

Sonographer's Guide to Evaluation of the Right Ventricle in Pulmonary Hypertension

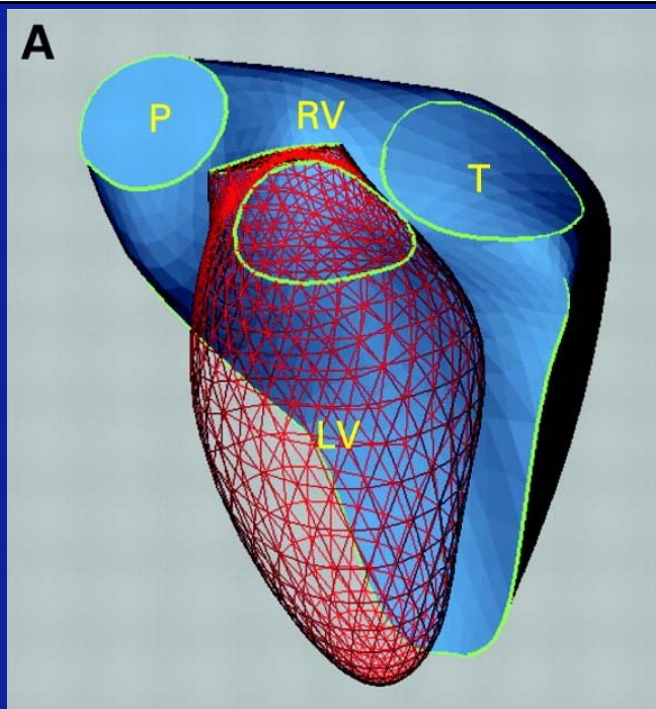
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“**Echocardiography** is the **first-line** diagnostic technique for the **assessment** of the right ventricle...”

Cardiac MRI is the considered the **gold standard** – limited by cost and availability.

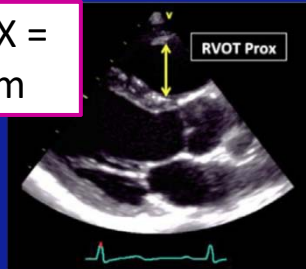
Longobardo, et al., 2017



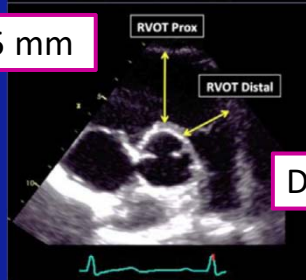
Sheehan & Redington, 2008

Right ventricle linear dimensions: Outflow

RVOT PLAX =
20-30 mm



Prox = 21-35 mm



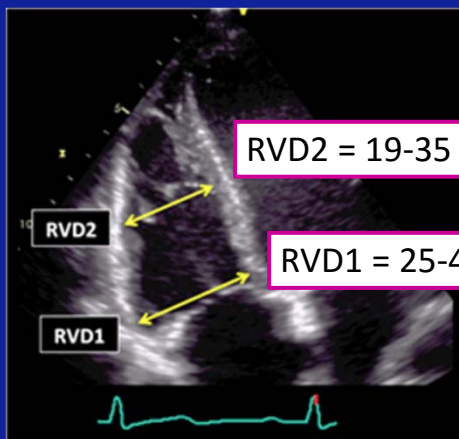
Distal = 17-27 mm

- Proximal RV outflow diameter (RVOT prox):
 - Anterior free wall to interventricular septal-aortic junction.
 - *End-diastole*
- Distal RV outflow diameter (RVOT distal):
 - Proximal to pulmonary valve at *end-diastole*.

Lang et al., 2015

Right ventricle linear dimensions: Inflow

RV focused view



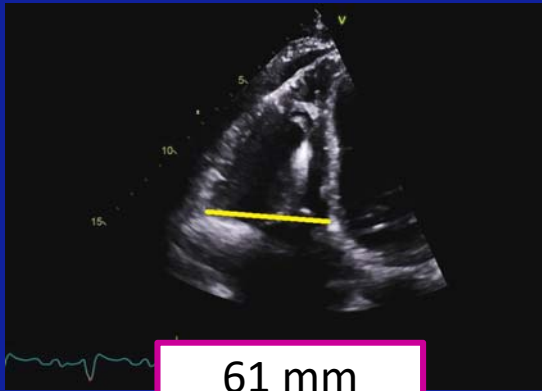
RVD2 = 19-35 mm

RVD1 = 25-41 mm

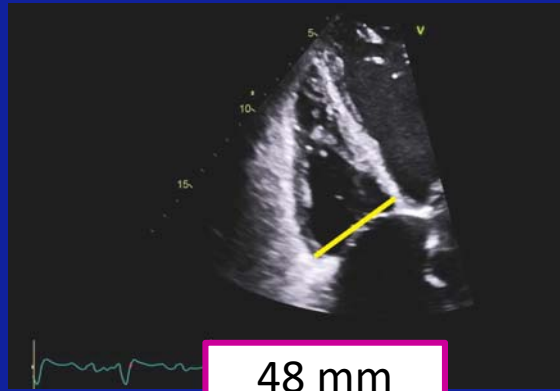
- Basal linear dimension (RVD1):
 - Maximal transversal dimension of the basal one-third of RV inflow at *end-diastole*.
- Mid-cavity linear dimension (RVD2):
 - Middle one-third of RV inflow.
 - Papillary muscle level at *end-diastole*.

Lang et al., 2015

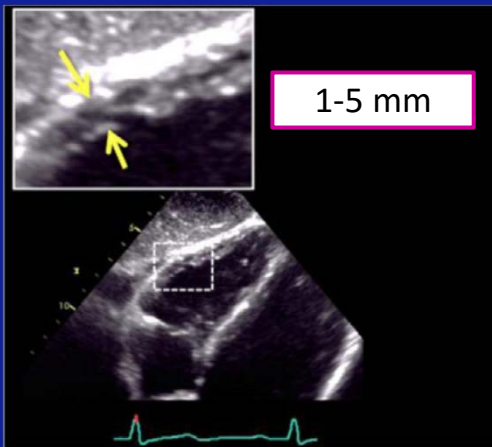
Para apical



Dedicated RV

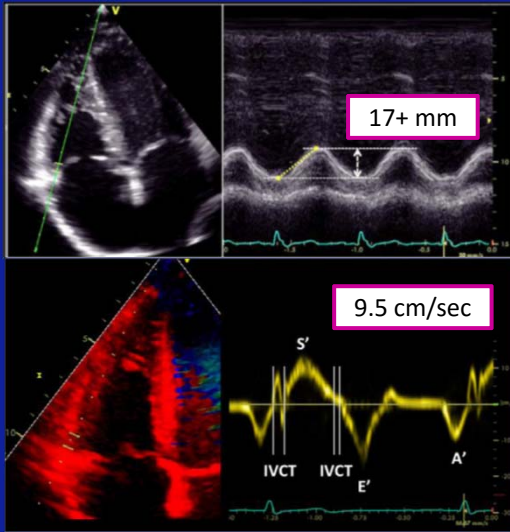


Right ventricle free wall thickness



- 2D or M-mode.
- Below tricuspid annulus - length of anterior leaflet when the valve is open.
- Trabeculations, papillary muscles, and epicardial fat excluded.
- Zoomed image.

Right ventricular systolic function: TAPSE and TDI S'

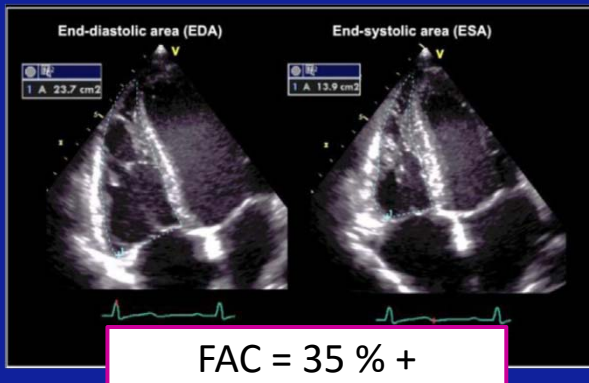


- Most used in routine evaluation.
- Easy to use and highly reproducible.
- Reflects basal function of RV free wall.
- Not valid when regional dysfunction is involved.
- Should be used in conjunction with other parameters.

Lang et al., 2015; Longobardo et al., 2017

Fractional Area Change (FAC)

RV focused view

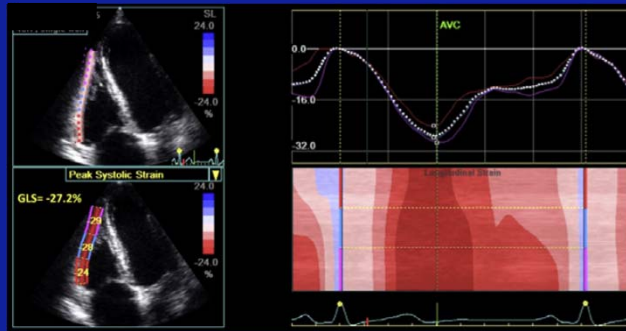


- $RV\ FAC\ (\%) = 100 \times (EDA - ESA) / EDA$
- Reflects both longitudinal and radial components of RV contraction.
- Good correlation with RVEF by CMRI.
- Main limitation is image quality.

Lang et al., 2015

Global Longitudinal Strain (GLS)

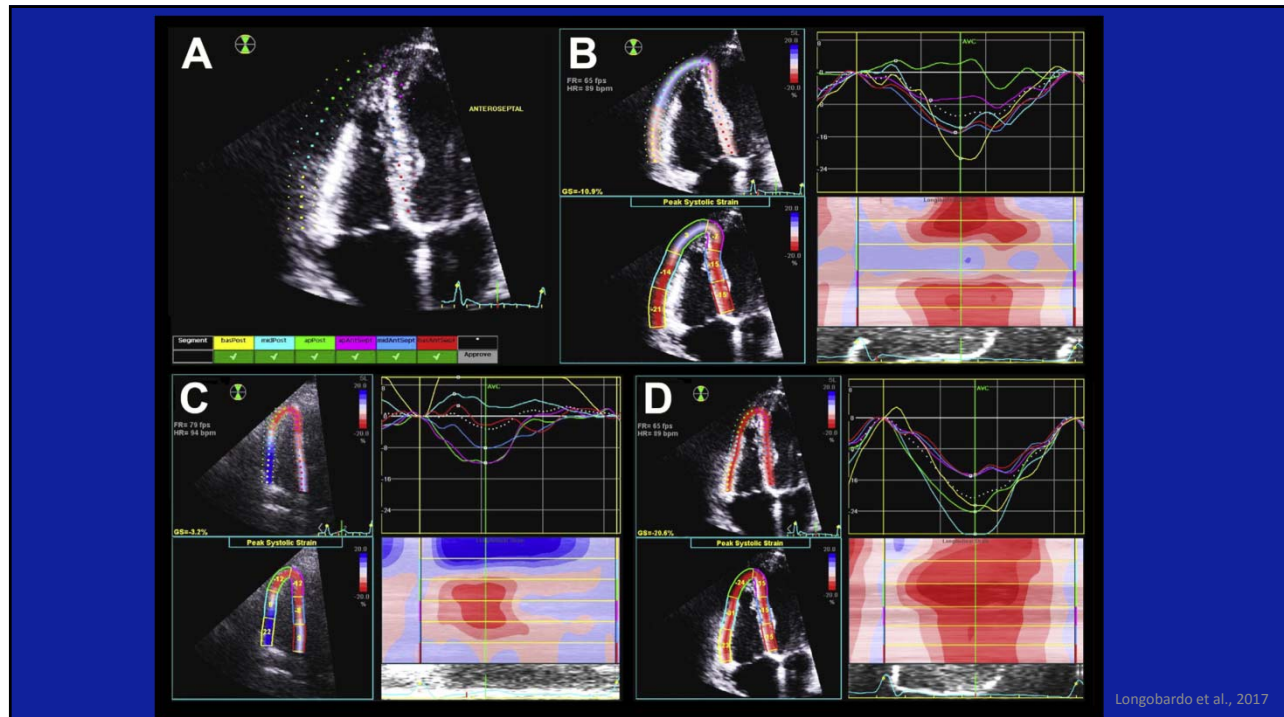
RV focused view



- Average between the three segments of the *RV free wall*.
- Very reproducible.
- Most sensitive in detecting subtle systolic abnormalities in PH patients.
- Vendor dependent.

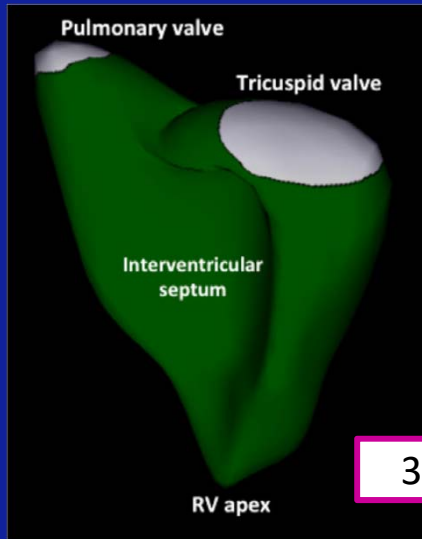
> -20 %

Lang et al., 2015; Longbardo et al., 2017



Longbardo et al., 2017

3D RV EF



- Great correlation to CMRI.
- More effective than 2D in patients with pulmonary hypertension.
- Includes RVOT in overall function.
- Image quality dependent.
- Contrast enhanced imaging (??)

3D EF = 45 %

Lang et al., 2015; Longobardo et al., 2017

RIGHT VENTRICULAR SIZE AND FUNCTION

Quantification of Right Ventricular Size and Function from Contrast-Enhanced Three-Dimensional Echocardiographic Images

Diego Medvedofsky, MD, Victor Mor-Avi, PhD, Eric Kruse, RDCS, Britney Guile, RDCS, Bogalawa Carek, RDCS, Karima Addicta, MD

Background: Three-dimensional echocardiography without geometric assumptions is more accurate and reproducible than two-dimensional echocardiography for the measurement of RV function. We tested the hypothesis that RV contrast enhancement improves the accuracy of RV volume measurements.

Methods: Thirty patients with 3D echocardiography with and without contrast enhancement on the same day. RV end-diastolic volume, end-systolic volume, and end-diastolic volume were measured with contrast-enhanced and non-contrast-enhanced 3D echocardiography. Measurements were performed on the same day.

Results: RV contrast enhancement improved RV end-diastolic volume, end-systolic volume, and end-diastolic volume measurements. The correlation between contrast-enhanced and non-contrast-enhanced measurements was $r = 0.90$ and $r = 0.92$; end-systolic volume fraction was better with contrast-enhanced measurements (-16% fraction, $-0.7 \pm 5.5\%$ vs. -16% fraction, $-0.7 \pm 5.5\%$ vs. -16% fraction).

Conclusions: Contrast enhancement improves the visualization of RV endocardial borders, resulting in more accurate and reproducible 3D echocardiographic measurements of RV size and function. This approach is particularly useful in patients with suboptimal image quality. (J Am Soc Echocardiogr. 2017;30:11)

Keywords: Right ventricle, Right ventricular volumes and function, Three-dimensional echocardiography, Contrast agents

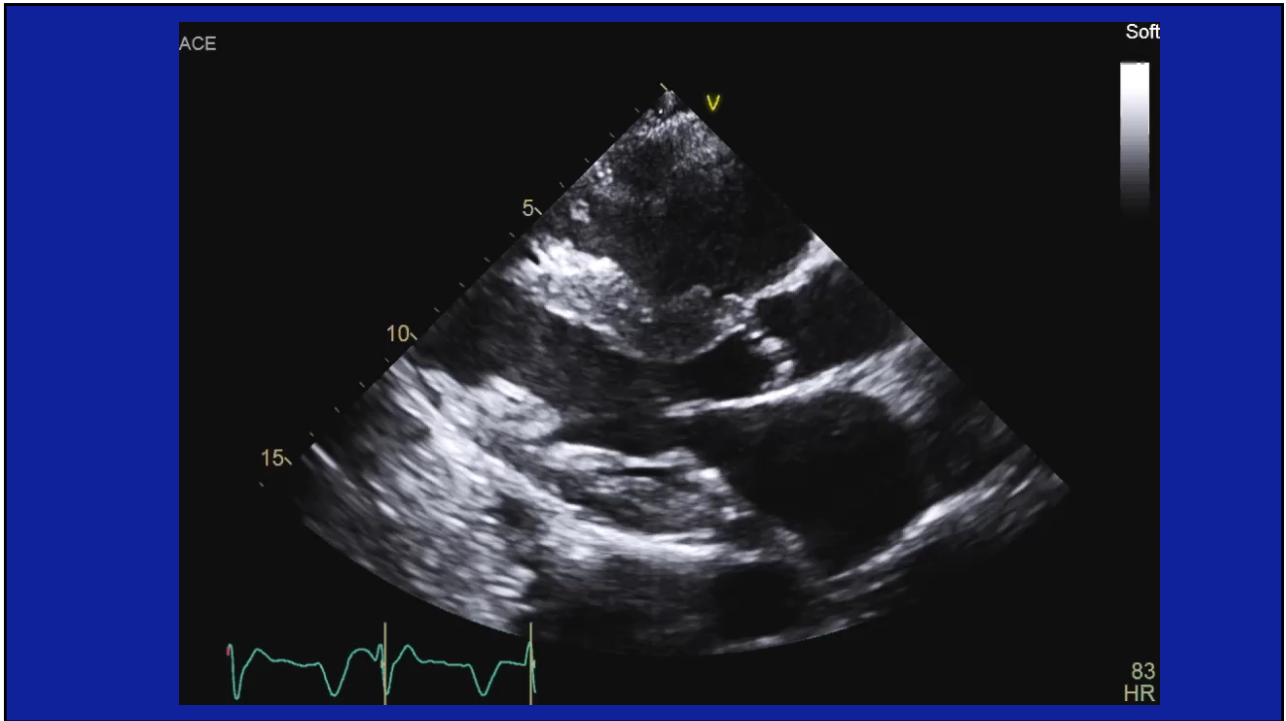
IASE

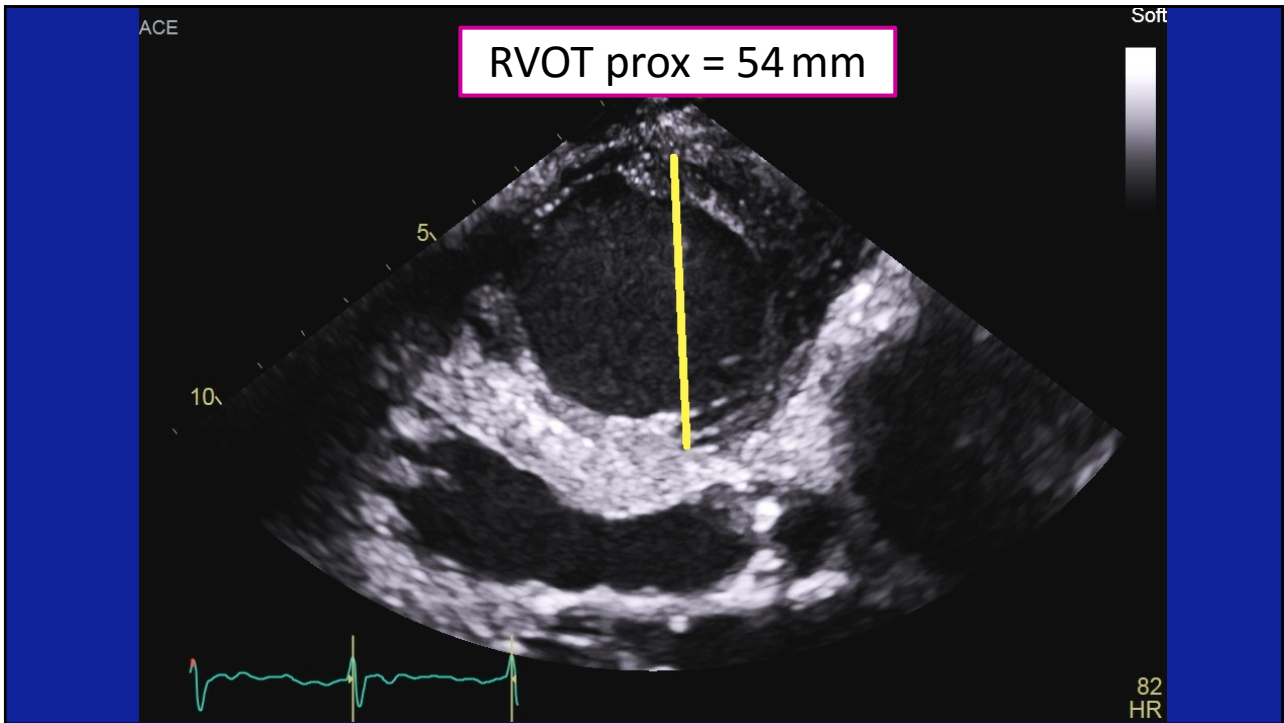
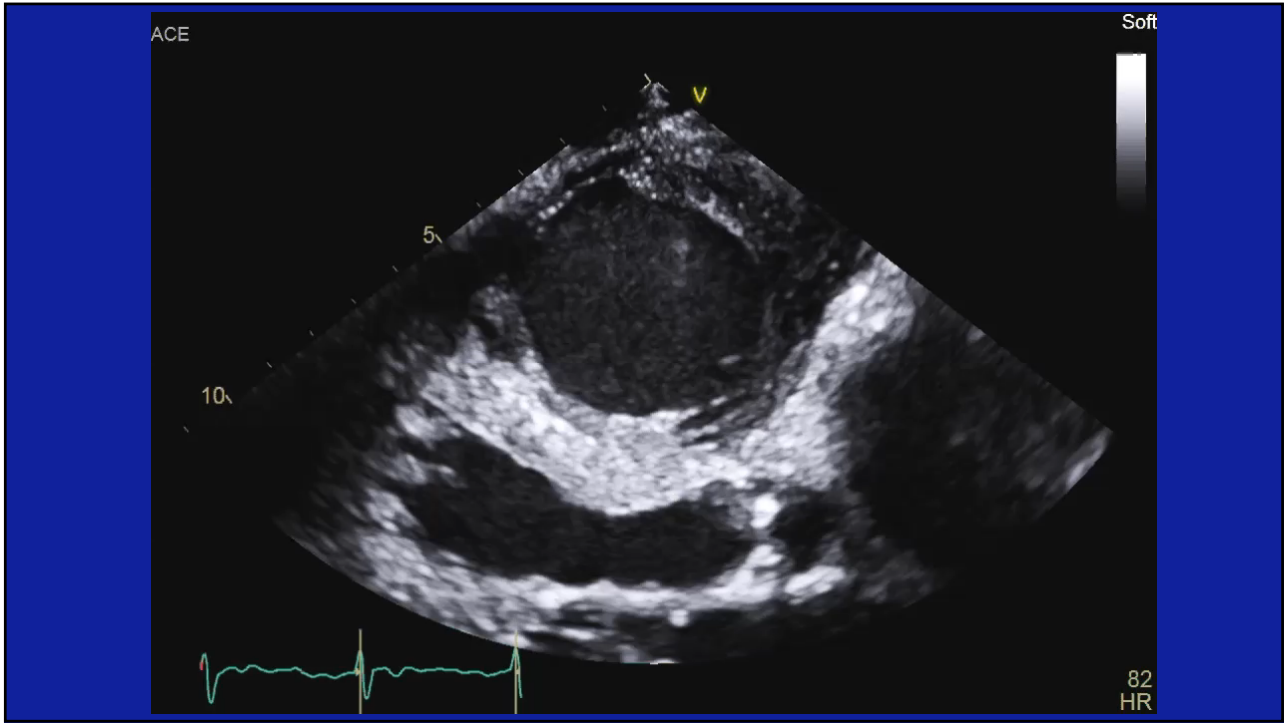
“Contrast enhancement during 3D echocardiographic imaging improves visualization of RV endocardial borders and results in more accurate and reproducible measurements of RV volumes and RVEF...”

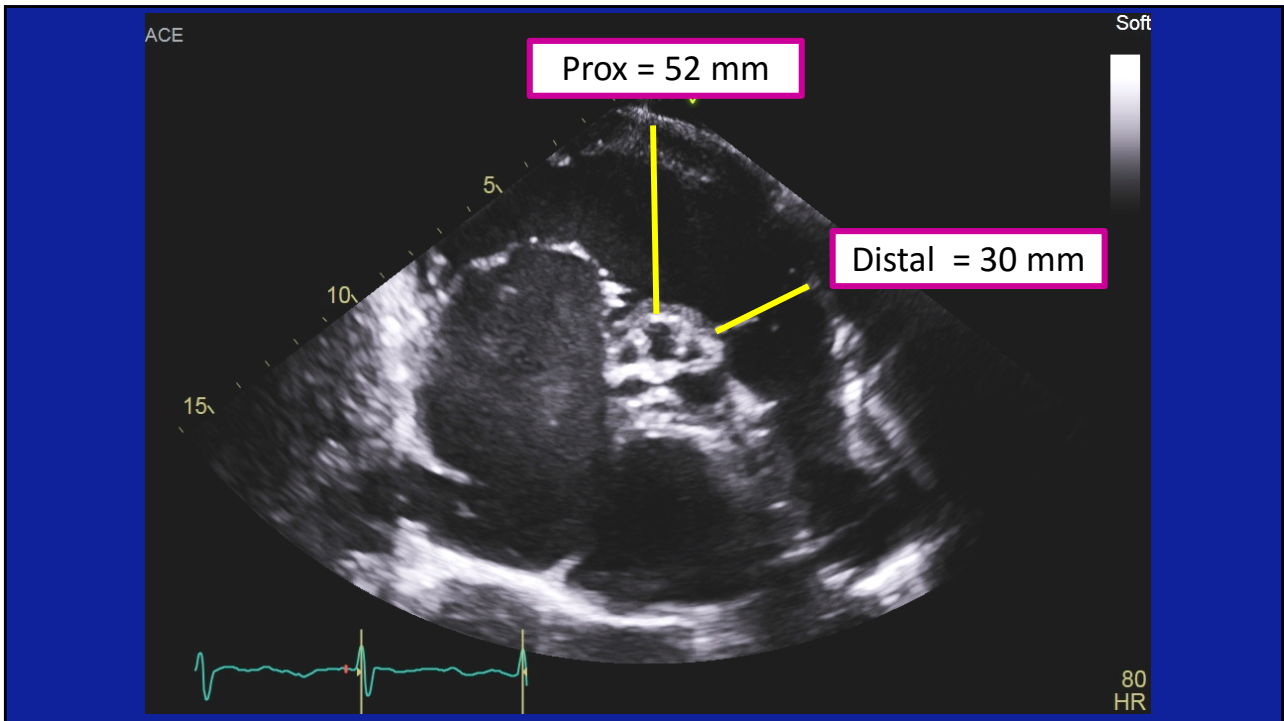
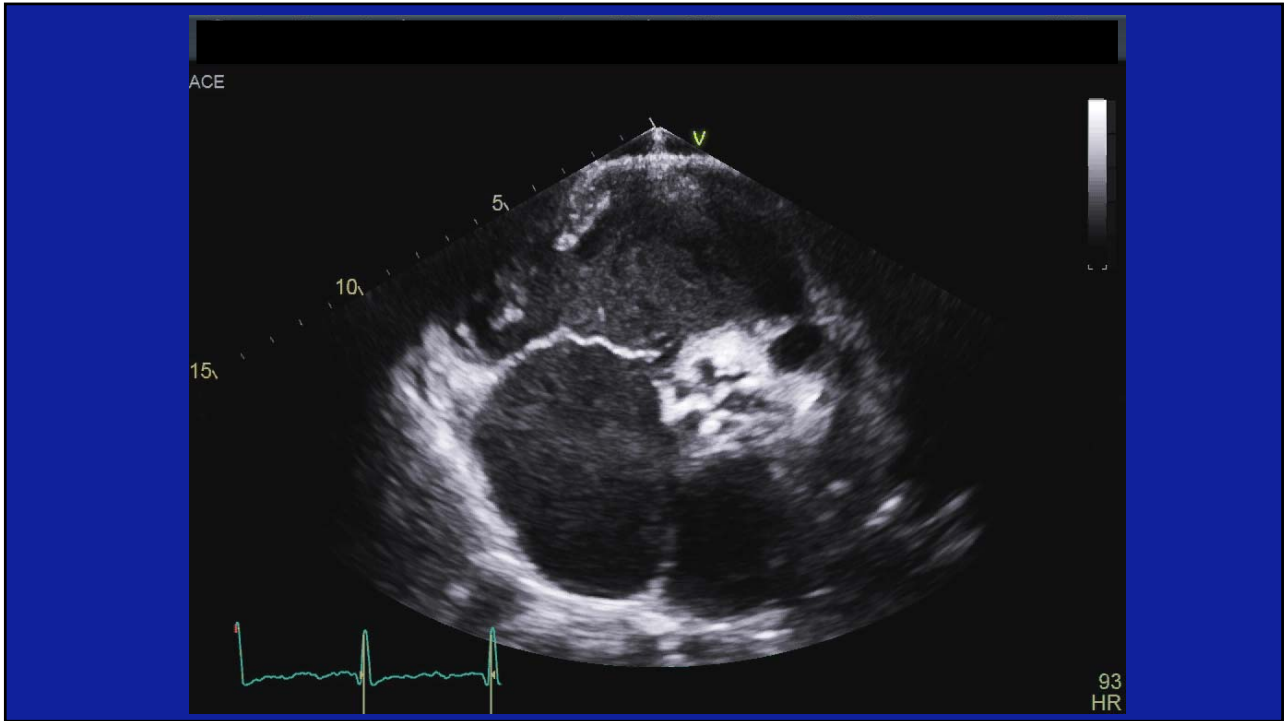
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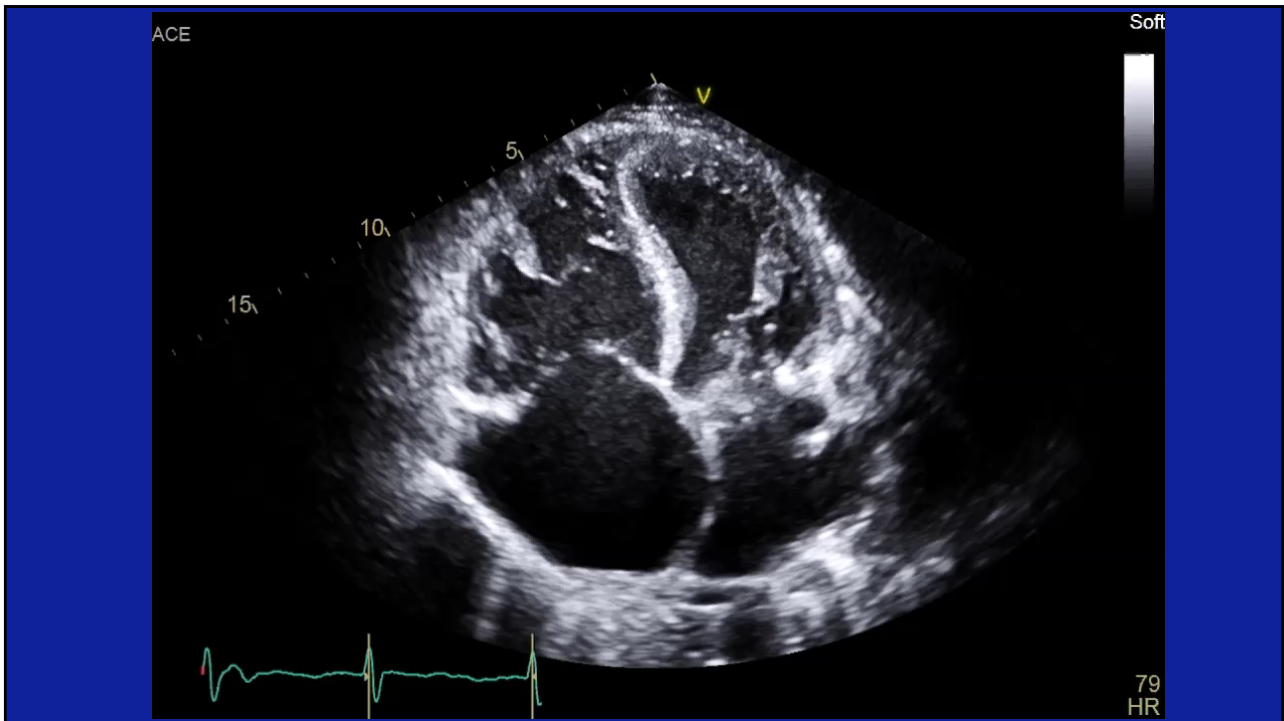
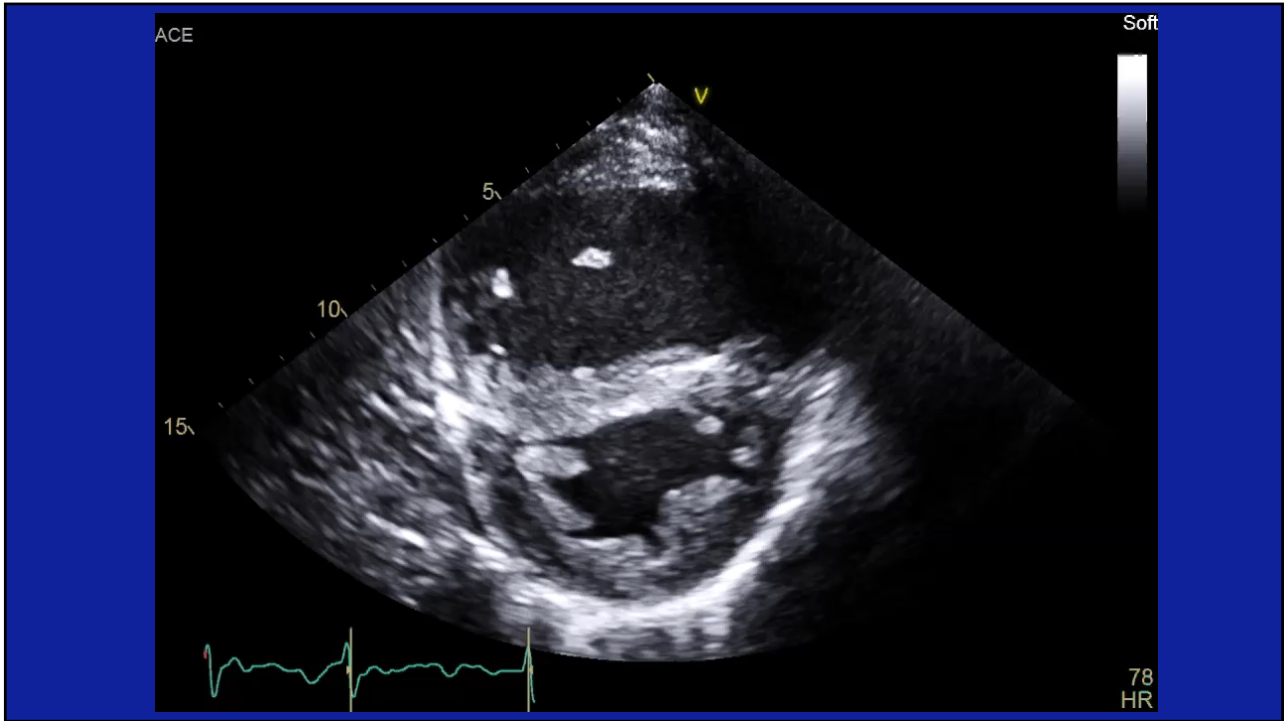
Medvedofsky, et al., 2017

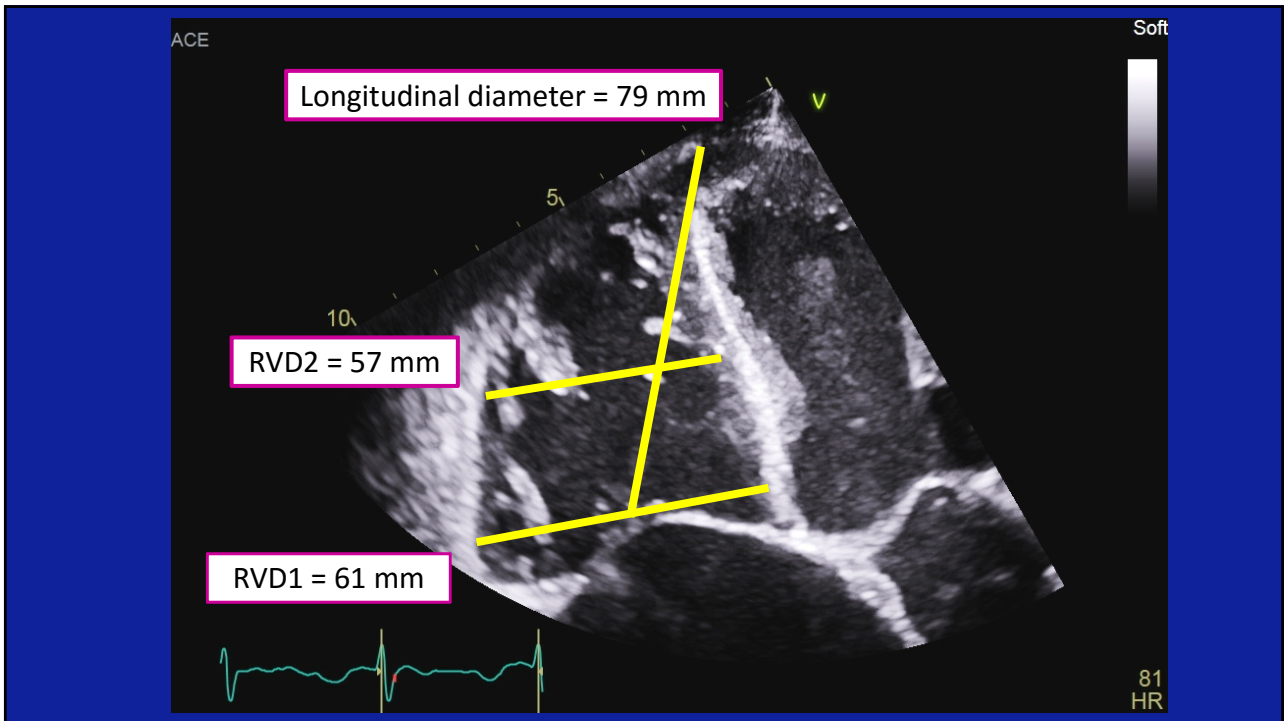
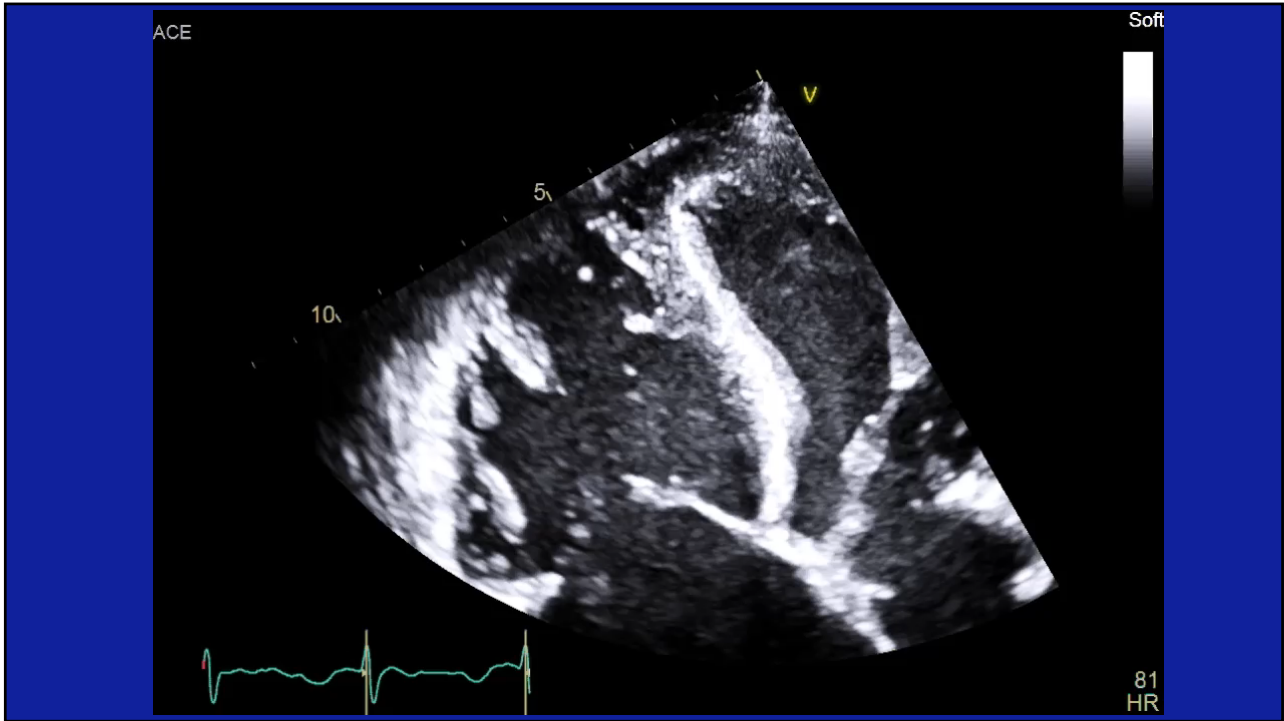
CASE STUDY

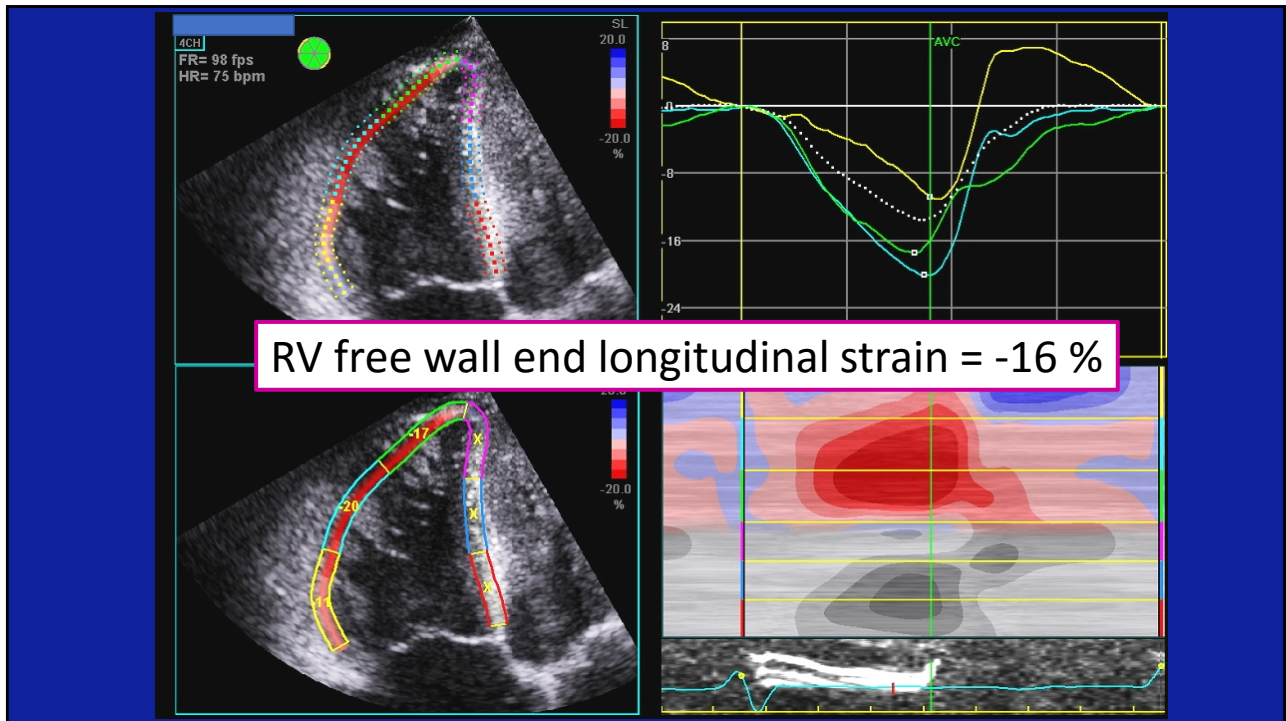
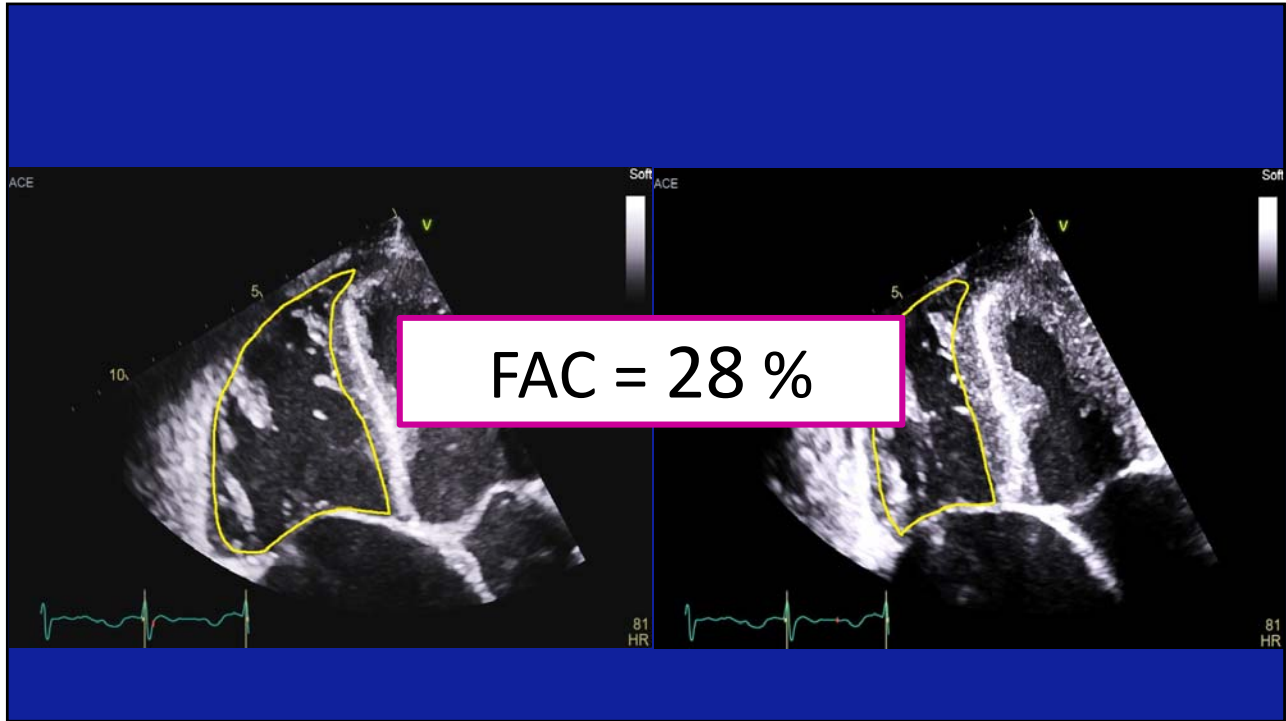


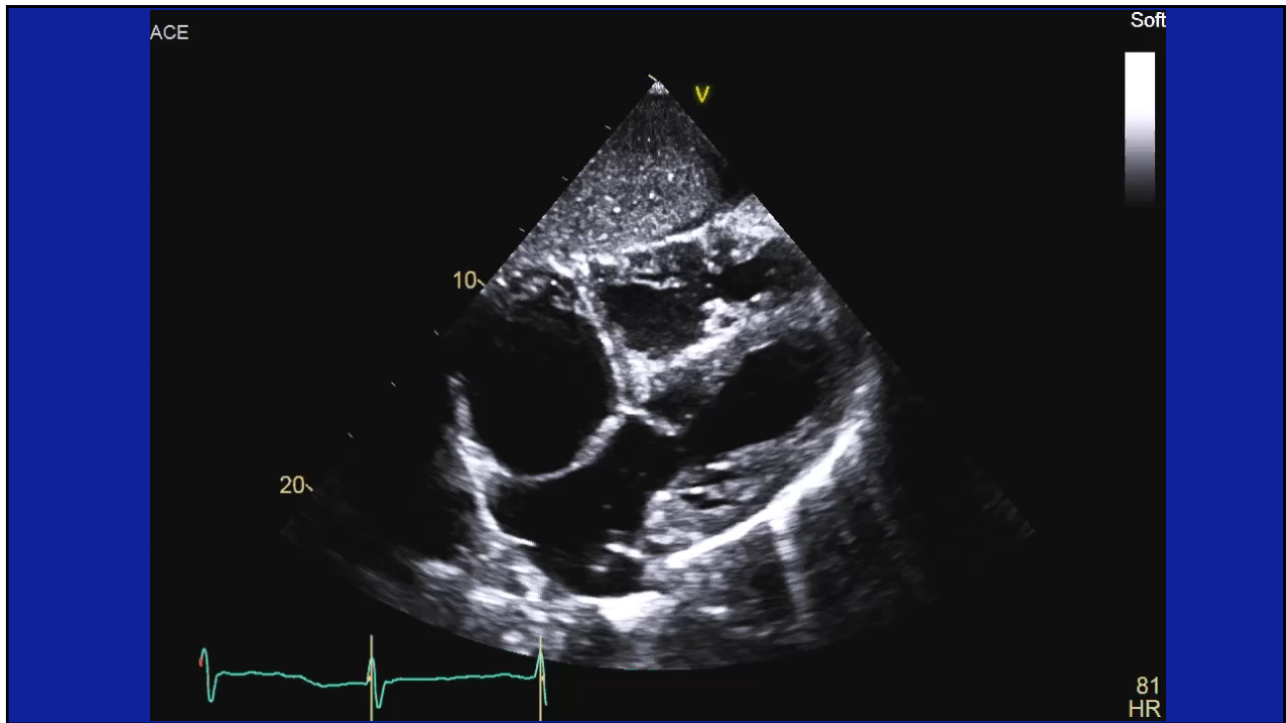
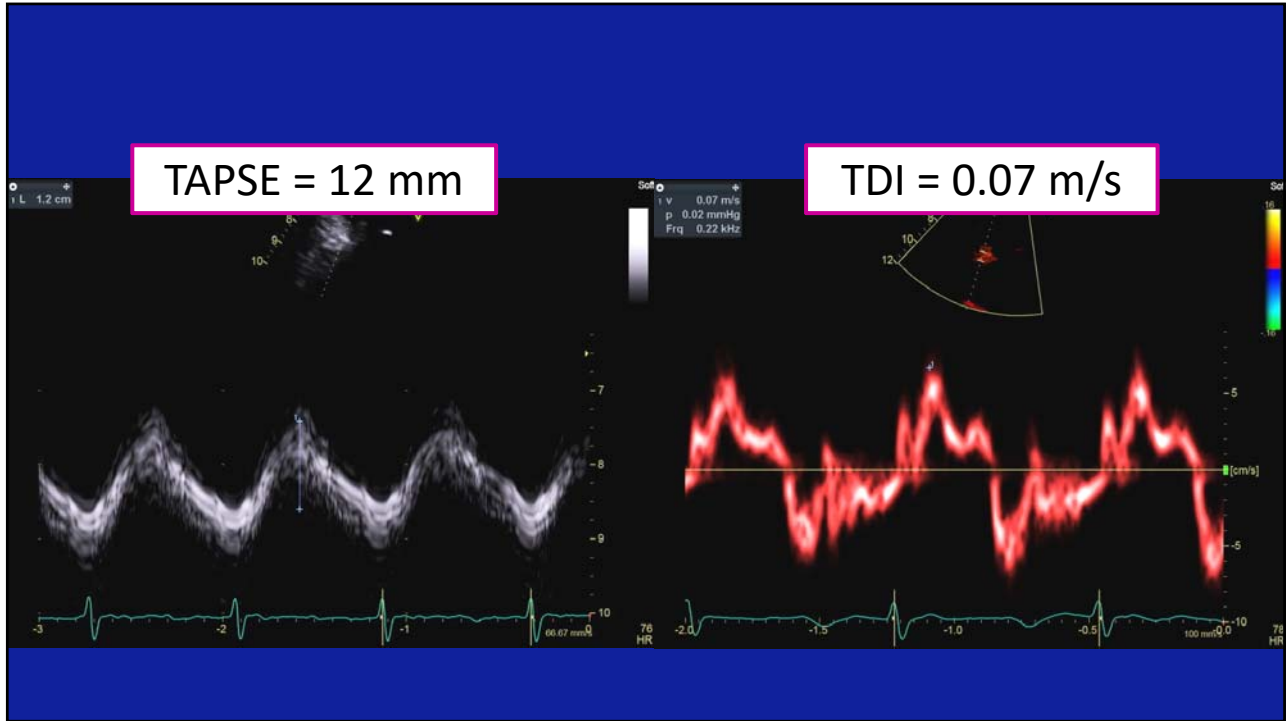


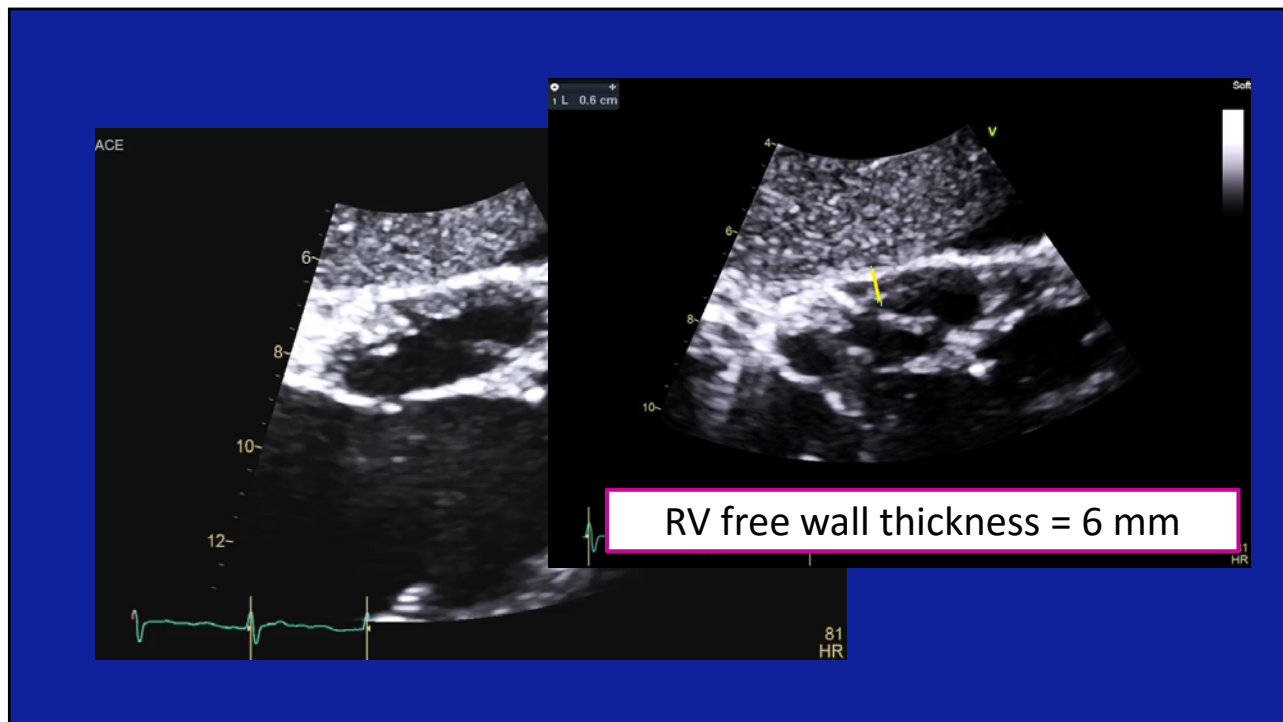












Which of these measurements is NOT used to assess right ventricular longitudinal function?

1. TDI S'
2. Fractional area change
3. Global longitudinal strain
4. They all assess longitudinal function

Which of these measurements is NOT used to assess right ventricular longitudinal function?

1. TDI S'
2. Fractional area change
3. Global longitudinal strain
4. They all assess longitudinal function

How many segments do we average when assessing right ventricular global longitudinal strain?

1. Two
2. Three
3. Five
4. Six

How many segments do we average when assessing right ventricular global longitudinal strain?

1. Two
2. Three
3. Five
4. Six

Special thanks to...

Thank you



Kinnikinic River, Aurora St. Luke's Medical Center

Photo cred: McKenzie Schweitzer