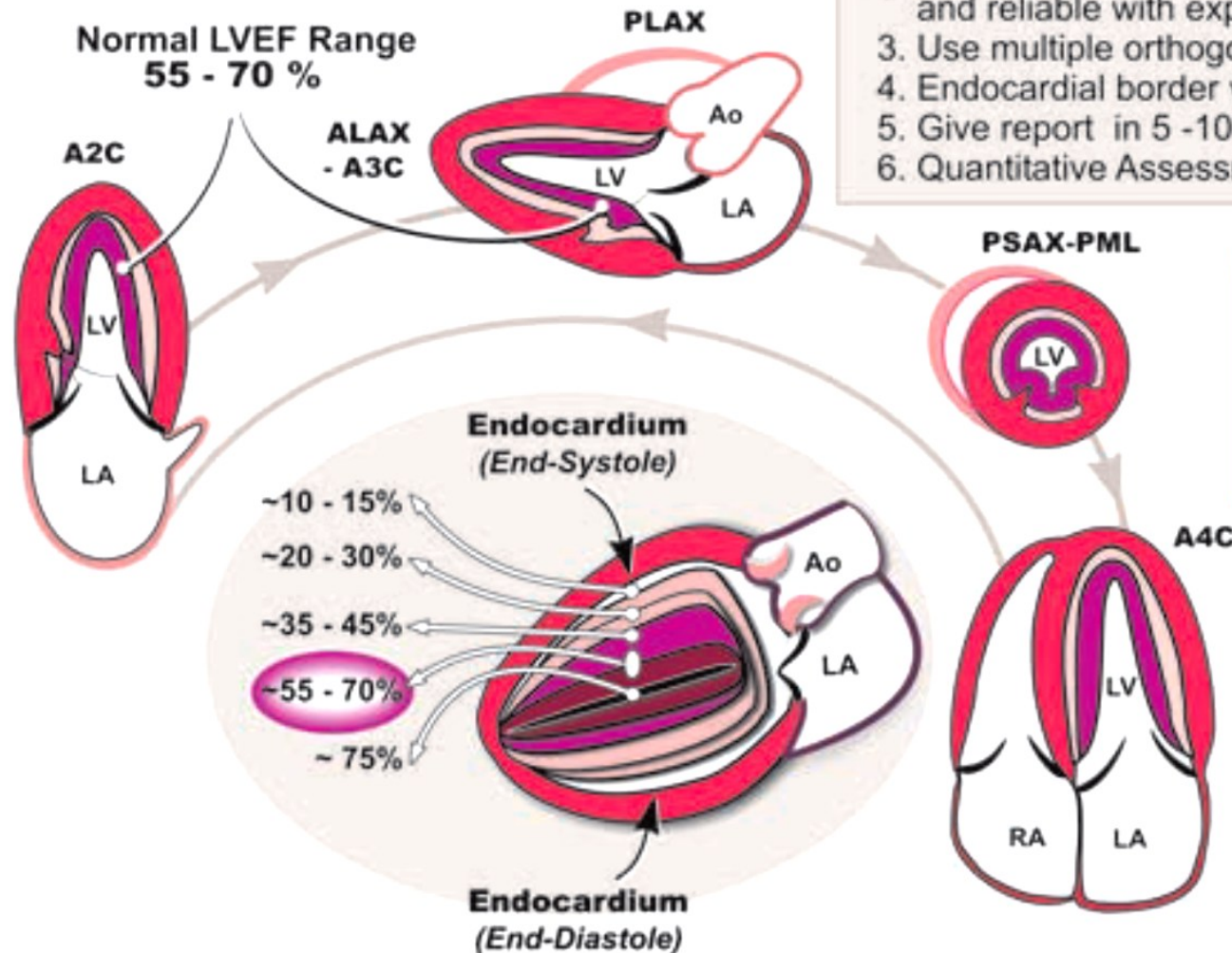


A2C



Qualitative:

Visual Estimates of LV Volumes and Left Ventricular Ejection Fraction (**LVEF**)



Visual Estimates of LVEF

"Eyeball" LVEF

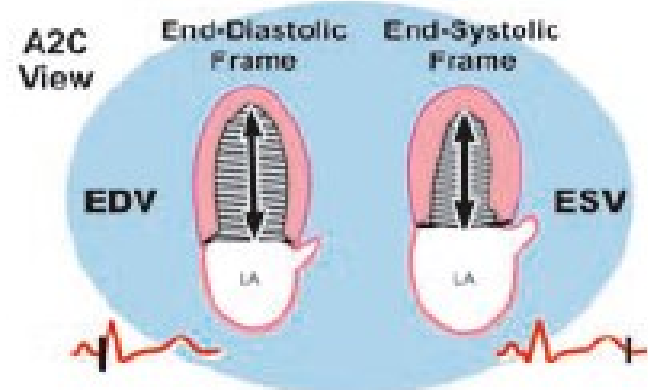
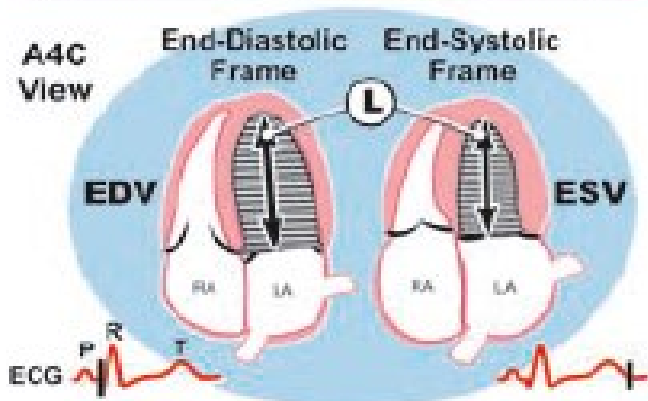
1. Routinely used
2. Practical, reproducible, accurate, and reliable with experience
3. Use multiple orthogonal views
4. Endocardial border visualization is crucial
5. Give report in 5-10% increments
6. Quantitative Assessment recommended

Caveats:

1. Avoid foreshortened LV views
2. Ensure Endocardial Border Visualization (Use tissue harmonic imaging +/- contrast)

Quantitative Estimates of LVEF* (by 2-D or 3-D echocardiography)

Measurements of End-Systolic and End-Diastolic Volumes (ESV, EDV, and LVEF) (Biplane Simpson's Rule)



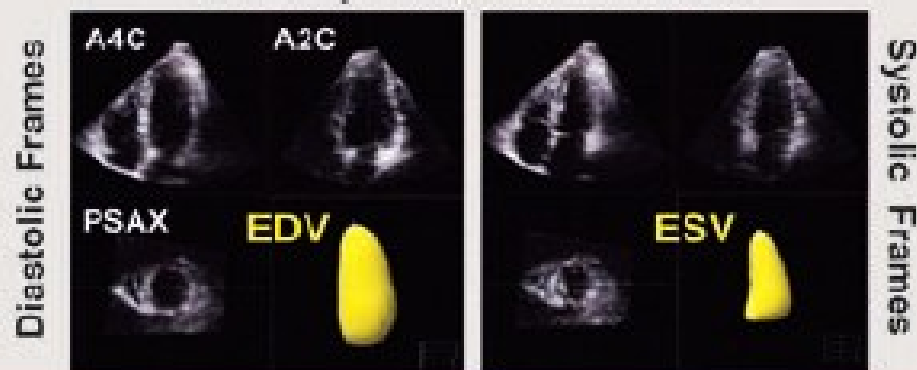
* Method also used for Left Atrial (LA) Volumes

Biplane Simpson's Method (2-D)

1. In **A4C View**, Scroll through frames and select **End-Diastolic Frame** (start of R-wave on ECG or frame with largest LV volume, just before AV opens)
2. Trace endocardial border from septal to lateral MV annulus and join ends with straight line for **EDV**
3. Measure **LV cavity length (L)** - apex to MV annulus
4. Scroll A4C video loop; choose **End-Systolic Frame** (end of T-wave on ECG, or smallest LV diameter - frame before MV opens) and Measure **ESV**
5. Repeat steps 1 to 4 above for **A2C View** measures
6. Auto-calculate **LVEF**

Semi-Automated LV Volumes & EF (3-D)

LV Cavity Casts from 3D Dataset



$$\text{LVEF} = \frac{\text{EDV} - \text{ESV}}{\text{EDV}} \times 100\%$$

$$\text{EDV} - \text{ESV} = \text{Stroke Volume (SV)}$$

(Normal SV = ~75-100 ml; Index to Body WI)

(If no mitral regurgitation)

$$\text{Cardiac Output} = \text{SV} \times \text{HR}$$

Table 6 Reference limits and values and partition values of left ventricular function

	Women				Men			
	Reference range	Mildly abnormal	Moderately abnormal	Severely abnormal	Reference range	Mildly abnormal	Moderately abnormal	Severely abnormal
<i>Linear method</i>								
Endocardial fractional shortening (%)	27–45	22–26	17–21	≤16	25–43	20–24	15–19	≤14
Midwall fractional shortening (%)	15–23	13–14	11–12	≤10	14–22	12–13	10–11	≤10
<i>2-D method</i>								
Ejection fraction (%)	≥55	45–54	30–44	< 30	≥55	45–54	30–44	< 30

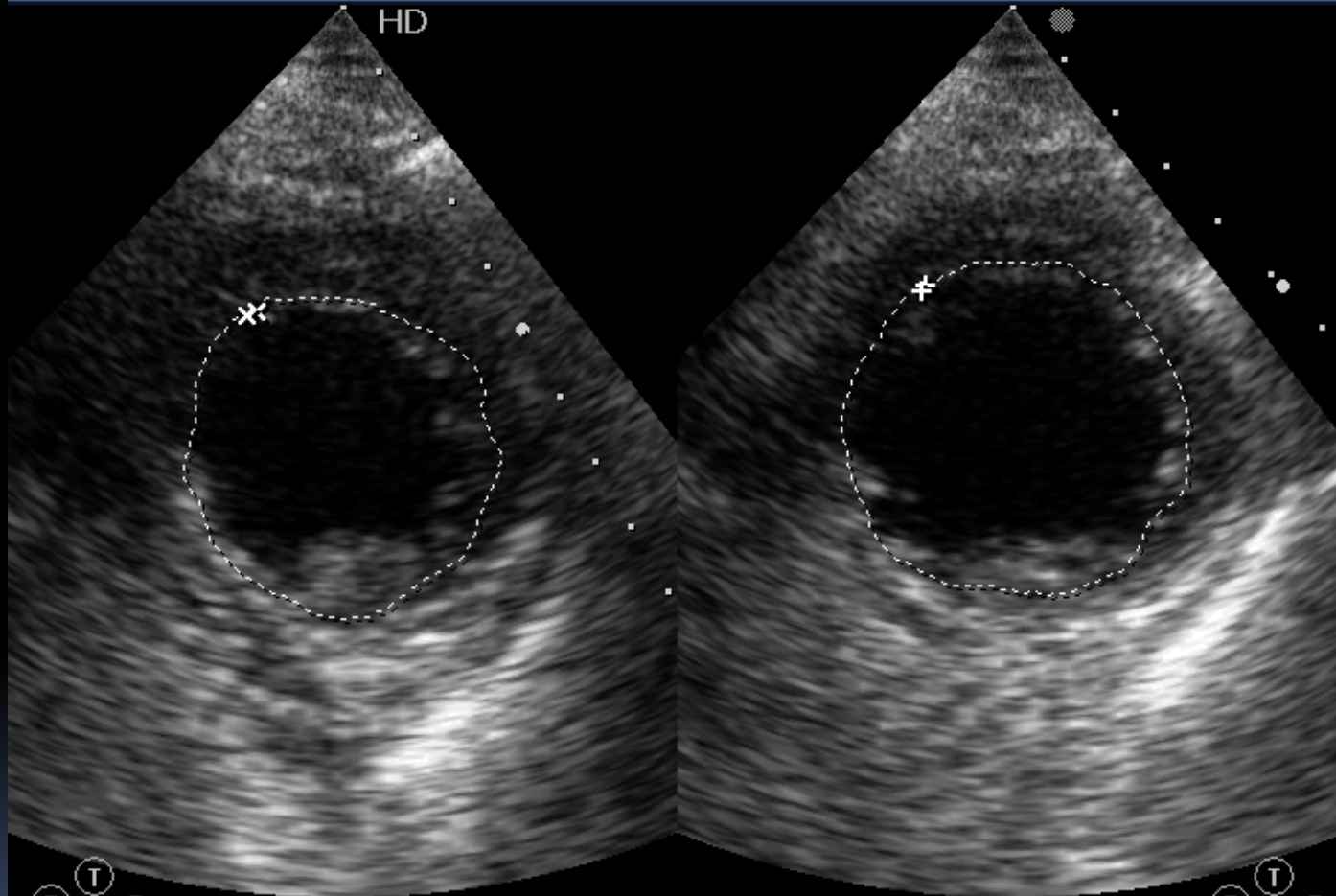
Values in bold are recommended and best validated.

CAMBIO DE AREA FRACCIONAL VI – FAC VI

TRAMUTOLA LECCA, ISAC
09-09-06-175335

Philips Medical Systems

06/09/2009 PHILIPS
06:50:01 p.m. VIDAL



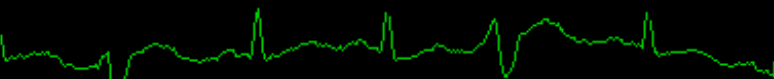
UCI-2C
S4-2
MI 1.4
TIS 0.9

H2 Gan. 26
232dB/C3
K/2/0

30Hz 12cm

(P) (T) R
+ AVItD eJC MP 16.4 cm²
FAC VI 14.7 %
x AVItS eJC MP 14.0 cm²

(P) (T) R
1.9 3.8
66 LPM

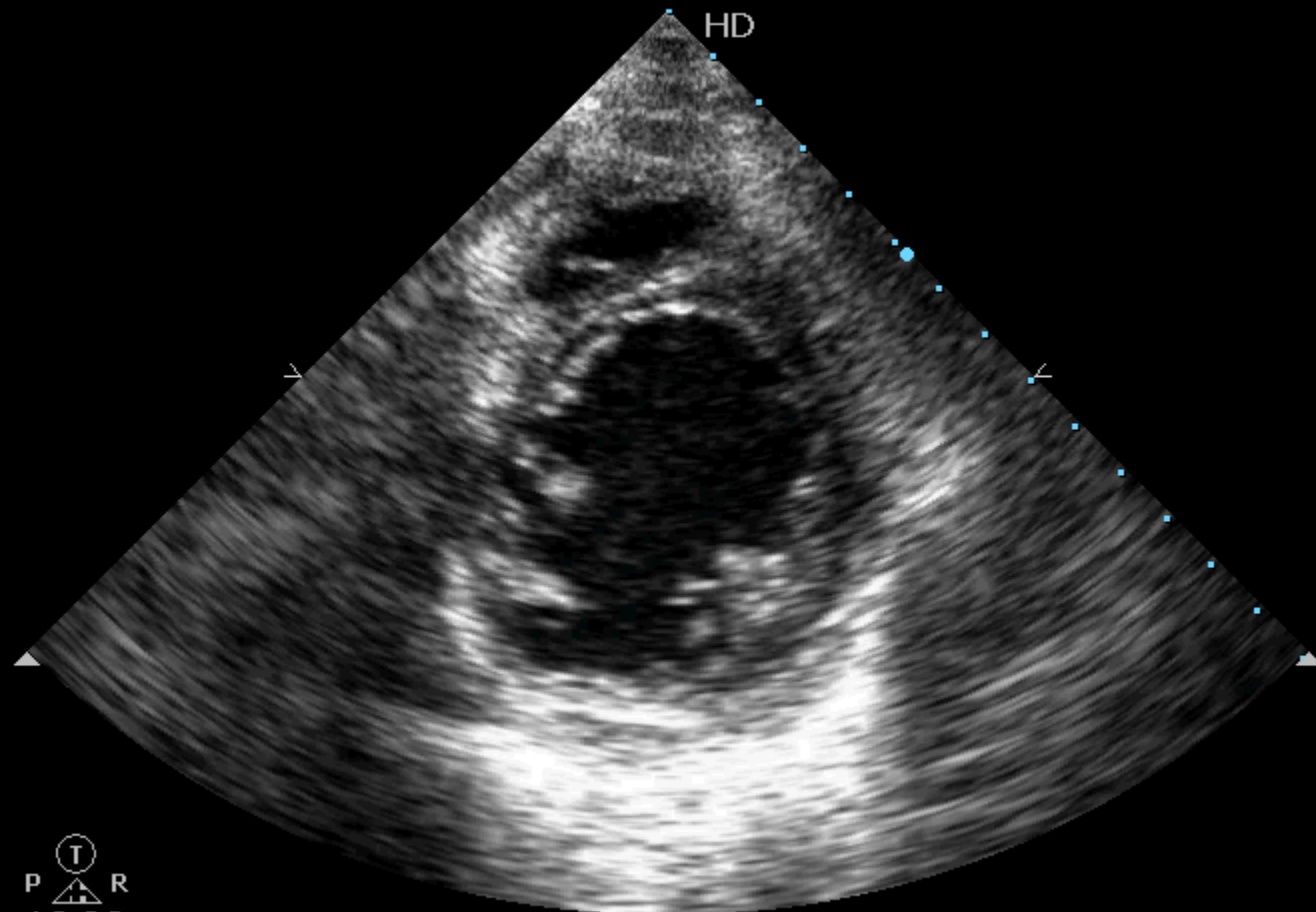


CAMBIO DE AREA FRACCIONAL VI – FAC VI

CASTRILLON CASTILLO, CONSTANCE
09-09-13-091846

Philips Medical Systems

13/09/2009 PHILIPS
09:41:49 a.m. VIDAL



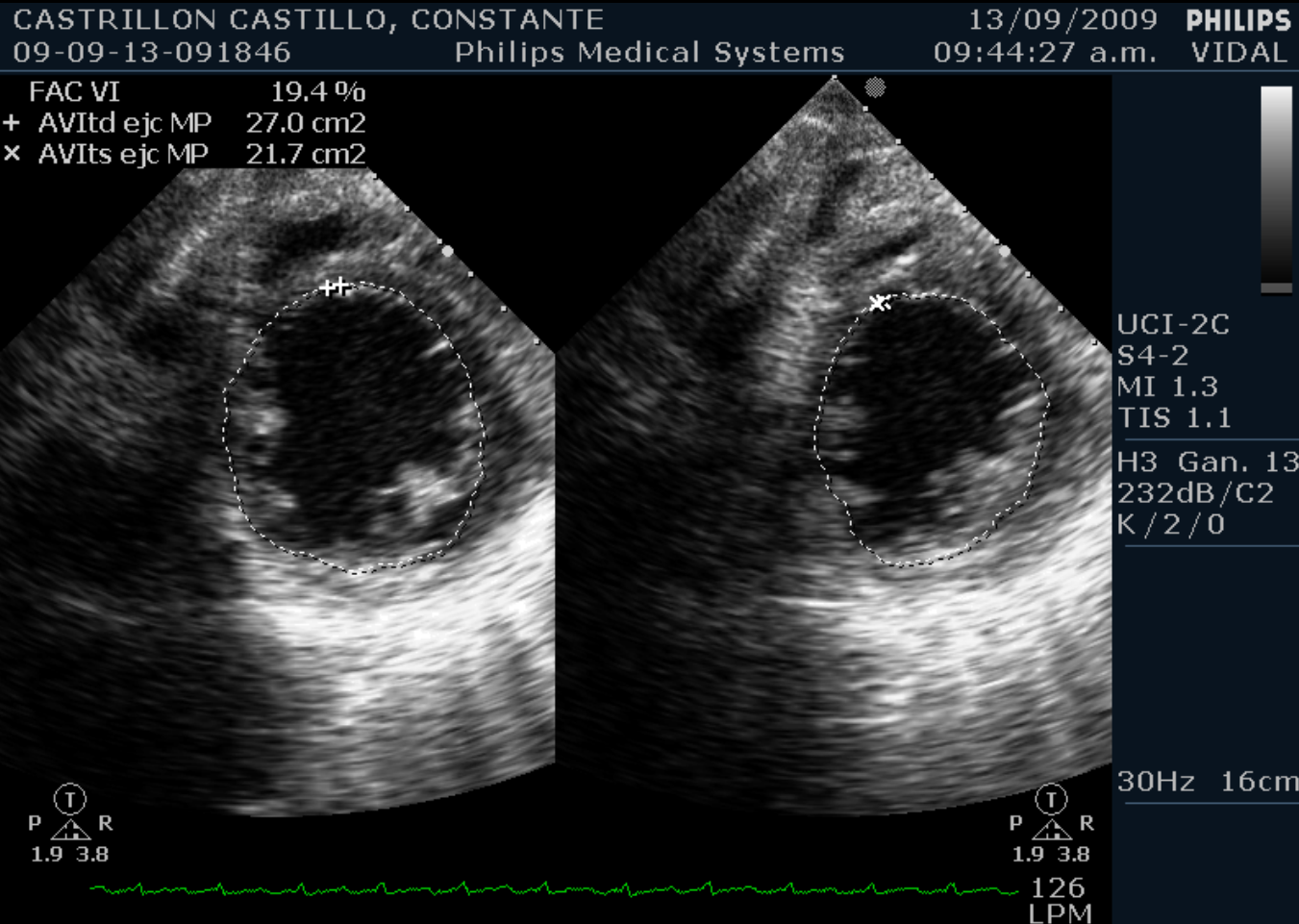
UCI-2C
S4-2
MI 1.4
TIS 1.1

H3 Gan. 0
232dB/C2
K/2/0

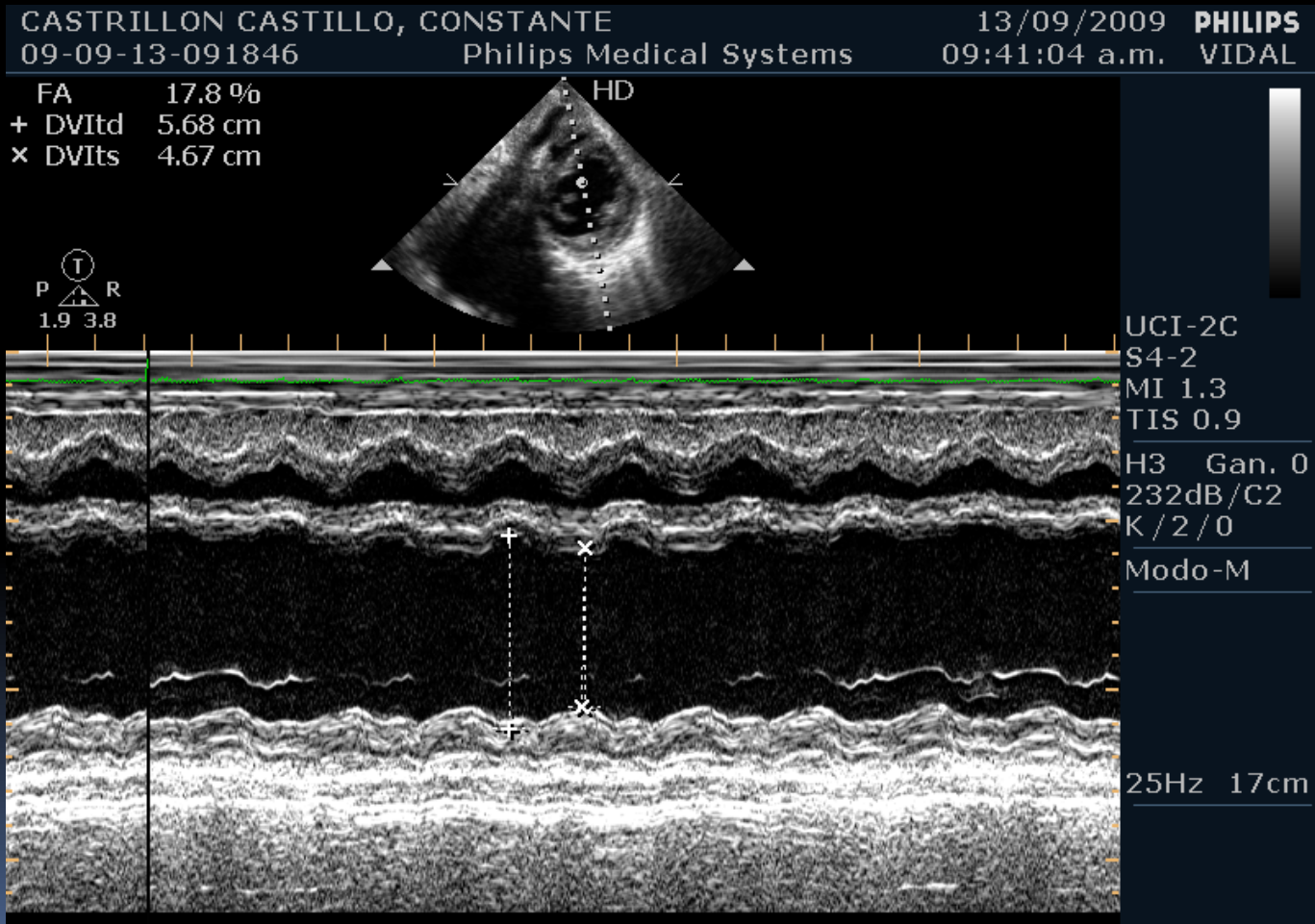
30Hz 14cm

125
LPM

CAMBIO DE AREA FRACCIONAL VI – FAC VI



FRACCIÓN DE ACORTAMIENTO VI

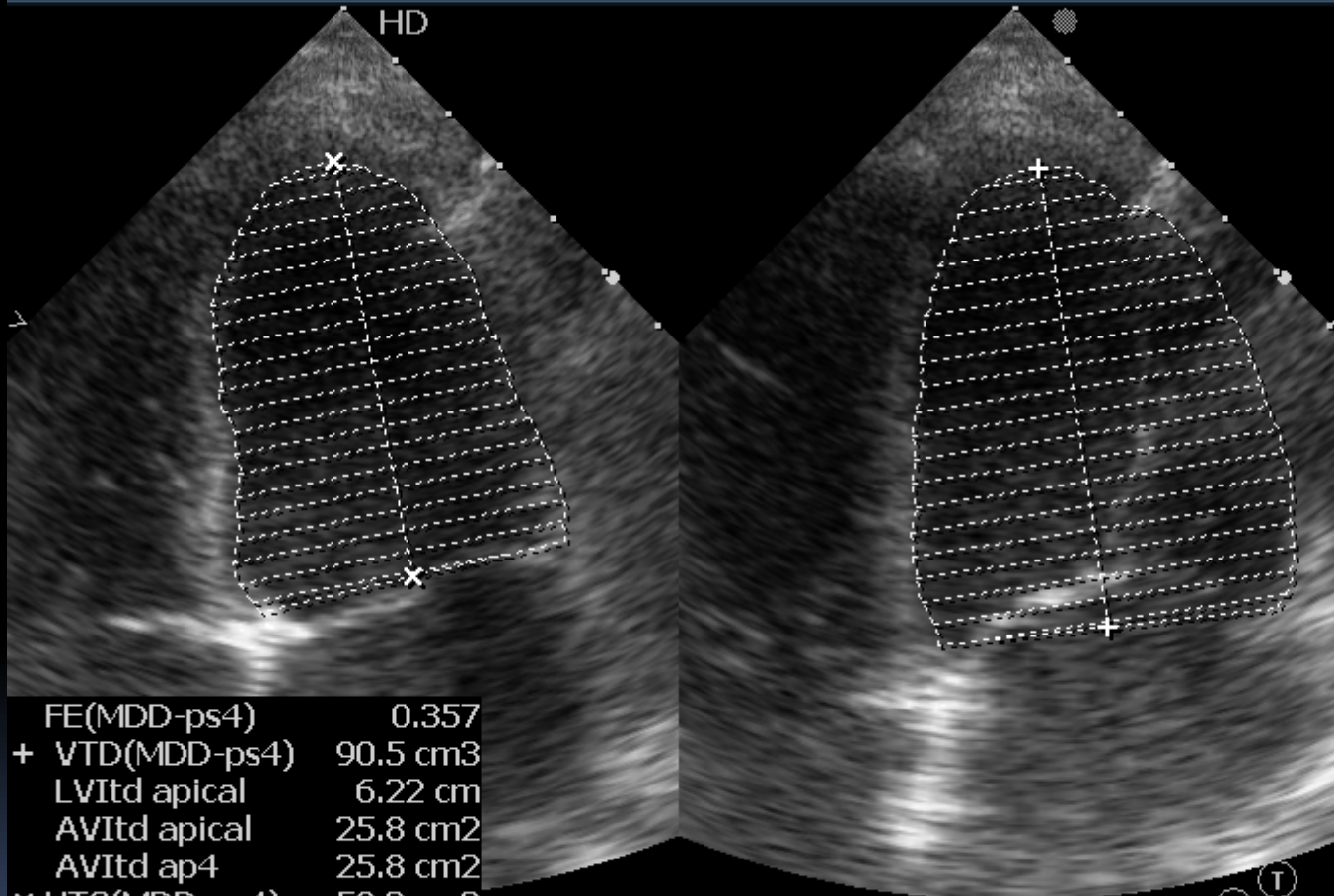


FRACCION DE EYECCIÓN VI

NEIRA ZAVALA, JUANA
09-08-28-092516

25/07/1952
Philips Medical Systems

28/08/2009 PHILIPS
09:45:45 a.m. VIDAL

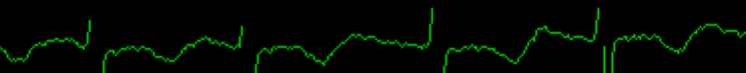


UCI-2C
S4-2
MI 1.6
TIS 1.0
H2 Gan. 46
232dB/C5
K/2/0

FE(MDD-ps4)	0.357
+ VTD(MDD-ps4)	90.5 cm ³
LVIt _d apical	6.22 cm
AVIt _d apical	25.8 cm ²
AVIt _d ap4	25.8 cm ²
× VTS(MDD-ps4)	58.2 cm ³
AVIt _s apical	19.9 cm ²
LVIt _s apical	5.66 cm
AVIt _s ap4	19.9 cm ²

30Hz 12cm

⊙ ⊕ ⊙
P T R
1.9 3.8
75
LPM



VISTA PARA ESTERNAL EJE LARGO

VISTA PARA ESTERNAL EJE LARGO



VISTA PARAESTERNAL EJE LARGO GEOMETRIA
ALTERADA

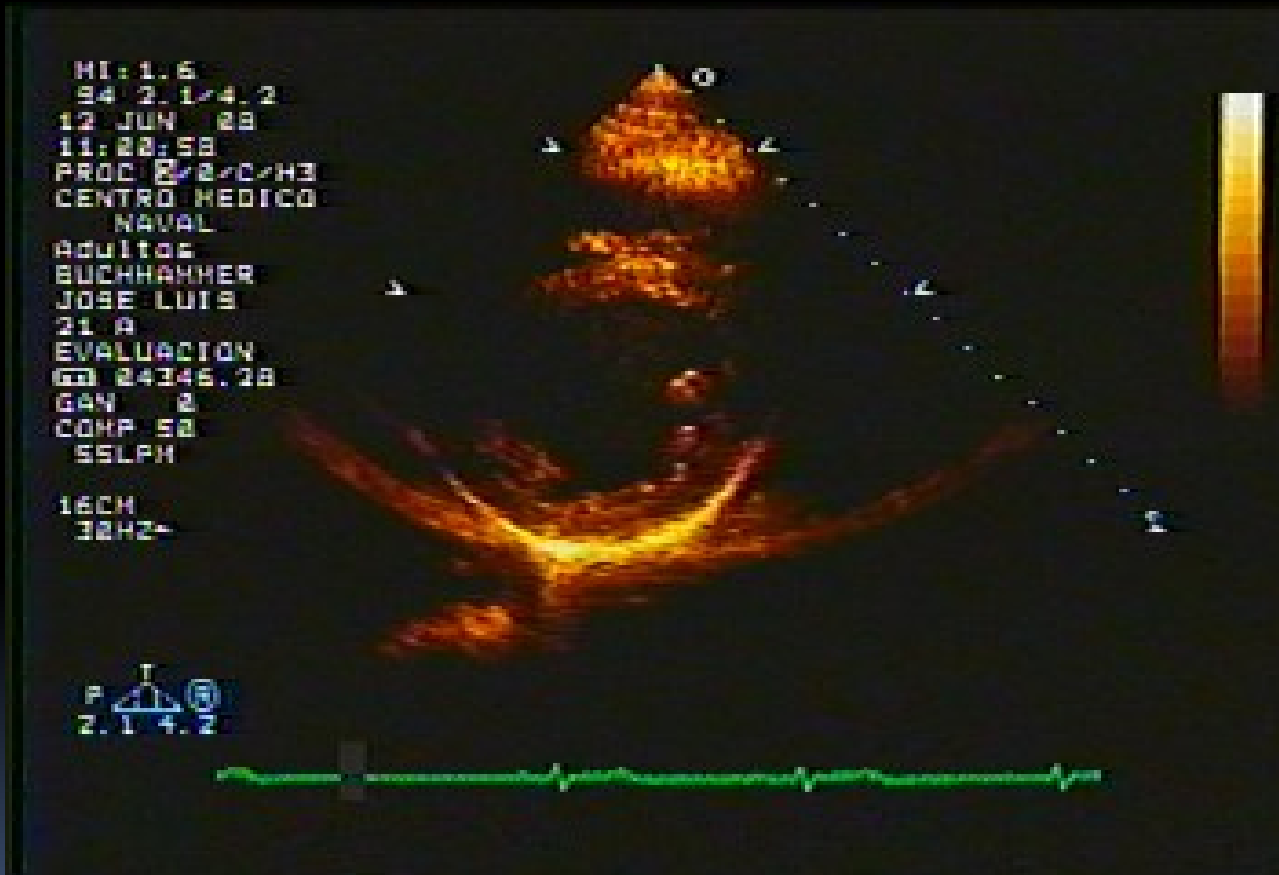
VISTA APICAL 4C



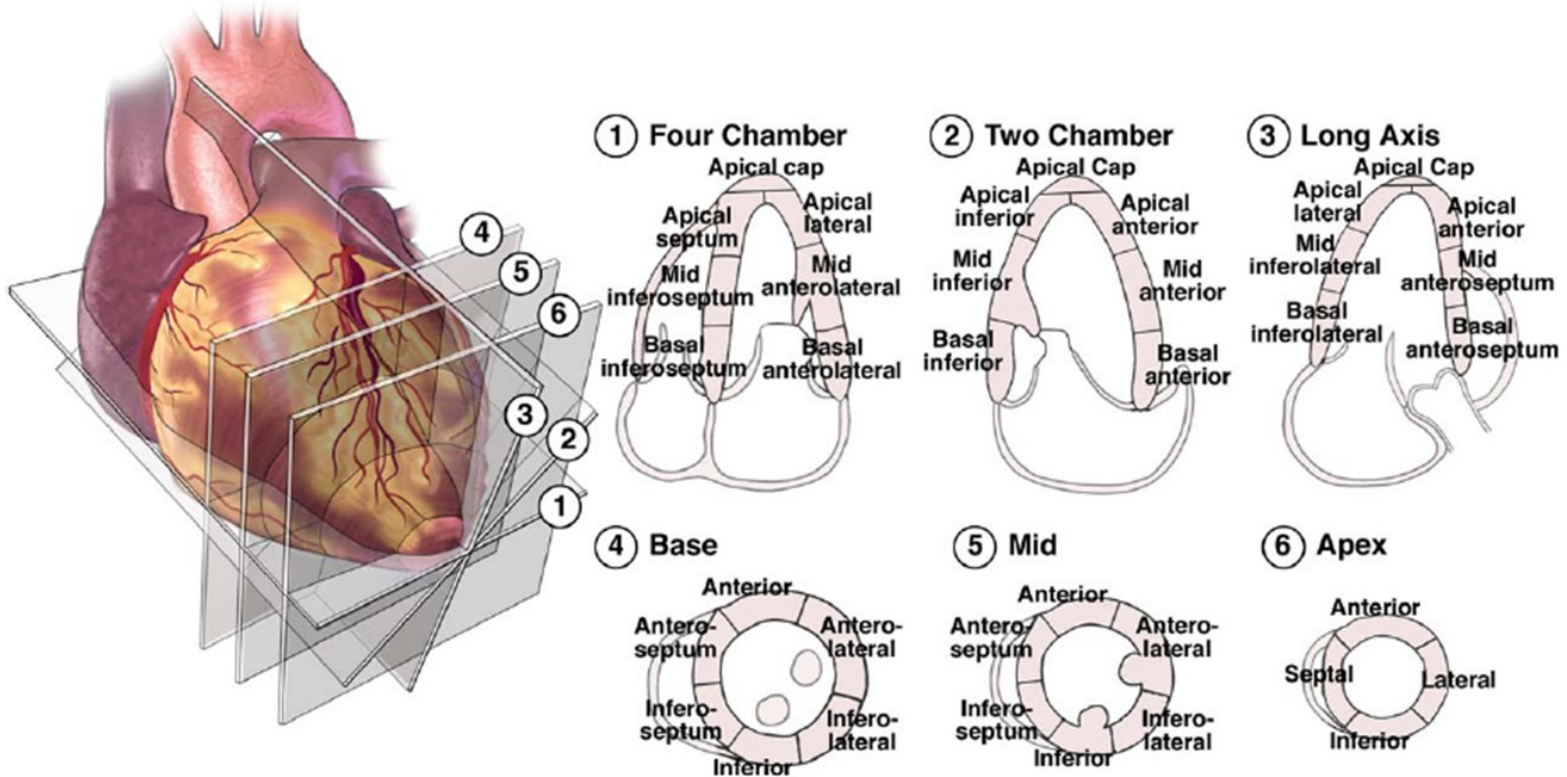
VISTA APICAL 2C



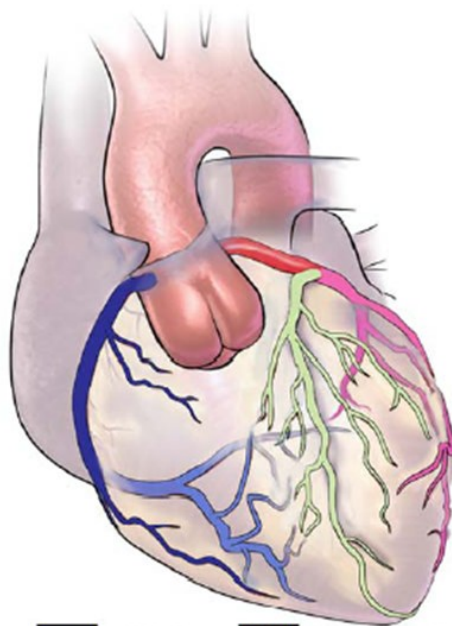
PARA ESTERNAL EJE CORTO NIVEL MUSCULOS PAPILARES



DENOMINACION DE SEGMENTOS POR ECO

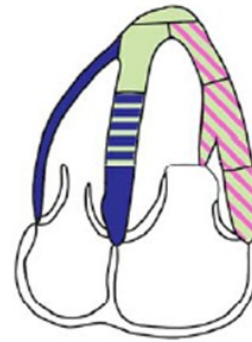


CORRELACION DE SEGMENTOS CON TERRITORIO CIRCULATORIO



 RCA	 RCA or CX
 LAD	 LAD or CX
 CX	 RCA or LAD

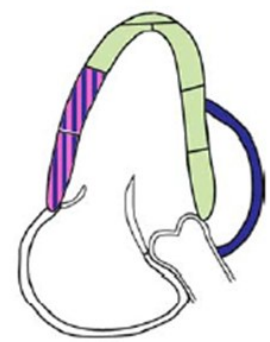
① Four Chamber



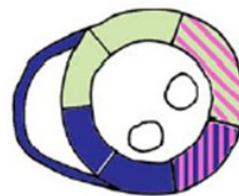
② Two Chamber



③ Long Axis



④ Base



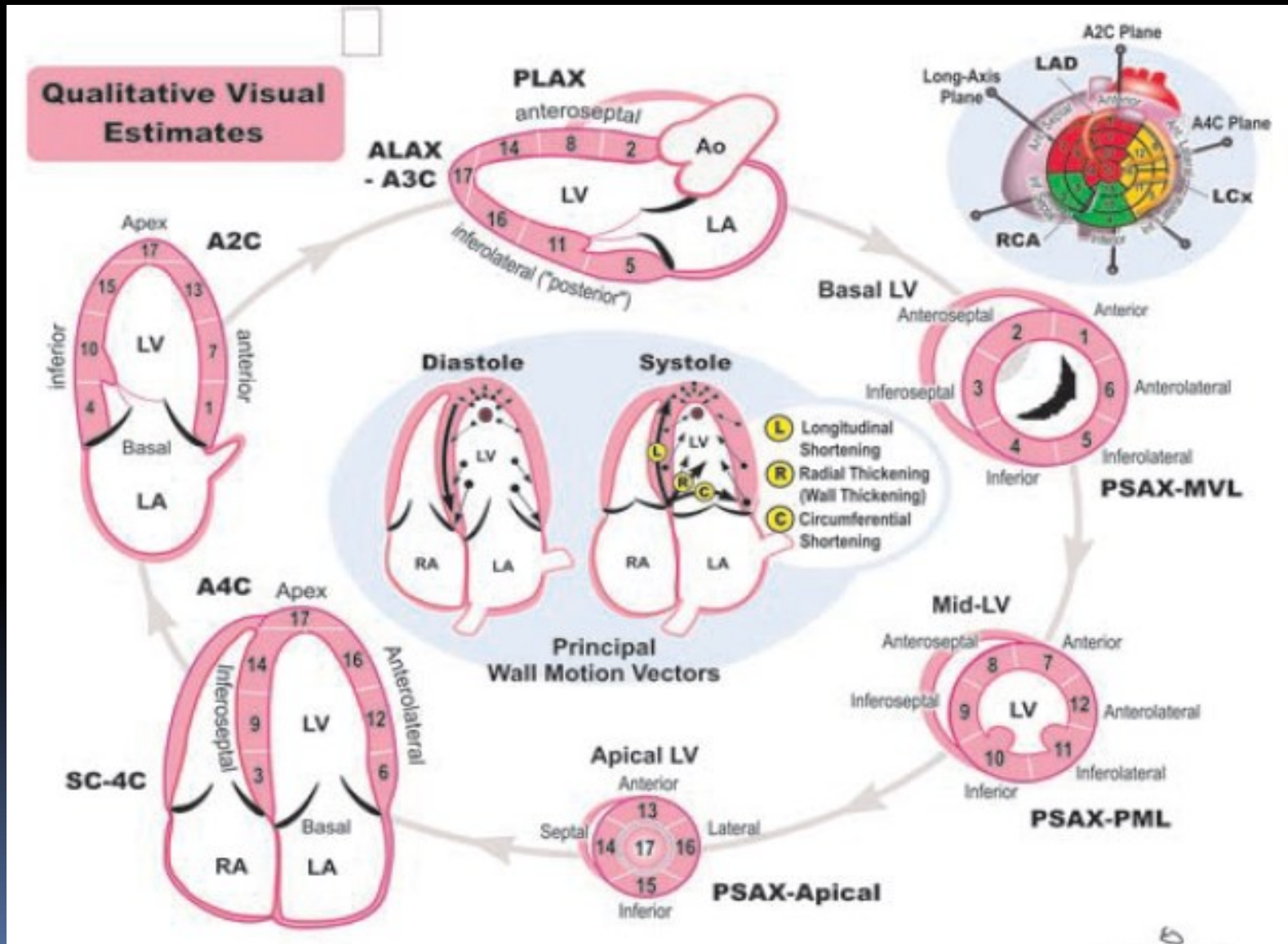
⑤ Mid



⑥ Apex



FUNCIÓN SISTÓLICA VI EVALUACION REGIONAL

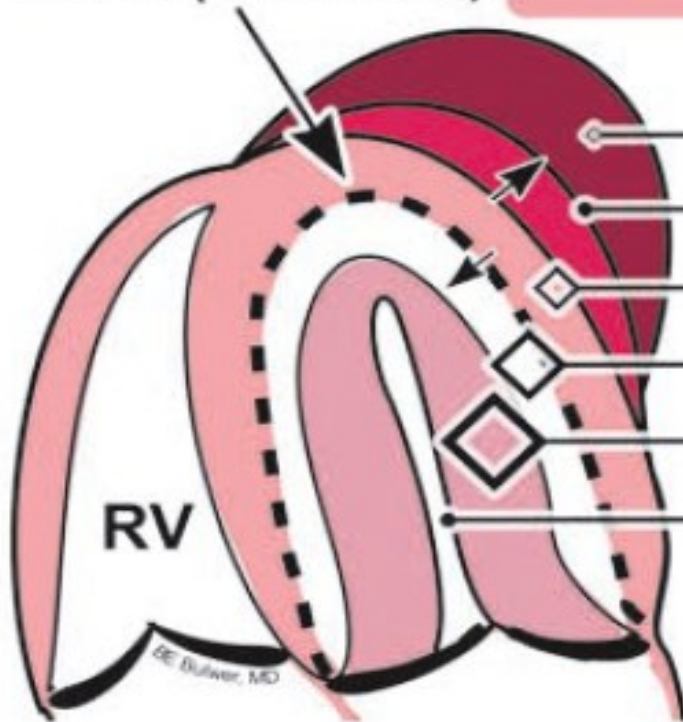


FUNCIÓN SISTÓLICA VI EVALUACION REGIONAL

LV Endocardial
Border (End-Diastole)

Wall Motion

**Wall Motion
Score (WMS)**

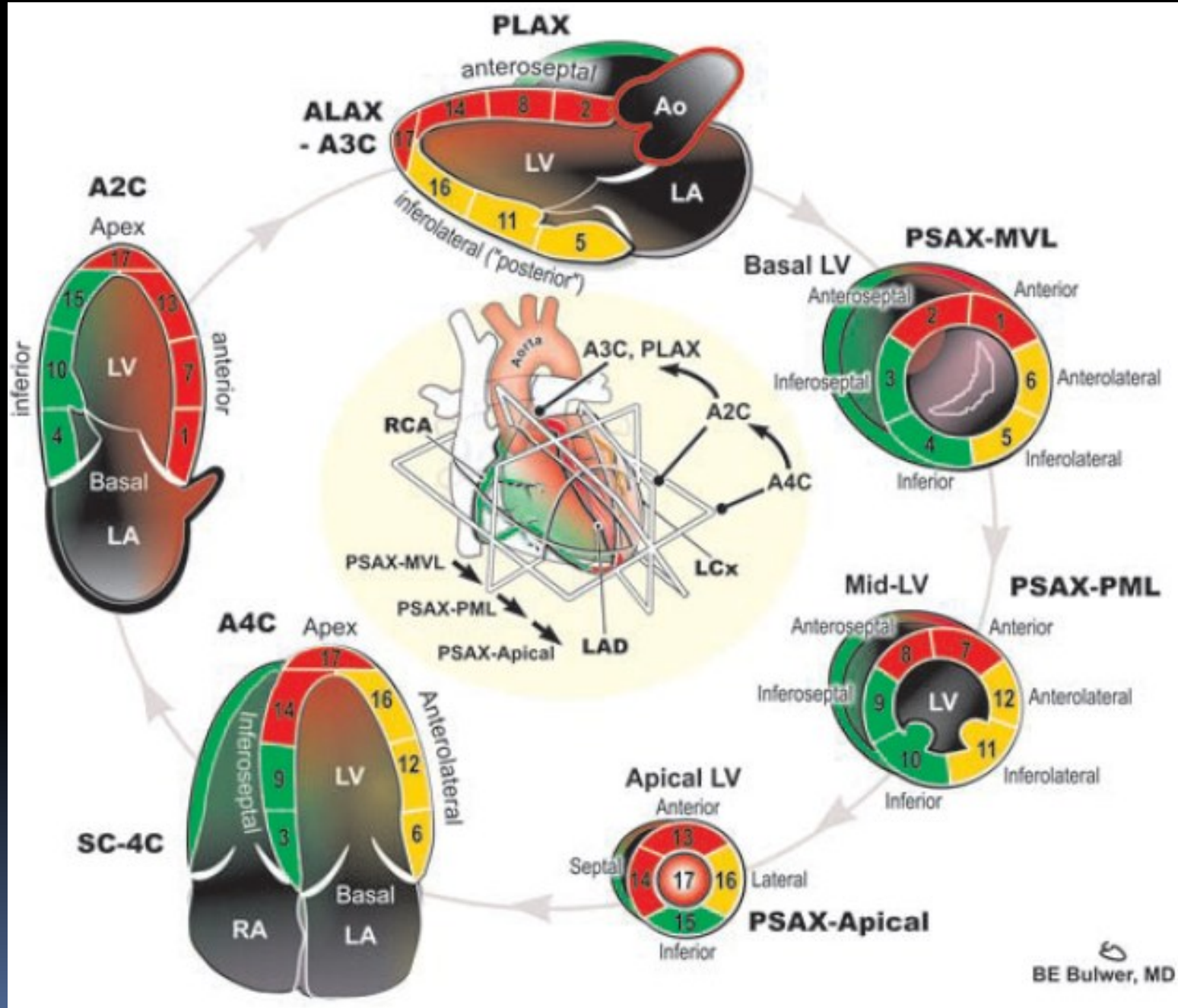


Aneurysmal	5
Dyskinetic	4
Akinetic	3
Hypokinetic	2
Normal	1
Hyperkinetic	

$$\text{WMS Index} = \sum_{n=1}^{n=N} \text{WMS} \div N$$

Visual Wall Motion Assessment
(for each segment, **n**, and total number of segments, **N**)

Global Wall Motion Score (WMS) = 16 **Normal WMS Index = 1**
(Normal Score for ASE 16 -segment model)



VOLUMEN LATIDO (VL)

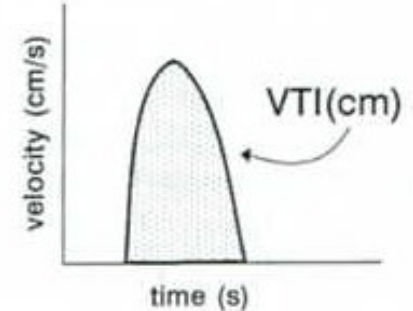
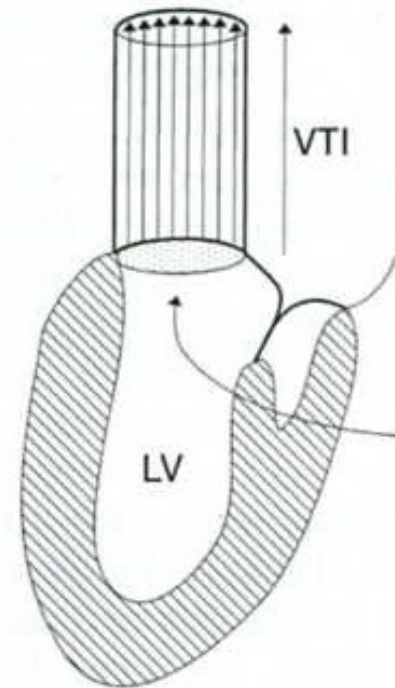
Volumen de sangre
“ bombeado ” por
latido.

GASTO CARDIACO (GC)

Volumen de sangre
“ bombeado ” por
minuto.

INDICE CARDIACO (IC)

Gasto cardiaco en
relación al área de
superficie corporal



$$CSA(cm^2) = 3.14(D/2)^2$$

$$SV = CSA \times VTI$$

¿Como calcular el Volumen Latido (VL)

1.- Medir diámetro (D) del TSVI a nivel del anillo aórtico, en vista paraesternal eje largo, amplificado y en sístole.

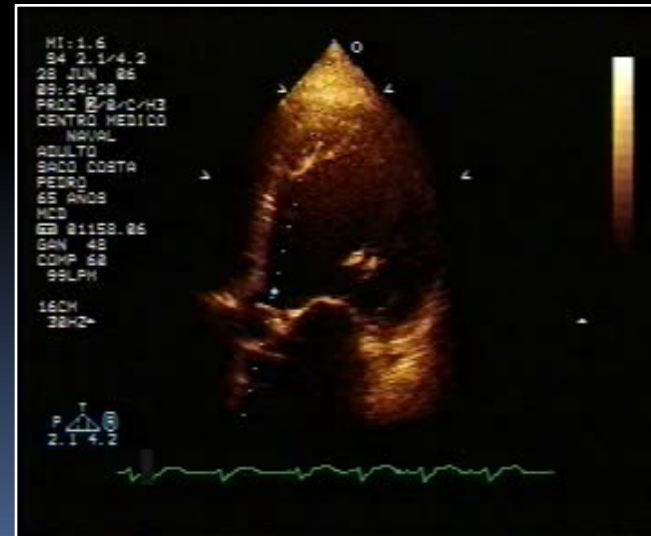
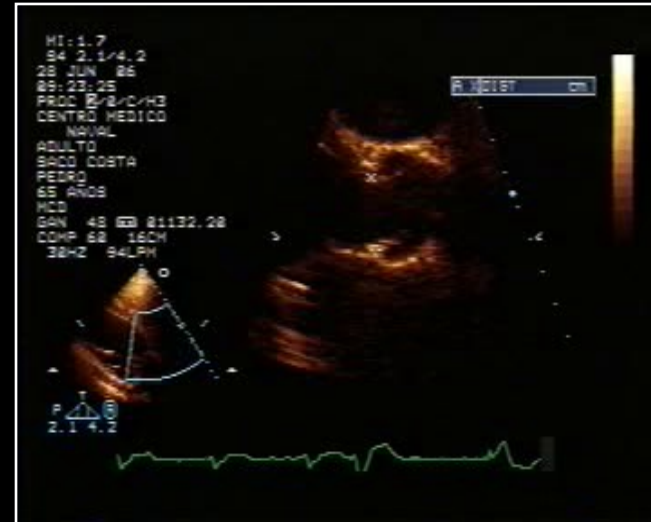
2.- Calcular el área del TSVI.

$$\text{Área del TSVI} = D^2 \times 0.785$$

3.- Medir la velocidad del TSVI e integral tiempo-velocidad en la vista apical eje largo, doppler pulsado. El Volumen de muestra en anillo Ao.

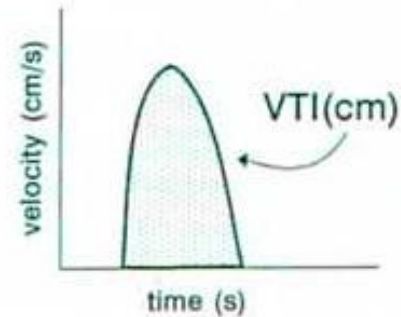
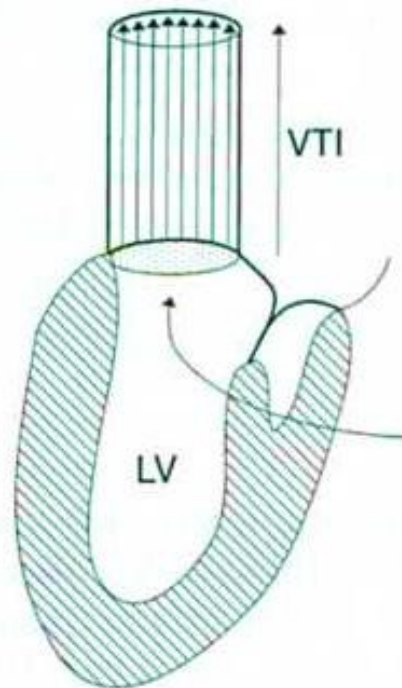
4.- Calculo del volumen latido (VL) a través del TSVI.

$$\text{VL (ml.)} = D^2 \times 0.785 \times \text{TVI}$$



Stroke Volume, Cardiac Output, Cardiac Index – Reference Values

	Rest	Exercise
Stroke volume	70 – 110ml	80 – 130ml
Cardiac output	5 – 8.5 L/min	10 – 17 L/min
Cardiac index	> 2.5 L/min/m ²	> 5 L/min/m ²



$$CSA(\text{cm}^2) = 3.14(D/2)^2$$

$$SV = CSA \times VTI$$

FR 12Hz
20cm

2D
63%
C 50
P Low
HPen
CF
66%
2.5MHz
WF High
Med

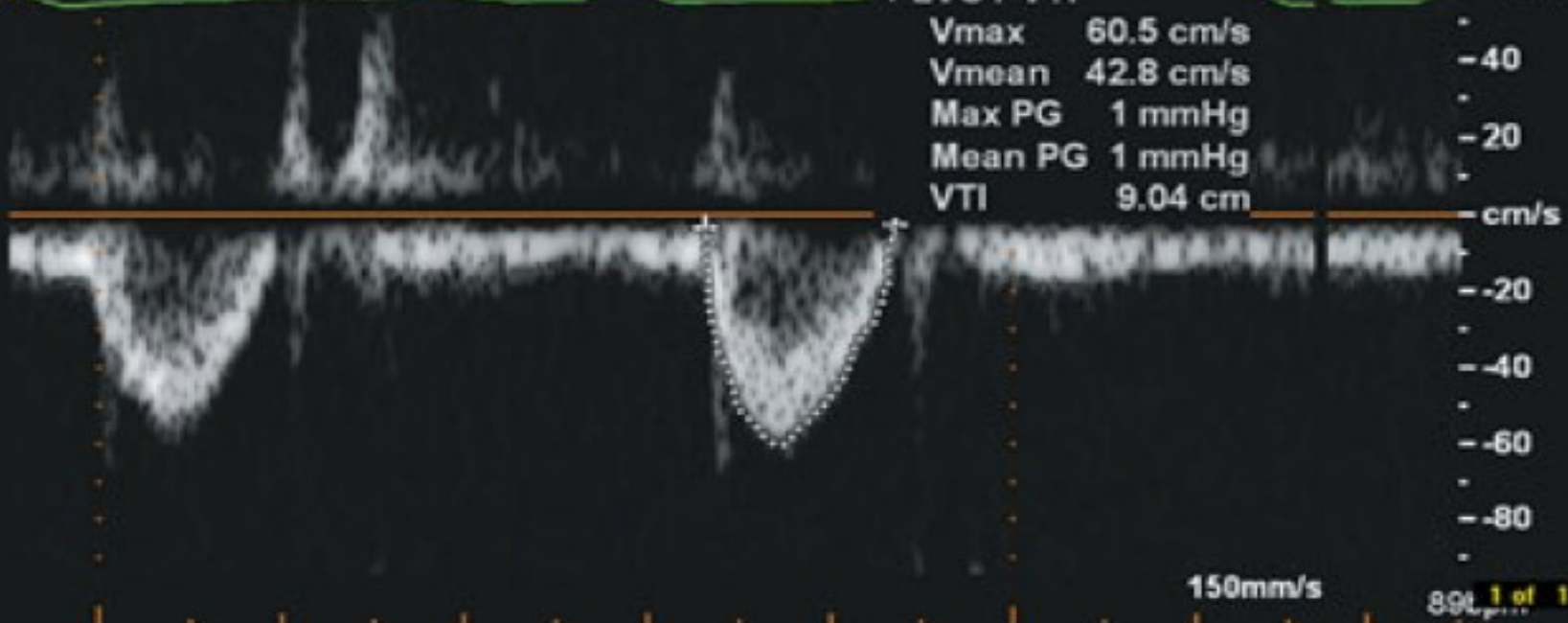


PW
50%
1.6MHz
WF 125Hz
SV4.0mm
11.8cm



LVOT VTI

Vmax 60.5 cm/s
Vmean 42.8 cm/s
Max PG 1 mmHg
Mean PG 1 mmHg
VTI 9.04 cm



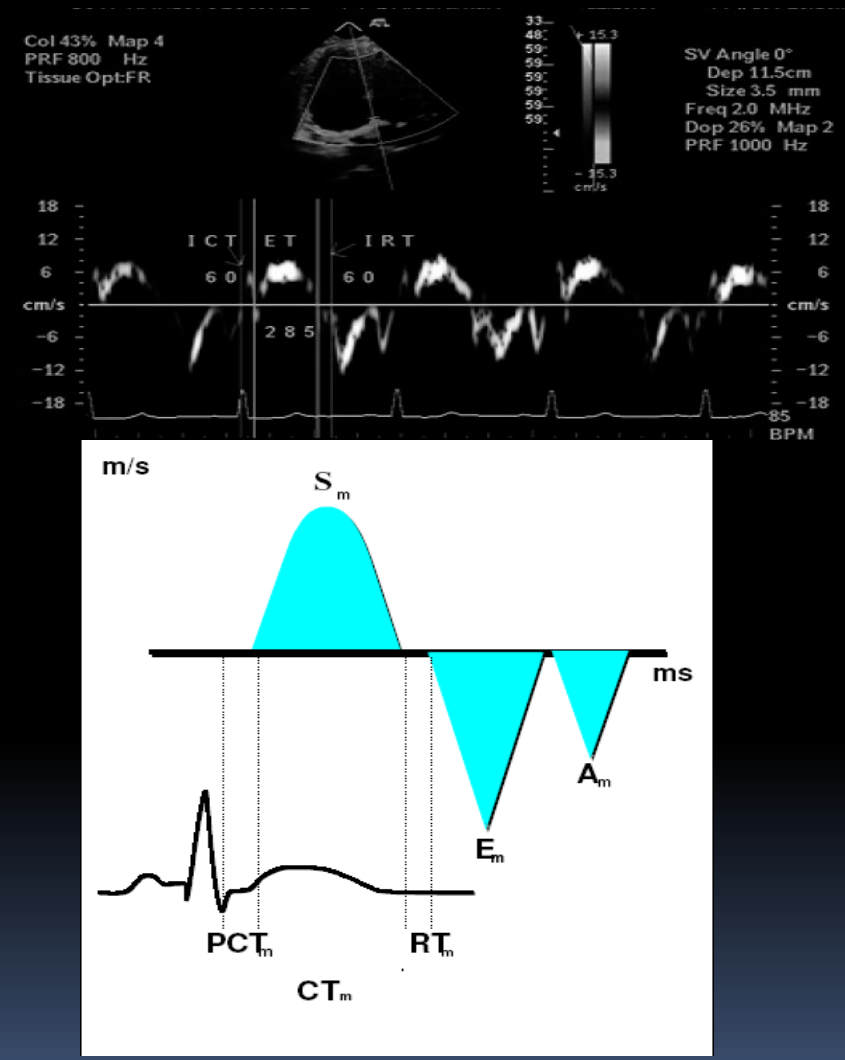
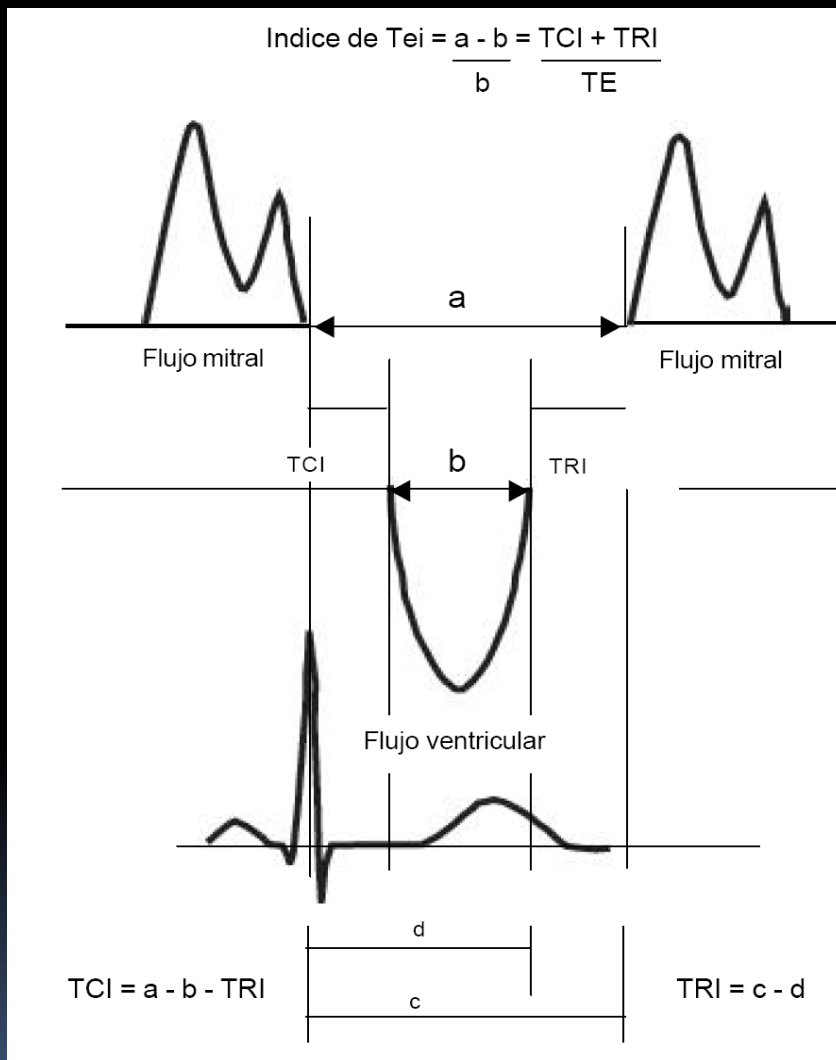
View

Apical 5-chamber

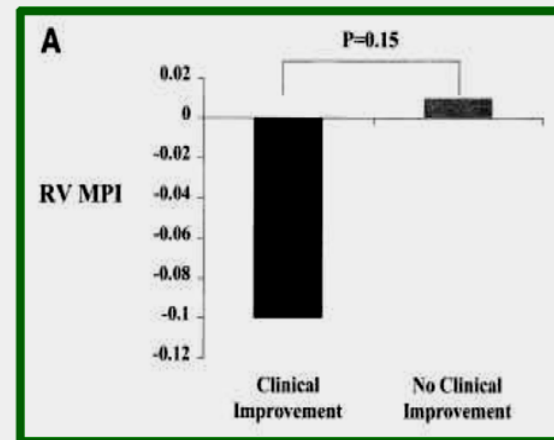
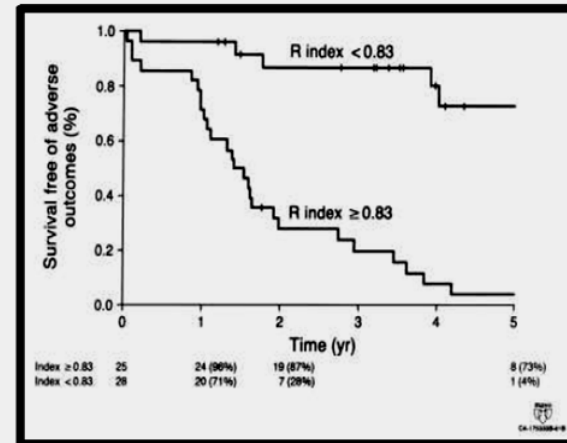
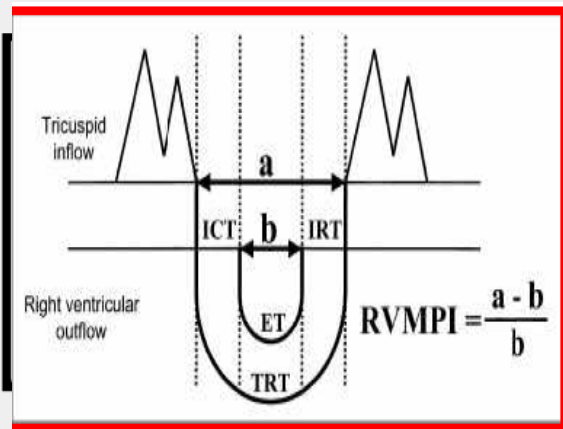
Modality

PW Doppler

INDICE PERFORMANCE MIOCARDICO. TEI



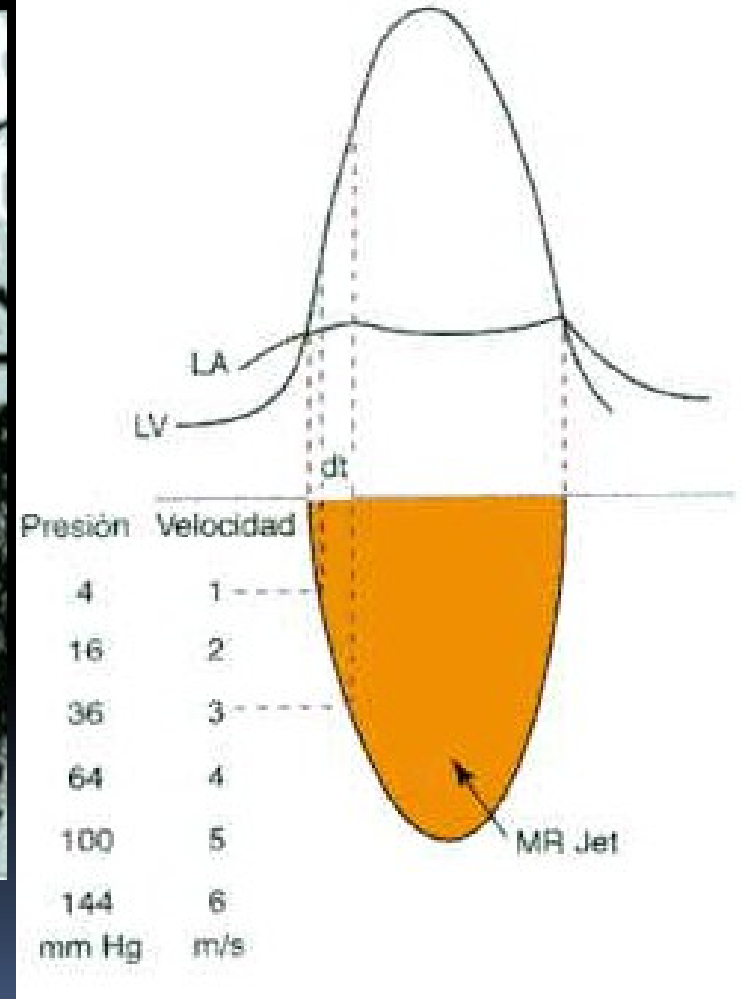
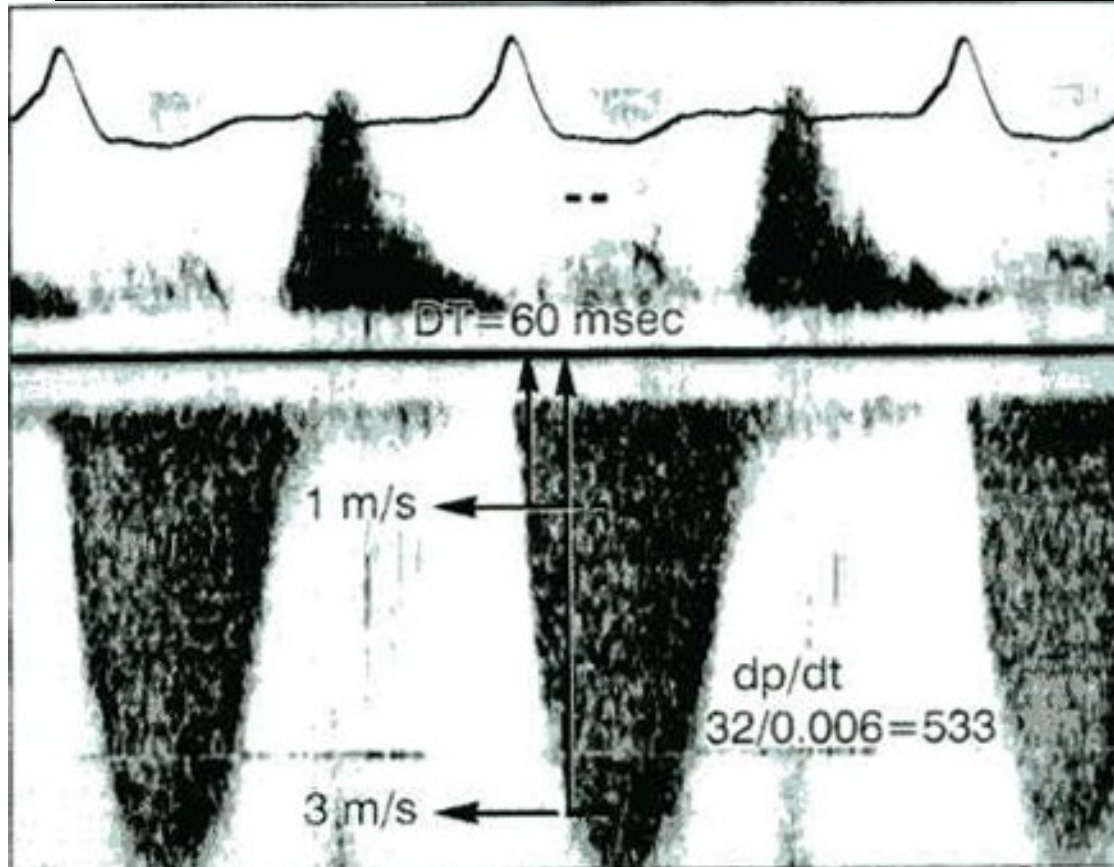
INDICE DE TEI



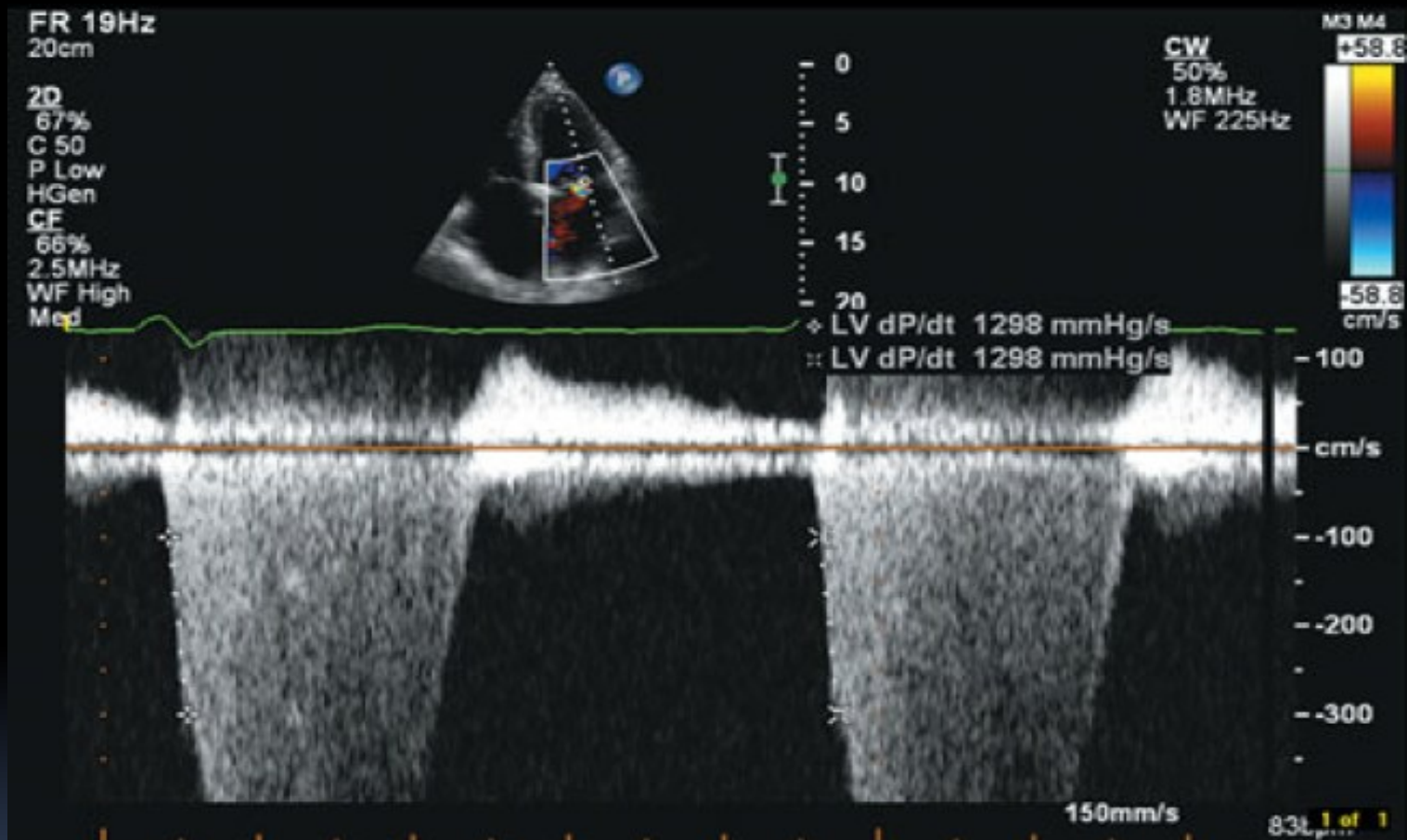
Tei C – JASE 1996

Yeo TC – Am J Cardiol 1998

PRESIONES INTRACARDIACAS: dp/dt



PRESIONES INTRACARDIACAS: dp/dt

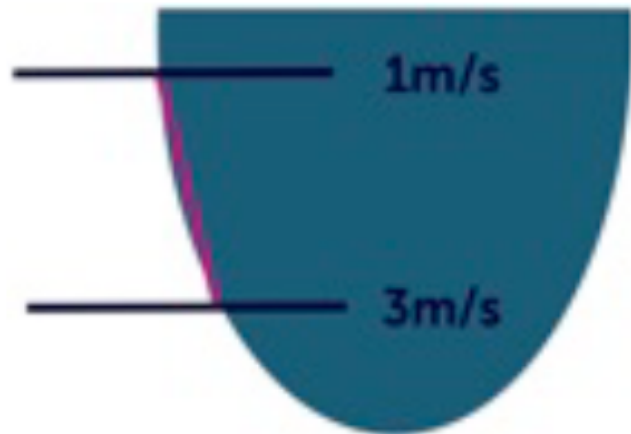


View Apical 4-chamber

Modality CW Doppler

PRESIONES INTRACARDIACAS: dp/dt

dp/dt — Reference Values



Normal

> 1200 mmHg/sec

Borderline

800– 1200 mmHg/sec

Reduced

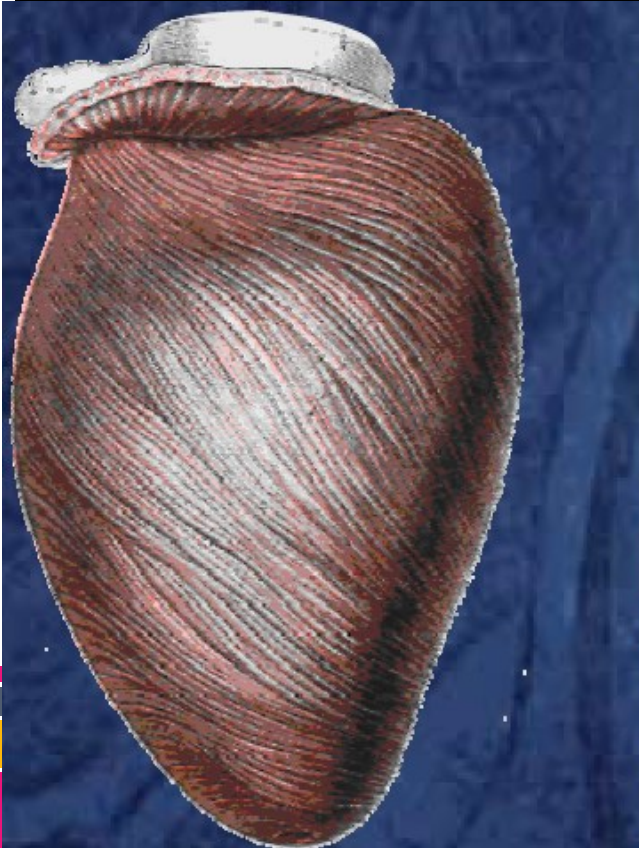
< 800 mmHg/sec

Severely reduced

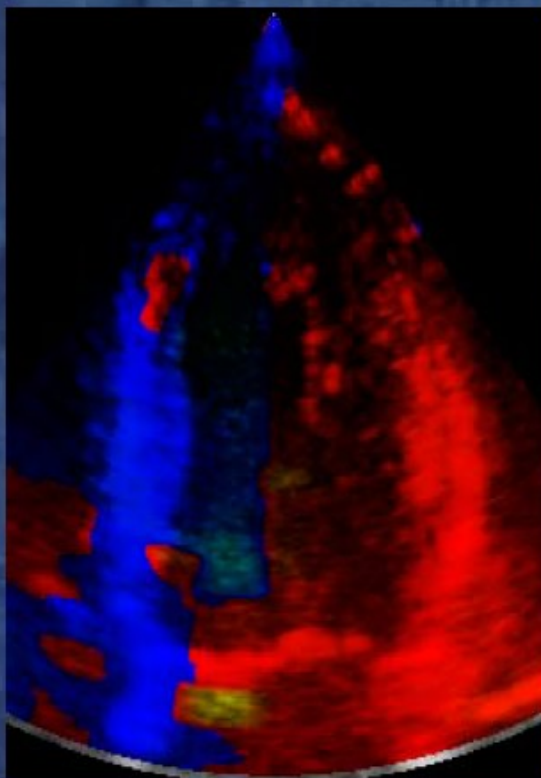
< 500 mmHg/sec

Limitations: MR signal needed, inexact, not completely load independent

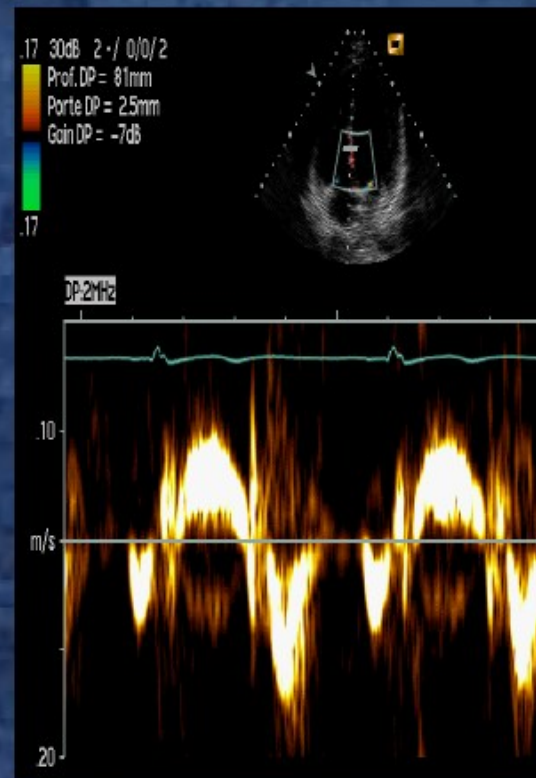
FUNCION LONGITUDINAL



FIBRAS ENDOCARDICAS



VELOCIDADES LONGITUDINALES



DOPPLER TISULAR

PULSADO

COLOR

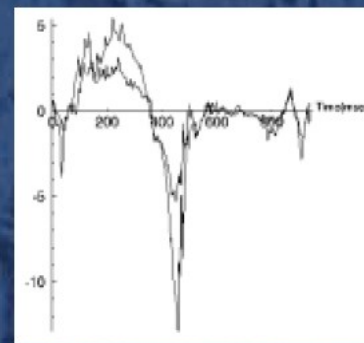
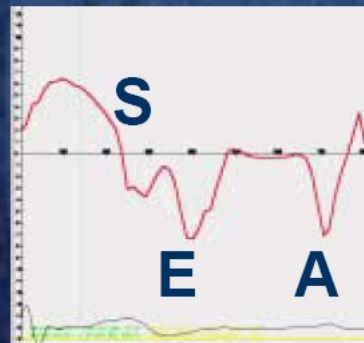
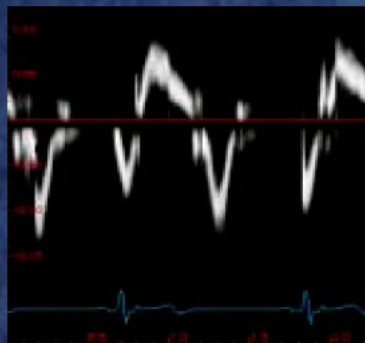
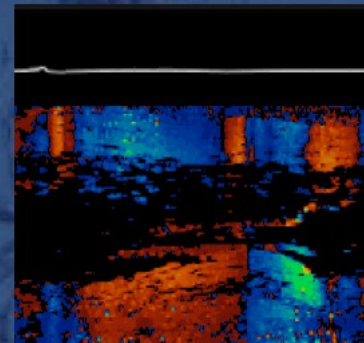
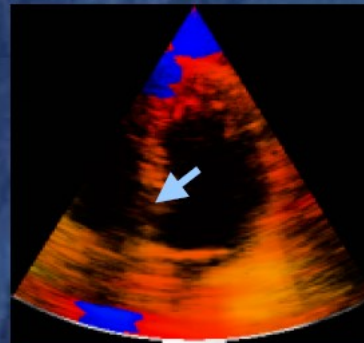
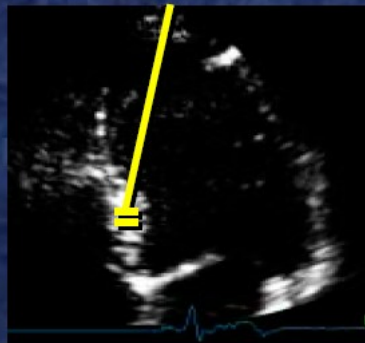
MODO M

Tissue Doppler

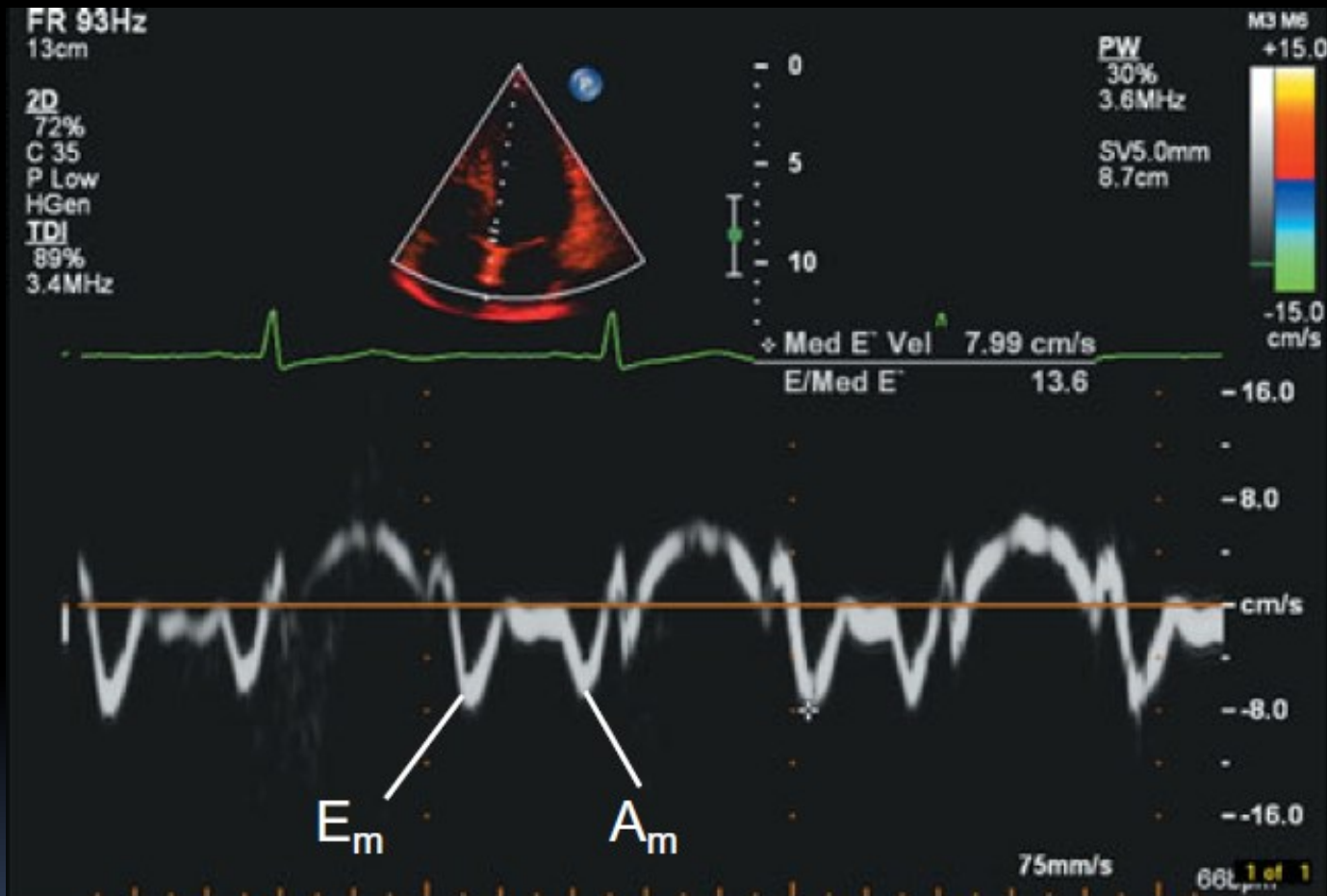
PW

Color

M-mode



DOPPLER TISULAR



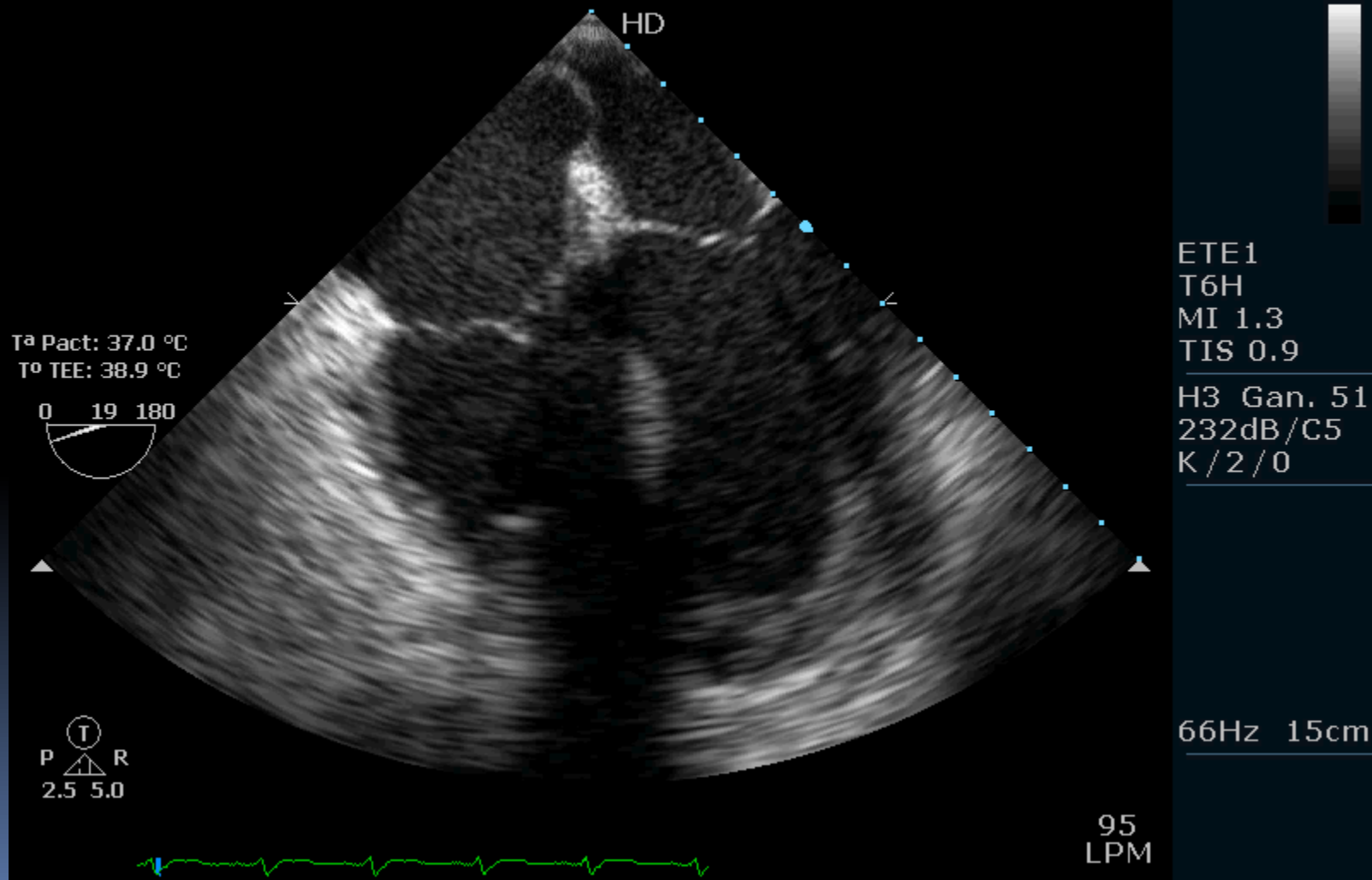
View Apical 4-chamber

Modality PW Tissue Doppler

MENDOZA MENDIVIL, MANUEL
09-08-10-125142

Philips Medical Systems

10/08/2009 PHILIPS
01:33:01 p.m. VIDAL



MENDOZA MENDIVIL, MANUEL

09-08-10-125142

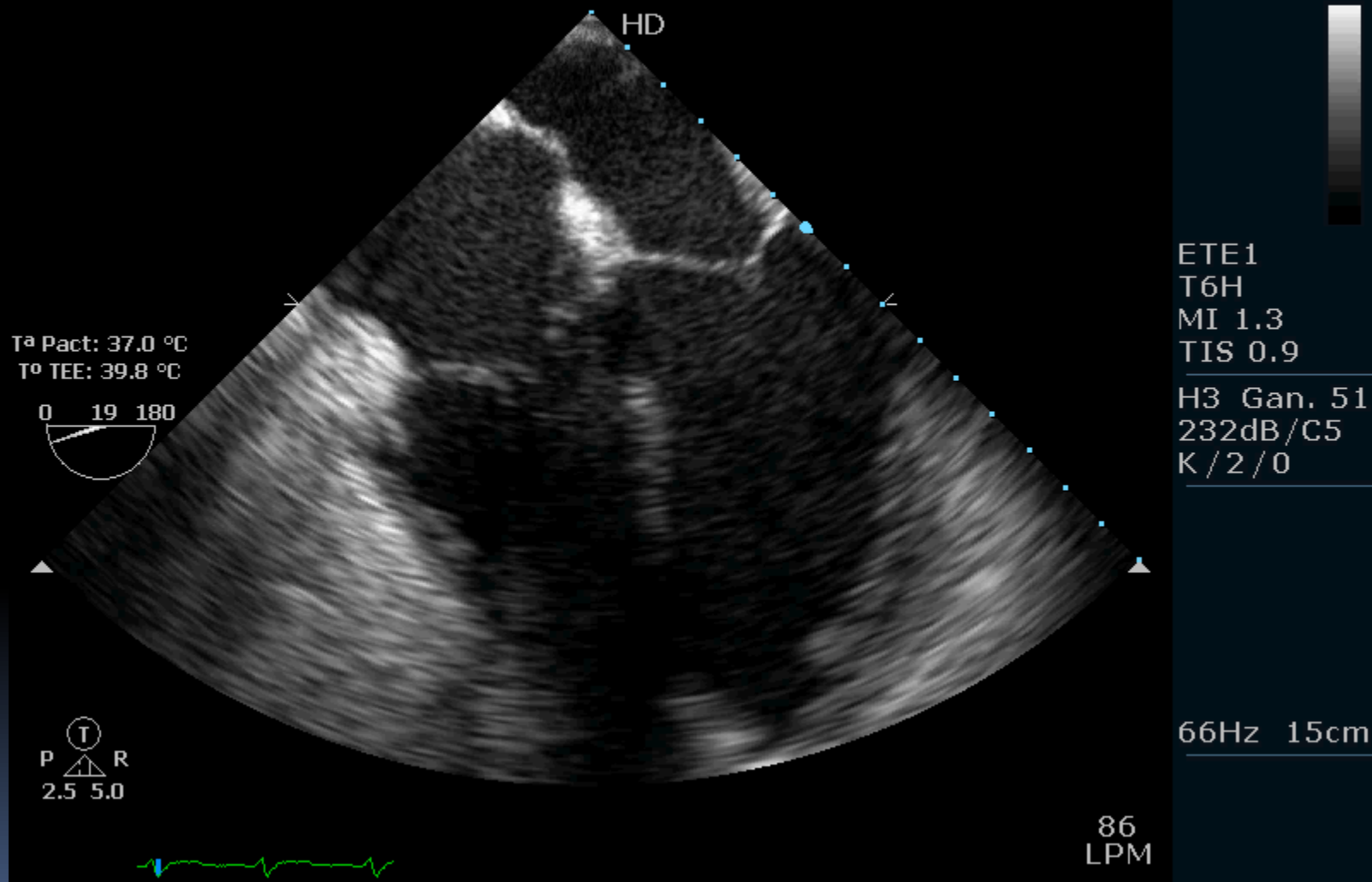
Philips Medical Systems

10/08/2009

01:33:36 p.m.

PHILIPS

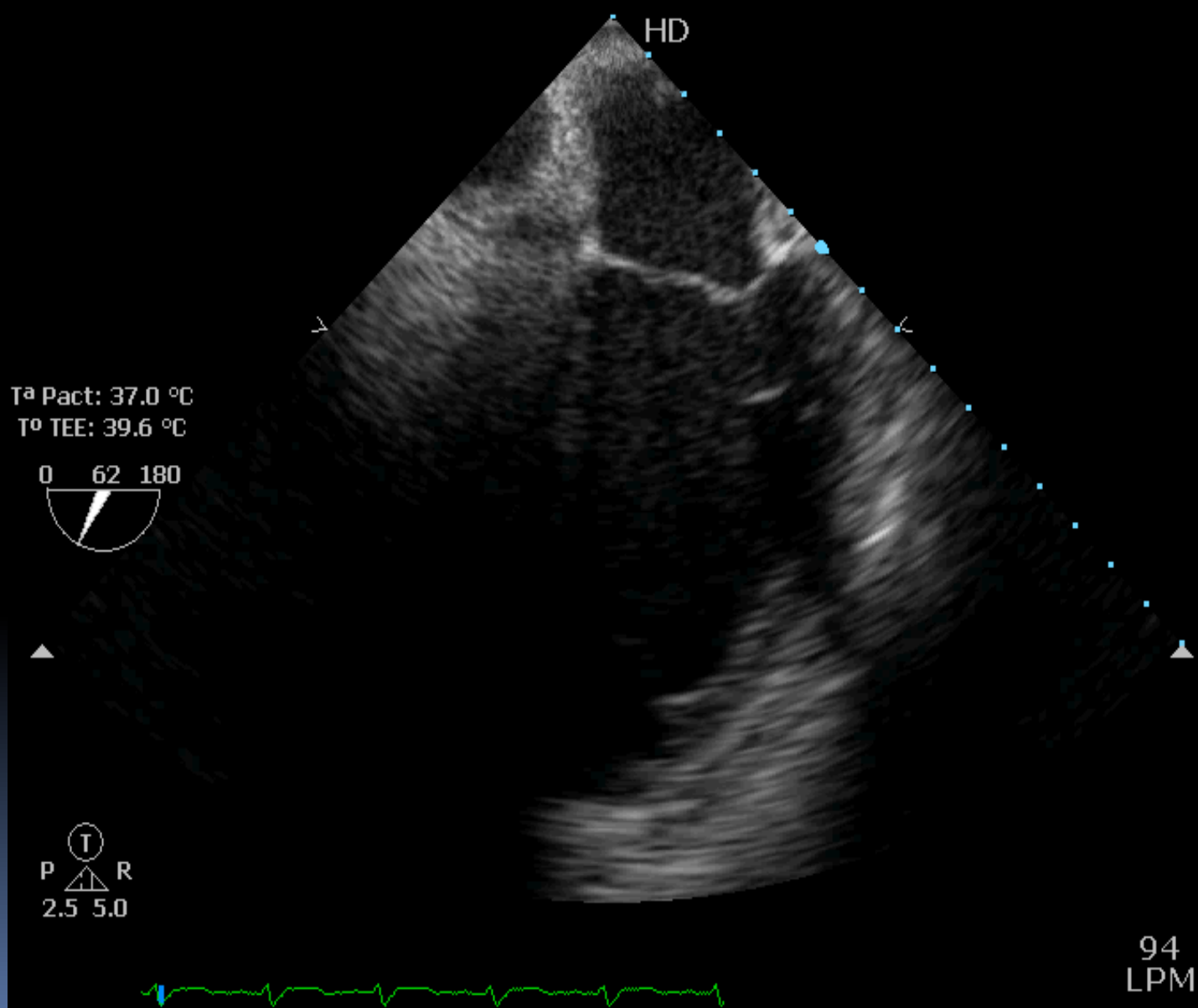
VIDAL



MENDOZA MENDIVIL, MANUEL
09-08-10-125142

Philips Medical Systems

10/08/2009 PHILIPS
01:36:01 p.m. VIDAL



ETE1
T6H
MI 1.3
TIS 0.9

H3 Gan. 51
232dB/C5
K/2/0

64Hz 16cm

MENDOZA MENDIVIL, MANUEL

09-08-10-125142

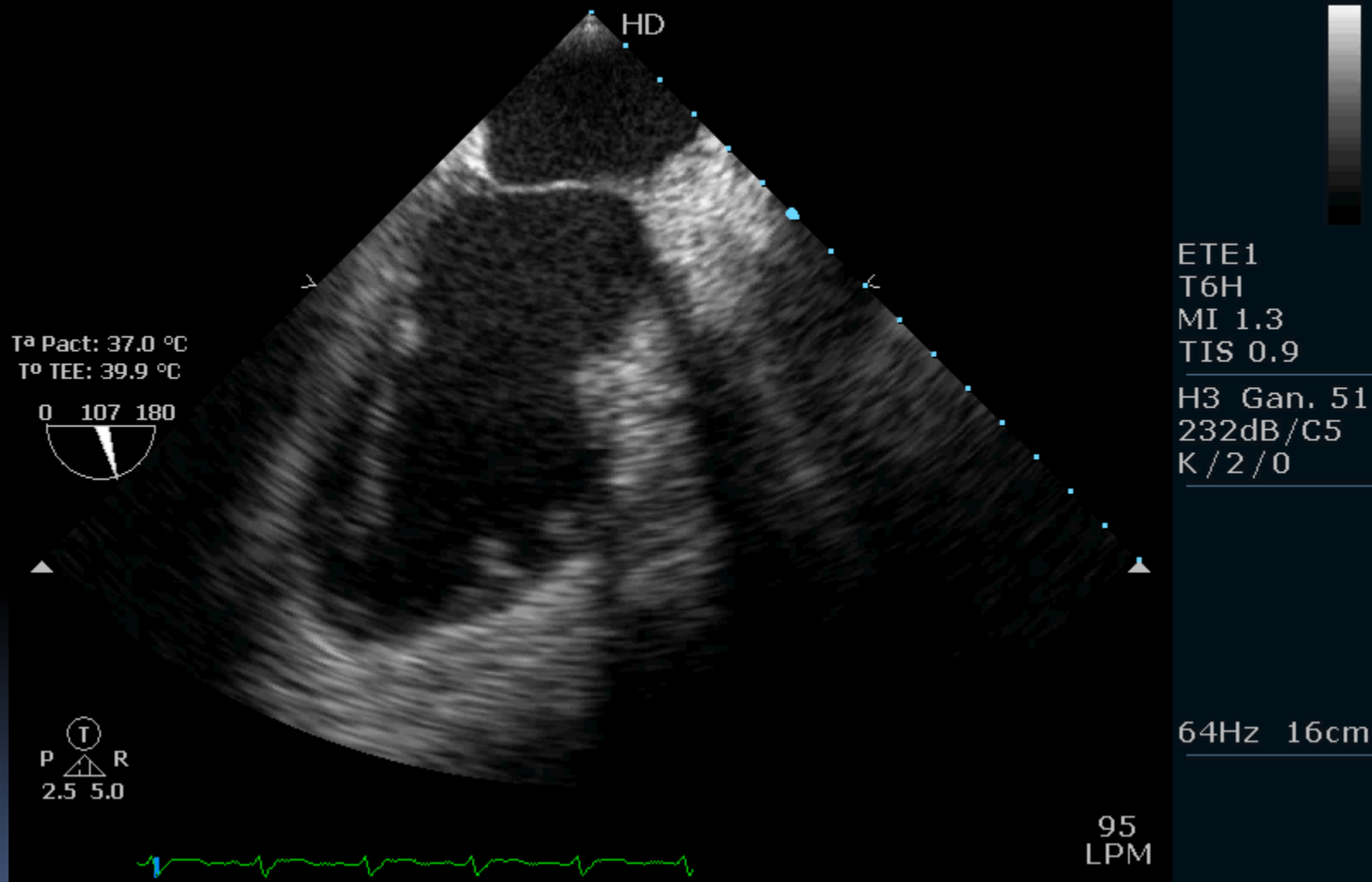
Philips Medical Systems

10/08/2009

01:38:08 p.m.

PHILIPS

VIDAL



MENDOZA MENDIVIL, MANUEL

09-08-10-125142

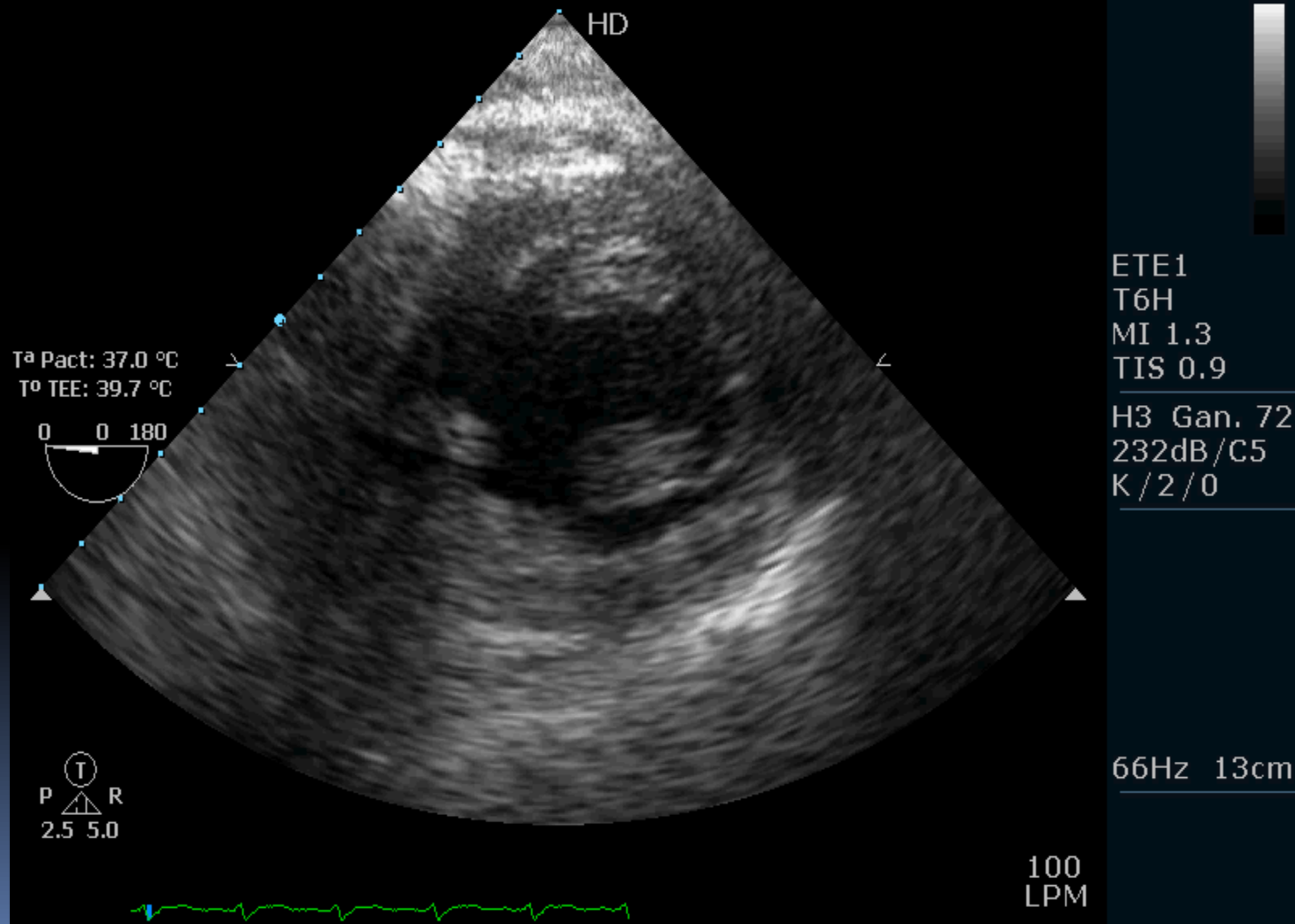
Philips Medical Systems

10/08/2009

PHILIPS

01:01:10 p.m.

VIDAL



MENDOZA MENDIVIL, MANUEL

09-08-10-125142

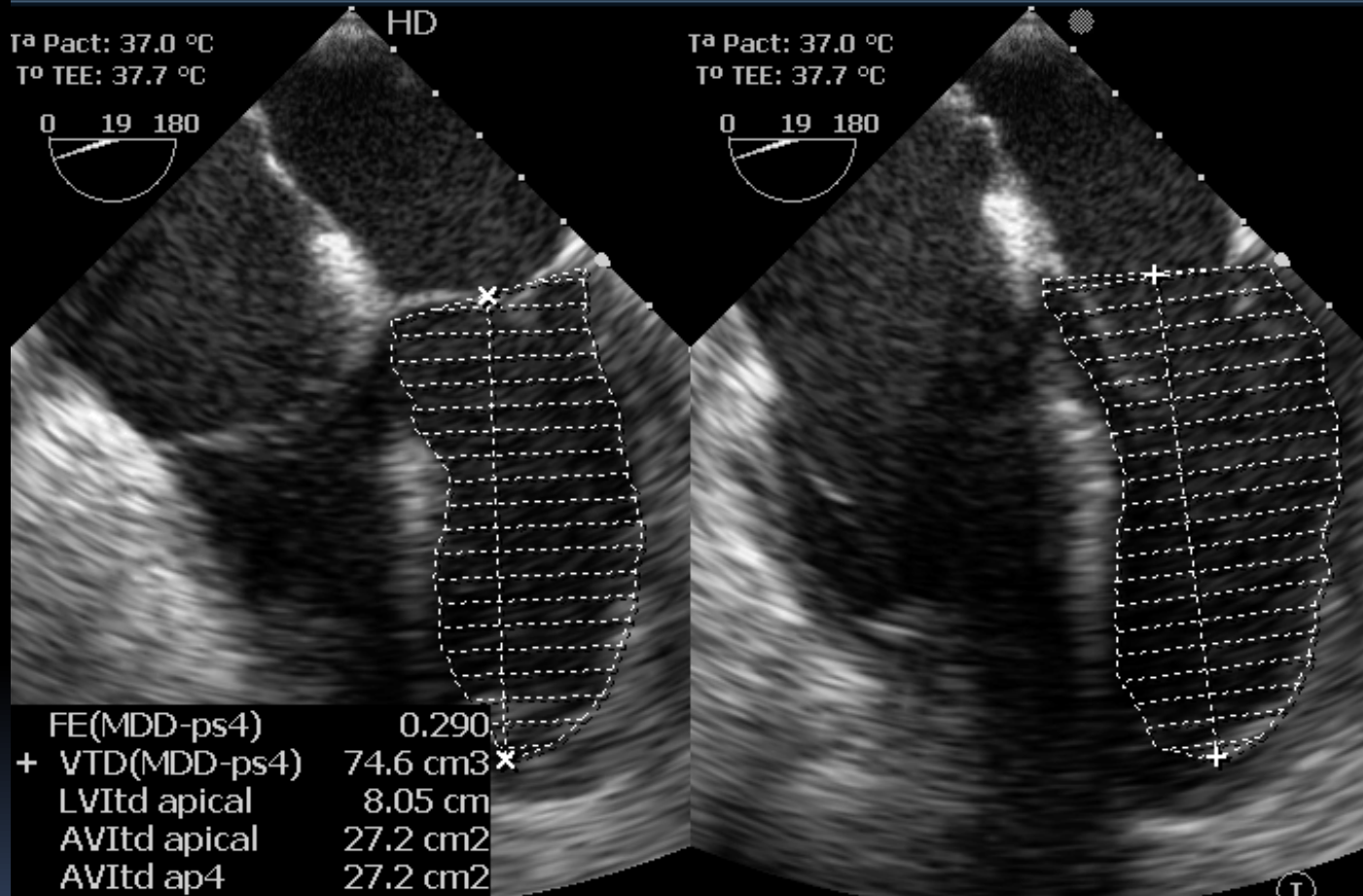
Philips Medical Systems

10/08/2009

PHILIPS

01:32:44 p.m.

VIDAL



ETE1
 T6H
 MI 1.3
 TIS 0.9
 H3 Gan. 51
 232dB/C5
 K/2/0

FE(MDD-ps4)	0.290
+ VTD(MDD-ps4)	74.6 cm ³
LVIt _d apical	8.05 cm
AVIt _d apical	27.2 cm ²
AVIt _d ap4	27.2 cm ²
× VTS(MDD-ps4)	53.0 cm ³
AVIt _s apical	22.4 cm ²
LVIt _s apical	7.69 cm
AVIt _s ap4	22.4 cm ²

66Hz 15cm

Ⓣ
 P △ R
 2.5 5.0
 97
 LPM

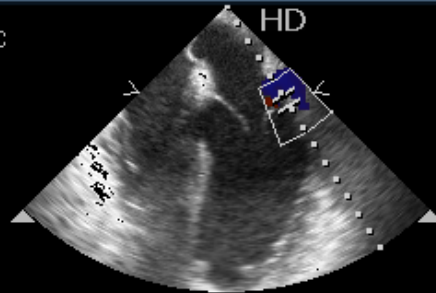


MENDOZA MENDIVIL, MANUEL
09-08-10-125142

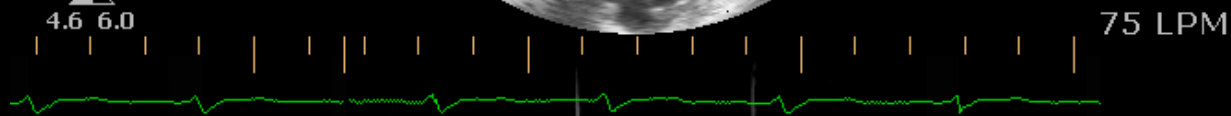
Philips Medical Systems

10/08/2009 PHILIPS
01:56:24 p.m. VIDAL

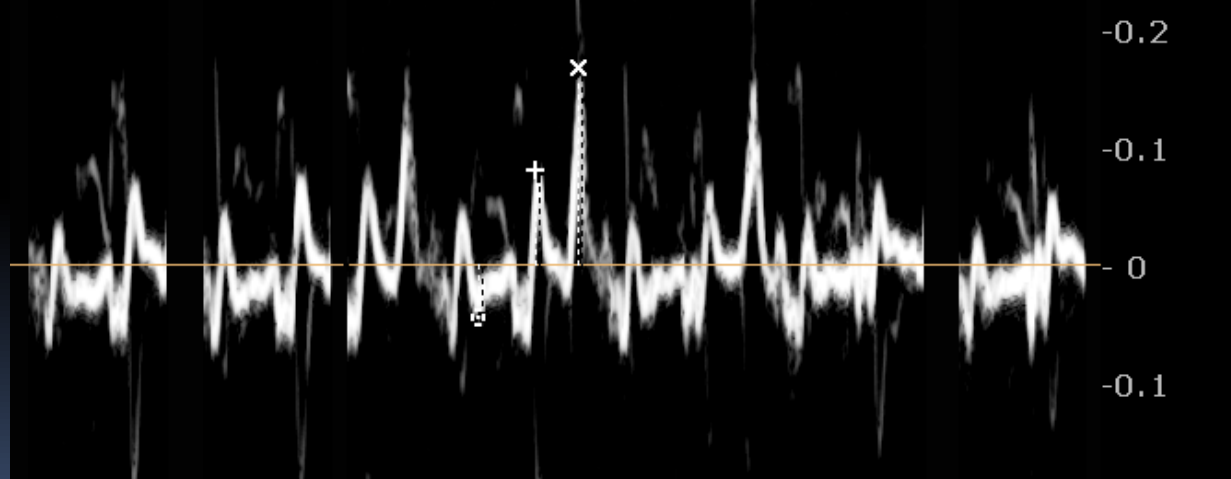
Ta Pact: 37.0 °C
T° TEE: 37.7 °C



T
P R
4.6 6.0



75 LPM



ETE1
T6H
MI 0.6
TIS 0.7

F2 Gan. 51
Dop Tejidos
3.8 MHz

+ PW
5.0 MHz
Gan. 17
Ángulo 0
5.5 cm

14cm

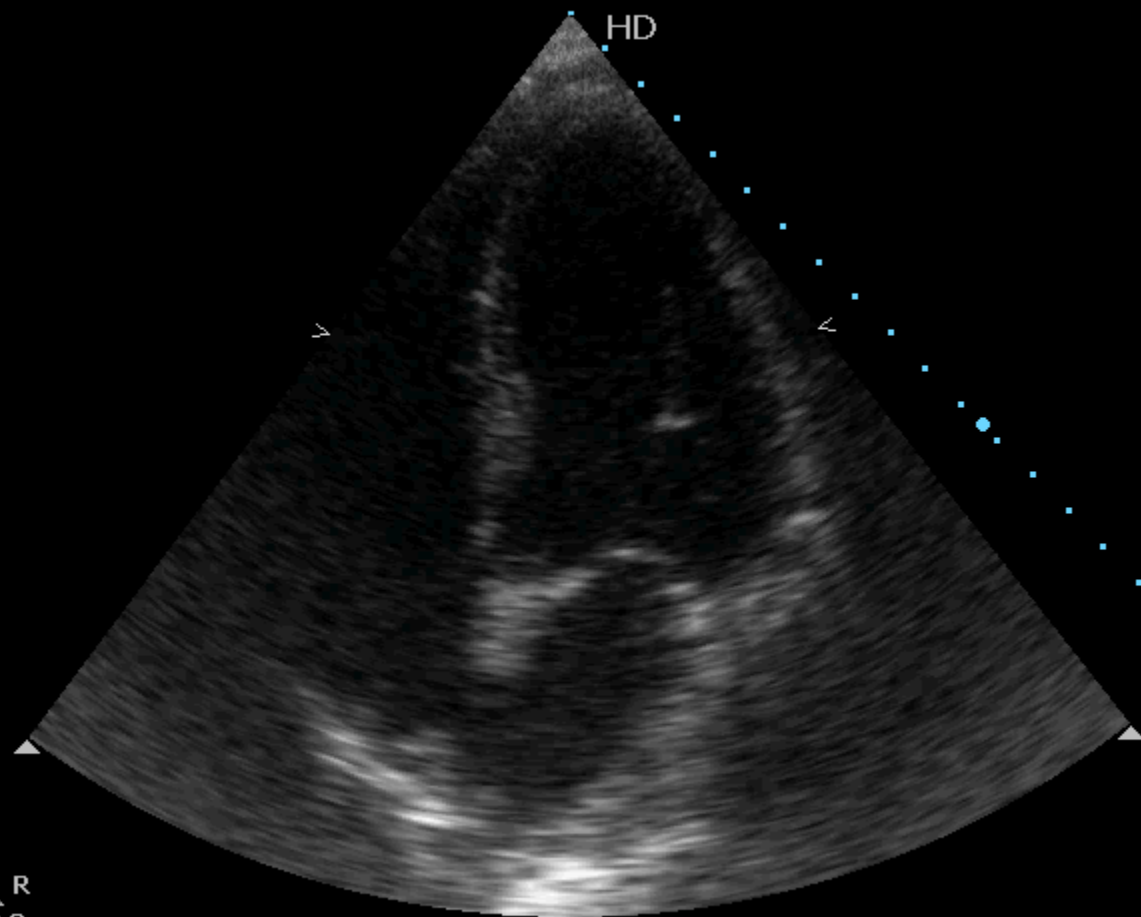
+ Ea 0.082 m/s
x Aa 0.168 m/s
⊖ DTI SistLatMitral -0.044 m/s

-0.2
-0.1
0
-0.1
-0.2

MAQUINA LAZARTE, TEOFILO
09-09-02-152726

Philips Medical Systems

02/09/2009 PHILIPS
03:49:56 p.m. VIDAL

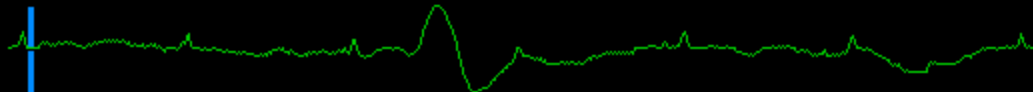


UCI-2C
S4-2
MI 1.5
TIS 1.0

H2 Gan. 76
232dB/C5
K/2/0

30Hz 18cm

(P) (T) R
1.9 3.8



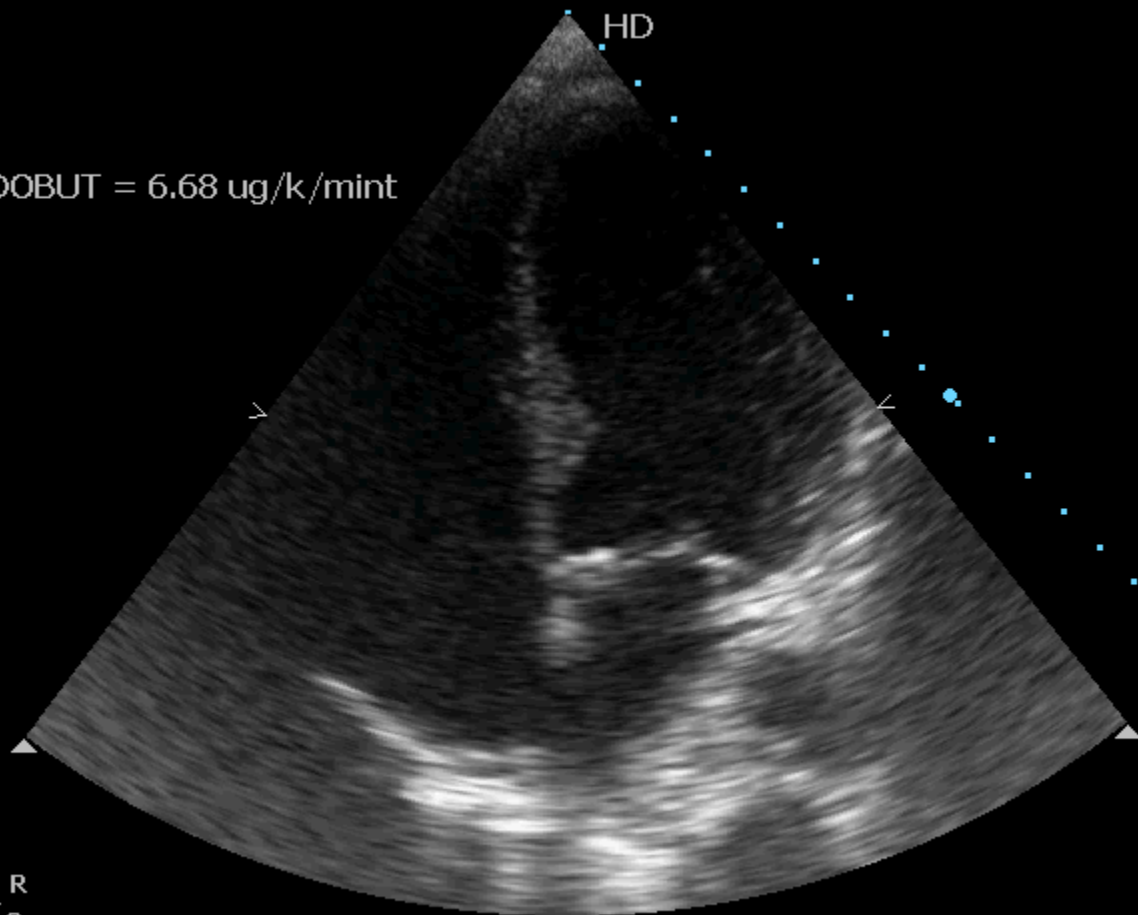
62
LPM

MAQUINA LAZARTE, TEOFILO
09-09-02-152726

Philips Medical Systems

02/09/2009 PHILIPS
04:00:18 p.m. VIDAL

C/ DOBUT = 6.68 ug/k/mint



UCI-2C
S4-2
MI 1.3
TIS 1.0

H2 Gan. 64
232dB/C5
K/2/0

30Hz 18cm

(P) (T) R
1.9 3.8

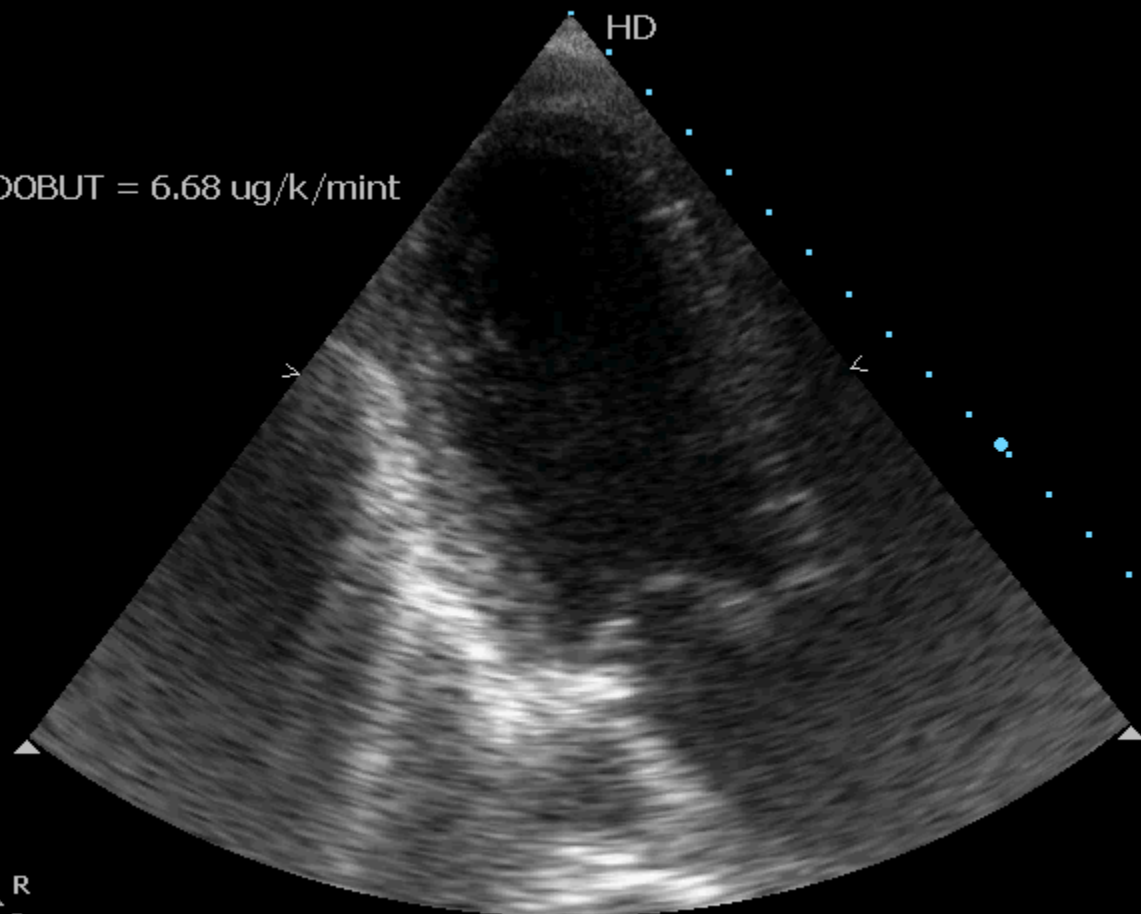
64
LPM

MAQUINA LAZARTE, TEOFILO
09-09-02-152726

Philips Medical Systems

02/09/2009 PHILIPS
04:01:45 p.m. VIDAL

C/ DOBUT = 6.68 ug/k/mint



UCI-2C
S4-2
MI 1.5
TIS 1.0

H2 Gan. 64
232dB/C5
K/2/0

30Hz 16cm

(P) (T) R
1.9 3.8

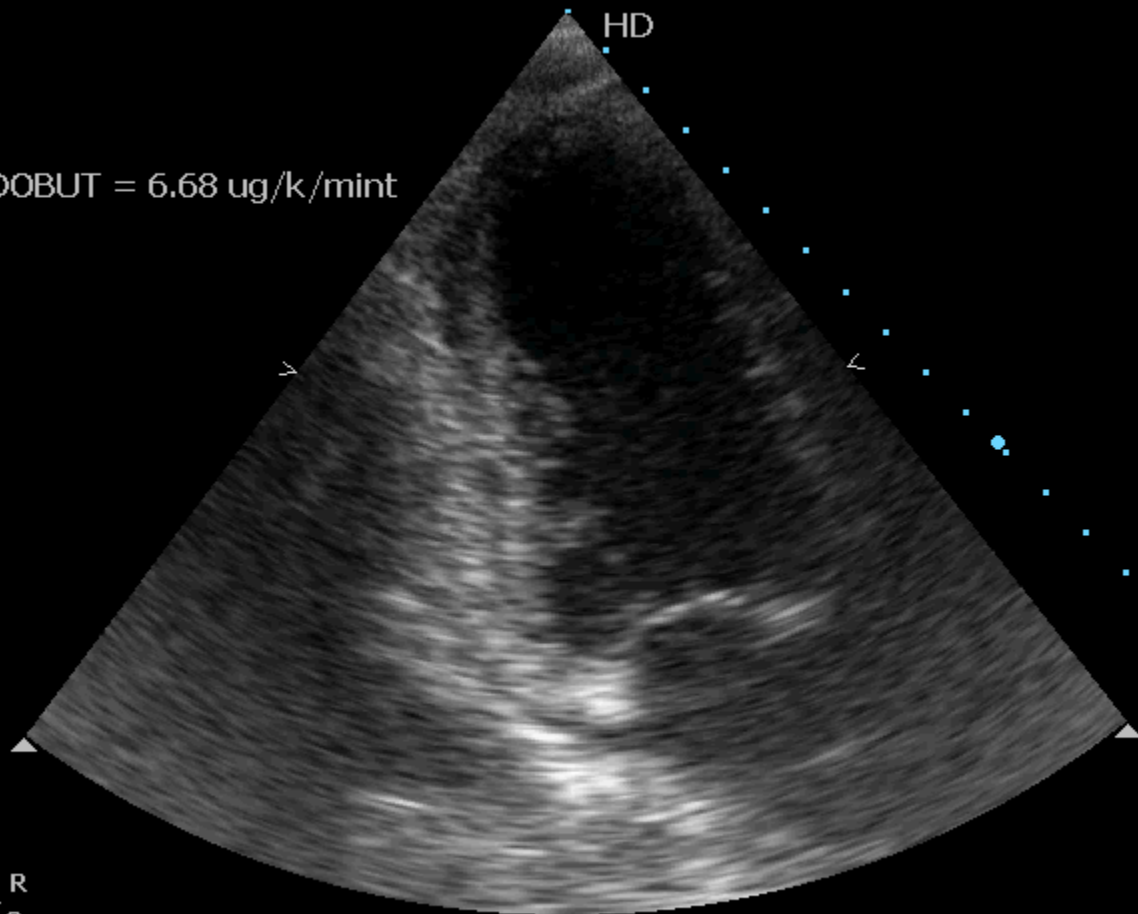
63
LPM

MAQUINA LAZARTE, TEOFILO
09-09-02-152726

Philips Medical Systems

02/09/2009 PHILIPS
04:02:29 p.m. VIDAL

C/ DOBUT = 6.68 ug/k/mint

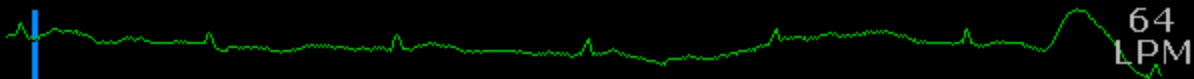


UCI-2C
S4-2
MI 1.5
TIS 1.0

H2 Gan. 64
232dB/C5
K/2/0

30Hz 16cm

(P) (T) R
1.9 3.8

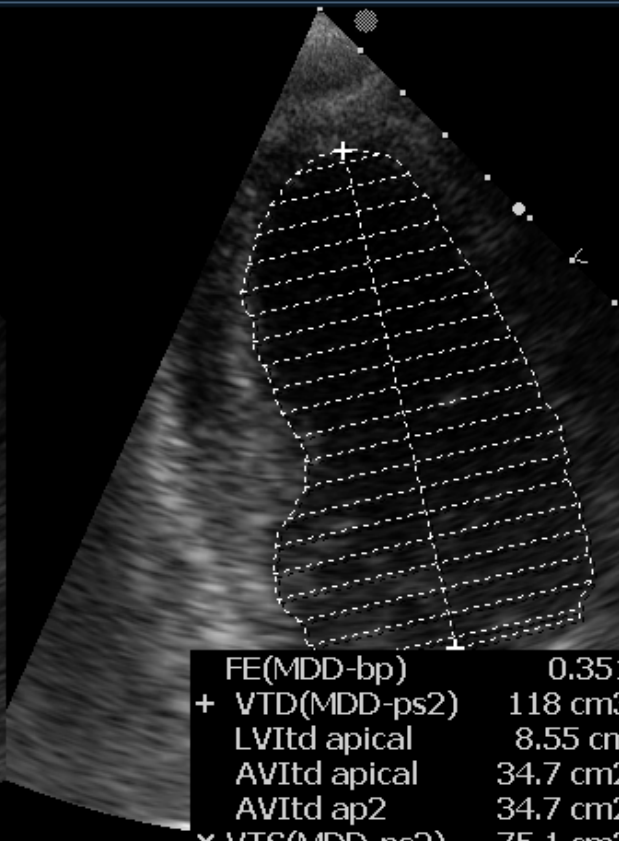
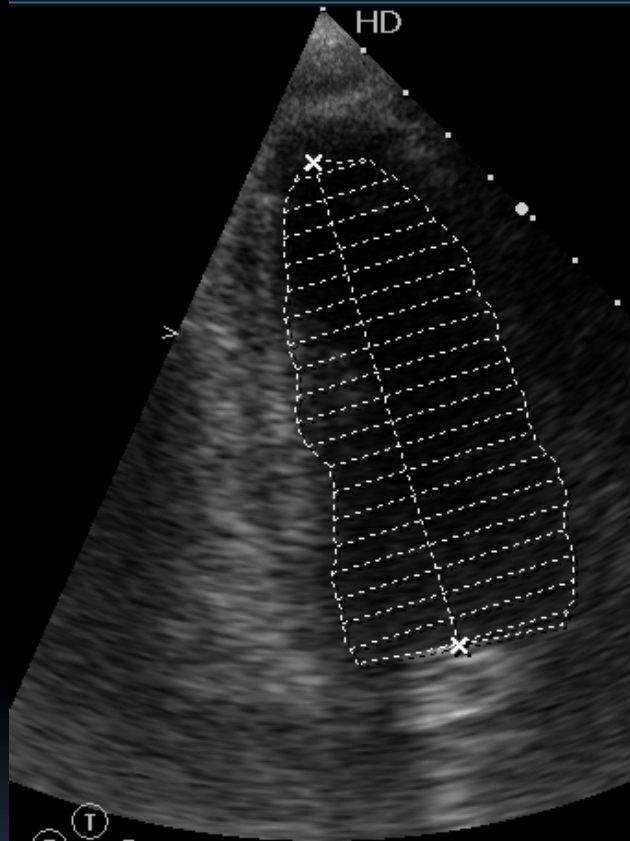


64
LPM

MAQUINA LAZARTE, TEOFILO
09-09-02-152726

Philips Medical Systems

02/09/2009 PHILIPS
03:45:11 p.m. VIDAL



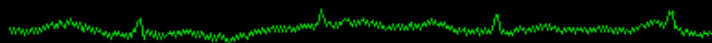
UCI-2C
S4-2
MI 1.6
TIS 0.8

H2 Gan. 76
232dB/C5
K/2/0

(P) (T) (R)
1.9 3.8

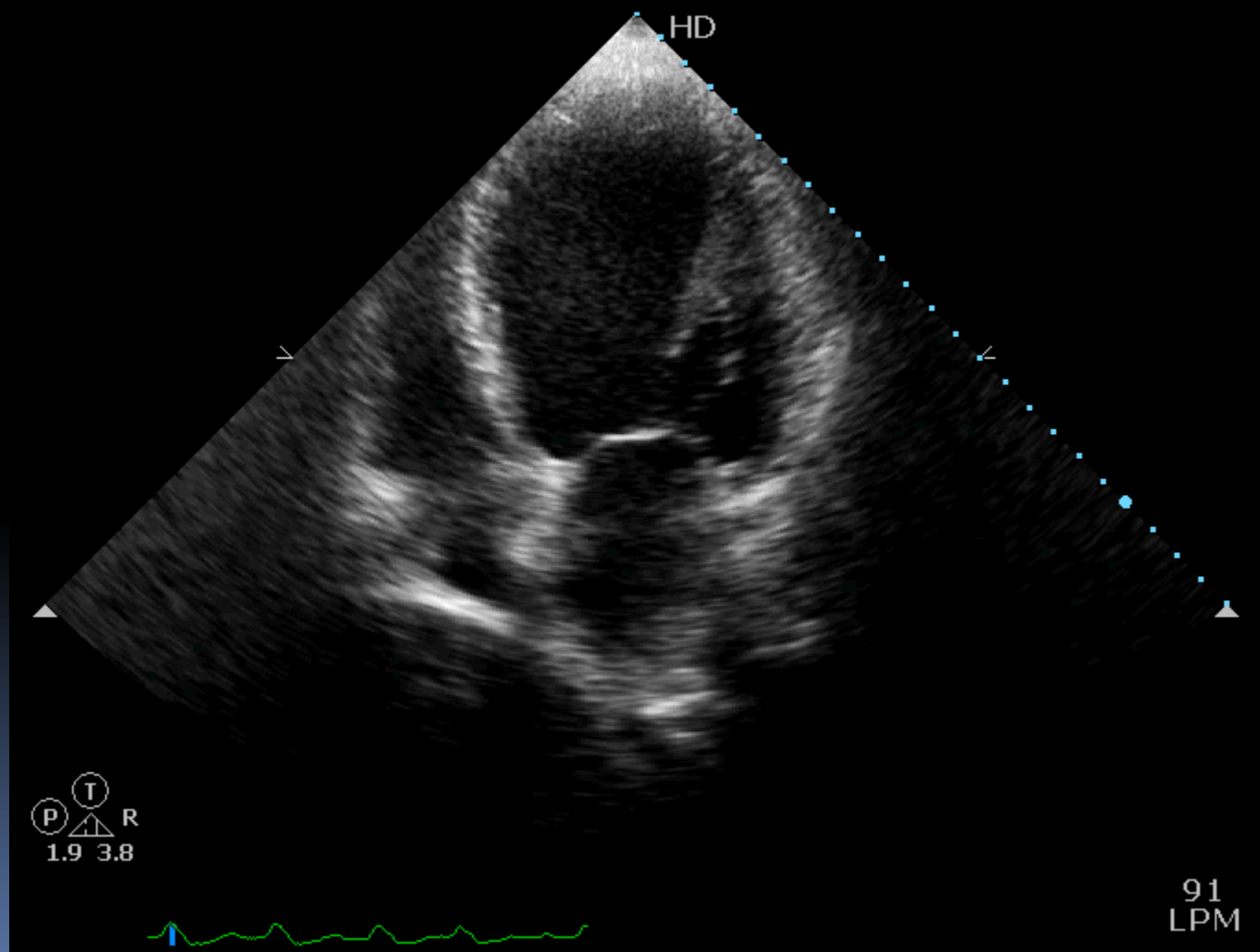
FE(MDD-bp)	0.351
+ VTD(MDD-ps2)	118 cm3
LVItD apical	8.55 cm
AVItD apical	34.7 cm2
AVItD ap2	34.7 cm2
× VTS(MDD-ps2)	75.1 cm3
AVItS apical	27.9 cm2
LVItS apical	8.46 cm
AVItS ap2	27.9 cm2

30Hz 14cm



ROSAS ESCUDERO, VICTOR 19/11/1931
3311191-006 Philips Medical Systems

19/06/2010 PHILIPS
05:45:28 p.m. VIDAL



UCI-2C
S4-2
MI 1.2
TIS 1.0
H2 Gan. 34
232dB/C3
C/2/0

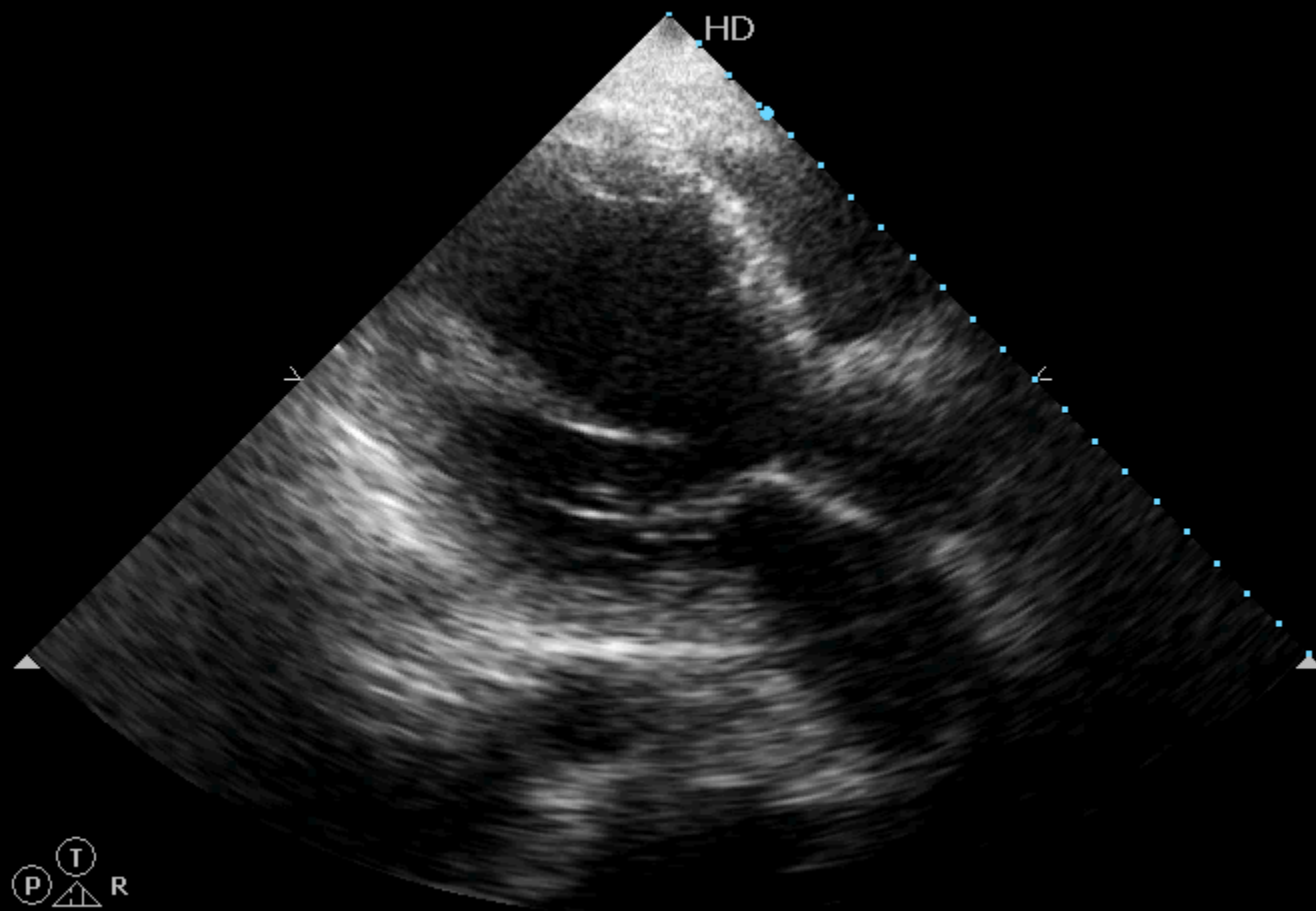
23Hz 24cm

91
LPM

ROSAS ESCUDERO, VICTOR
3311191-006

19/11/1931
Philips Medical Systems

19/06/2010 PHILIPS
05:29:06 p.m. VIDAL



UCI-2C
S4-2
MI 1.2
TIS 1.0

H2 Gan. 39
232dB/C3
C/2/0

26Hz 21cm

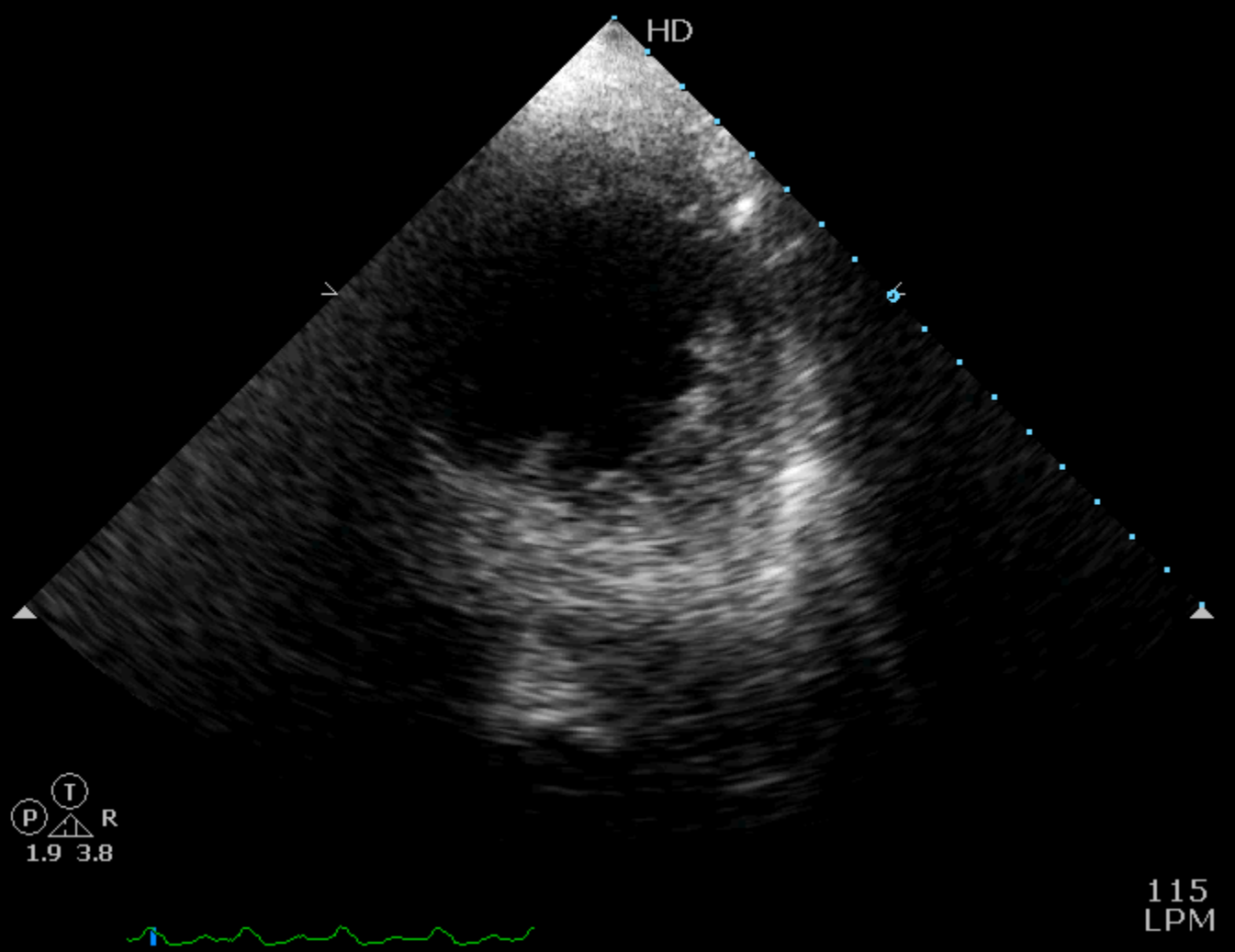
(P) (T) R
1.9 3.8

108
LPM



ROSAS ESCUDERO, VICTOR 19/11/1931
3311191-006 Philips Medical Systems

19/06/2010 PHILIPS
05:36:52 p.m. VIDAL



UCI-2C
S4-2
MI 1.4
TIS 1.0
H2 Gan. 34
232dB/C3
C/2/0

30Hz 17cm

(P) (T) R
1.9 3.8

115
LPM



MUCHAS GRACIAS