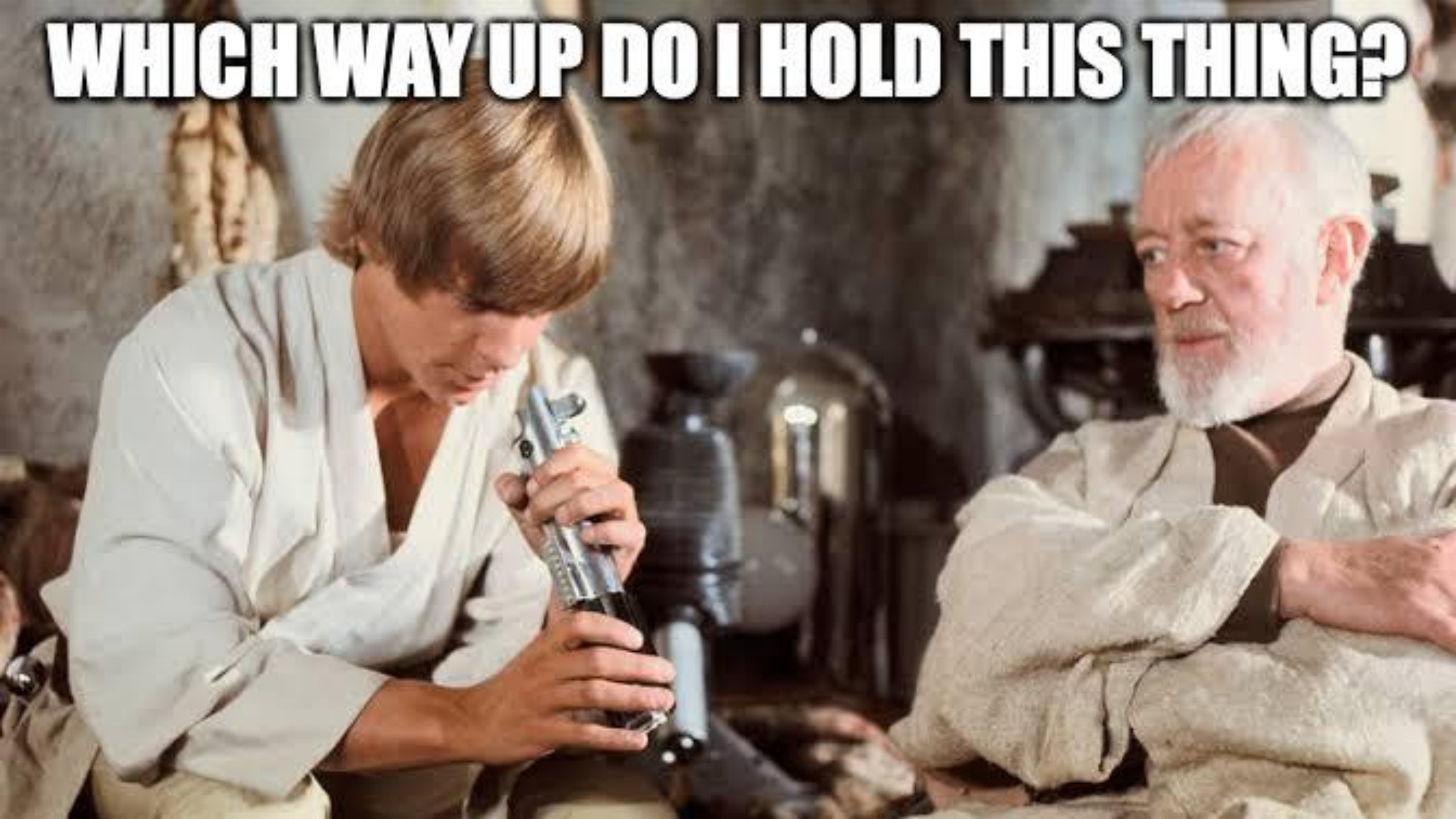


Ultrasound case presentation

ACEM ASM 2019

WHICH WAY UP DO I HOLD THIS THING?



**THESE ARE NOT THE ULTRASOUND
FINDINGS YOU'VE BEEN LOOKING FOR**

HEALTH OF THE NATION

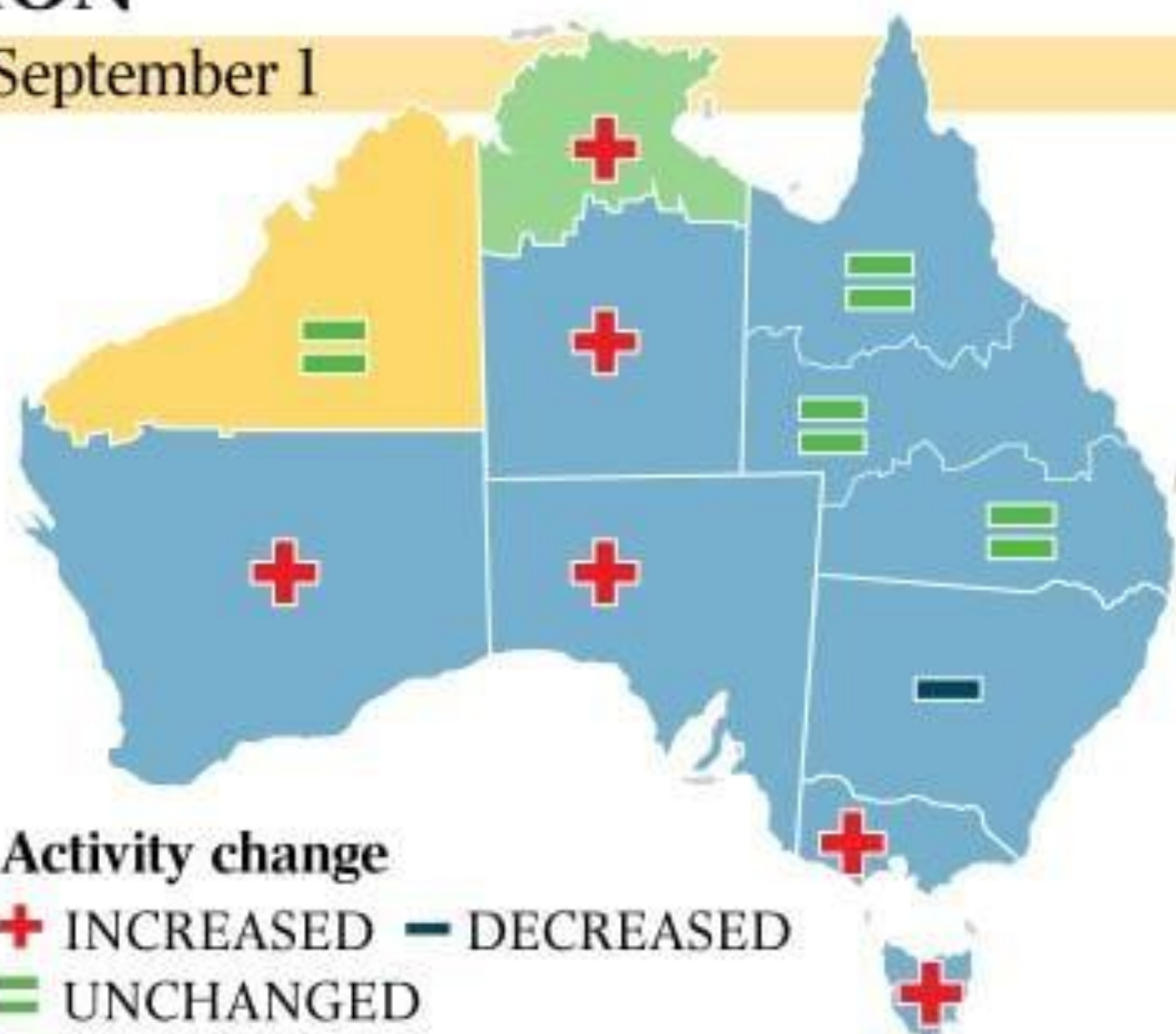
Confirmed flu cases for year to September 1

NSW: 69,999	WA: 2719
QLD: 35,360	TAS: 1830
SA: 12,600	ACT: 1759
VIC: 12,348*	NT: 951

Current activity

- LOCALISED
- REGIONAL
- WIDESPREAD

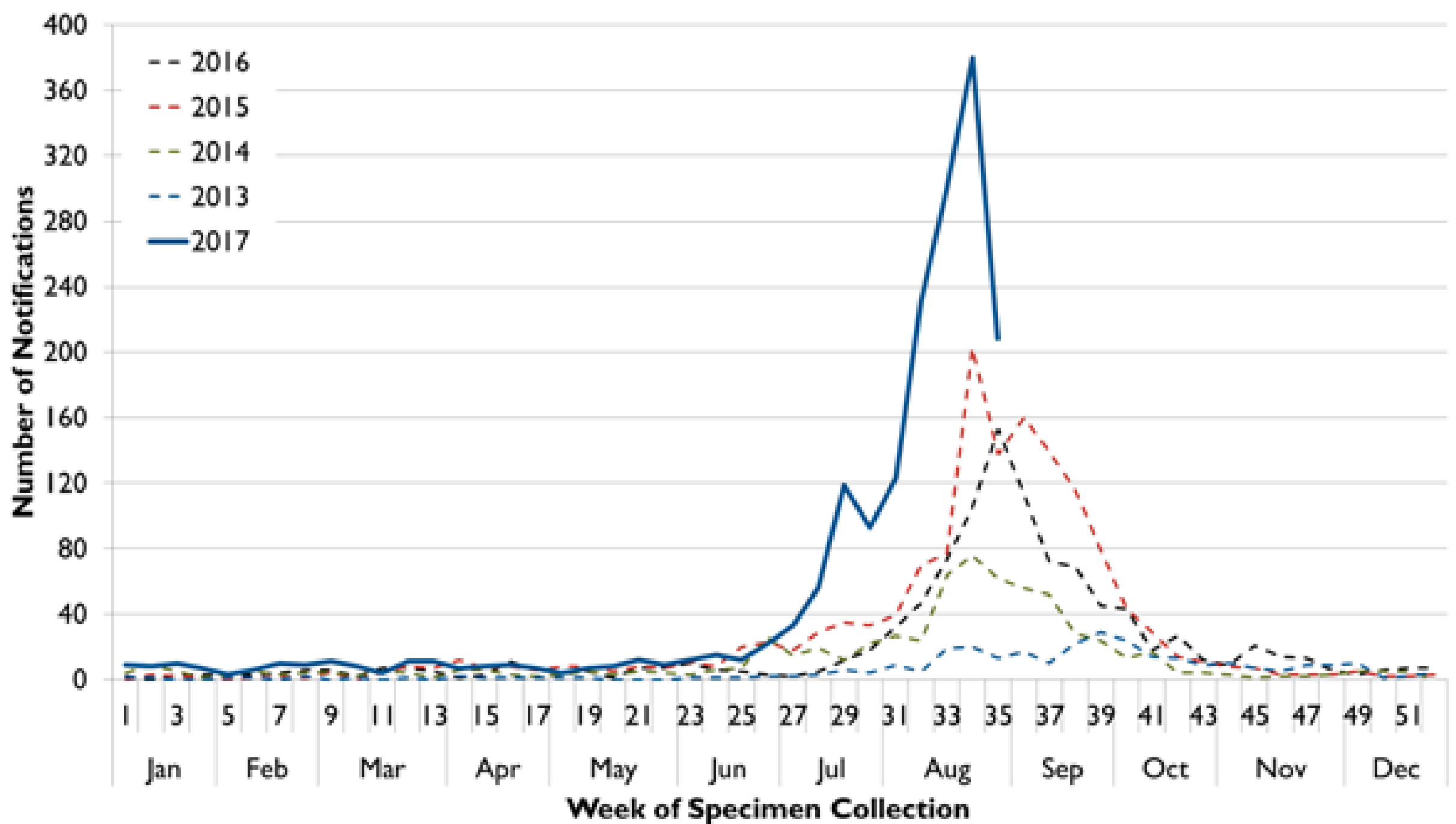
*Data entry backlog due to high laboratory demand; figure likely to be significantly higher



Activity change

- INCREASED
- DECREASED
- UNCHANGED

Source: National Notifiable Diseases Surveillance System



60 year old man with dyspnoea

- 24 hours of progressive shortness of breath – at rest and on exertion
- Cough with clear sputum
- Fevers and sweats
- Intermittent chest pain

- Has been off work with coryzal symptoms last few days

PMHx:

- Type 2 diabetes
- Smoker +++

60 year old man with dyspnoea

Examination

- Scattered crackles in his chest
- Sinus tachycardia ~110bpm
- Borderline low blood pressure

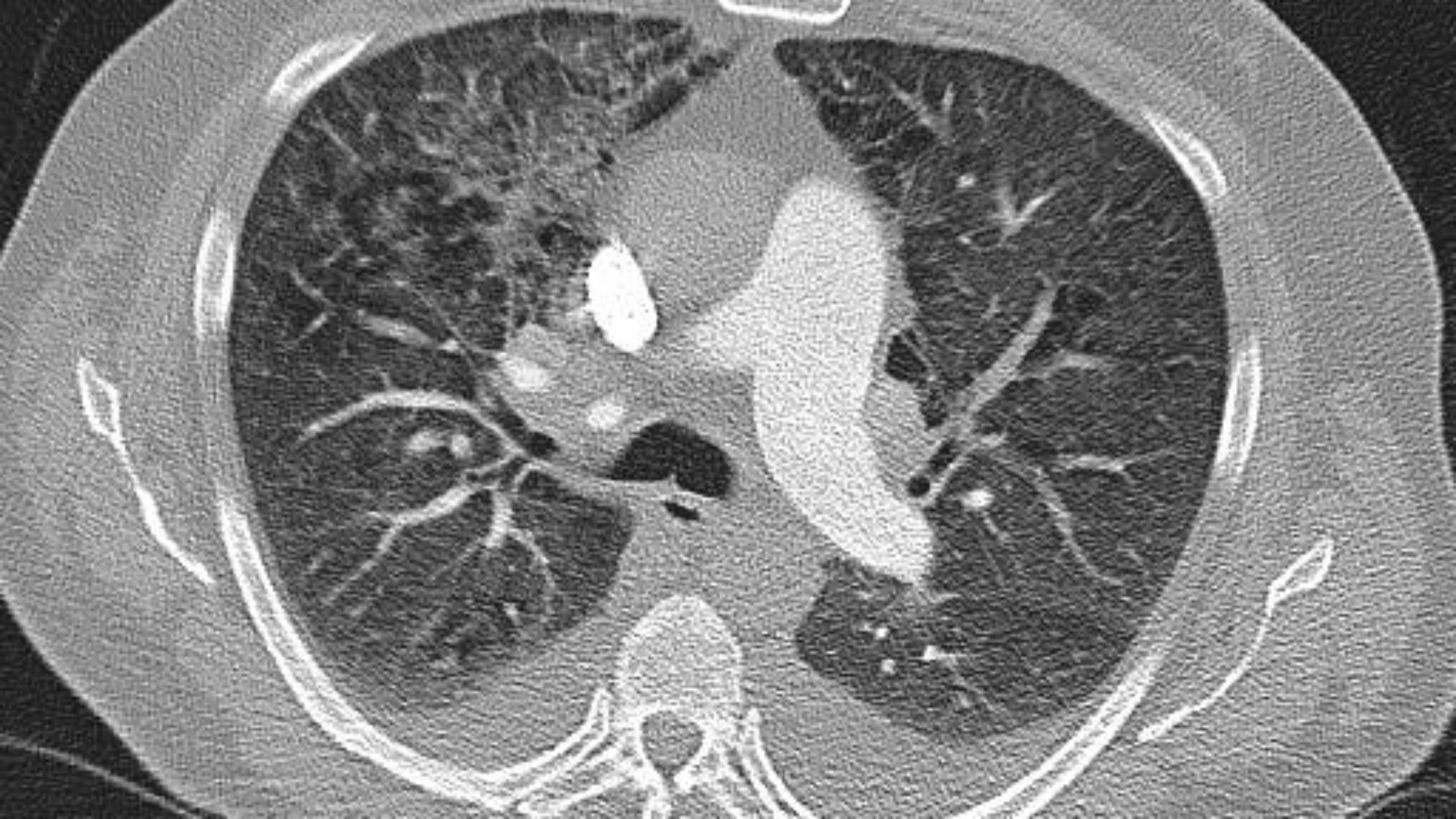
ECG

- Sinus tachycardia

Bloods

- Raised inflammatory markers
- Troponin 96
- BNP 350

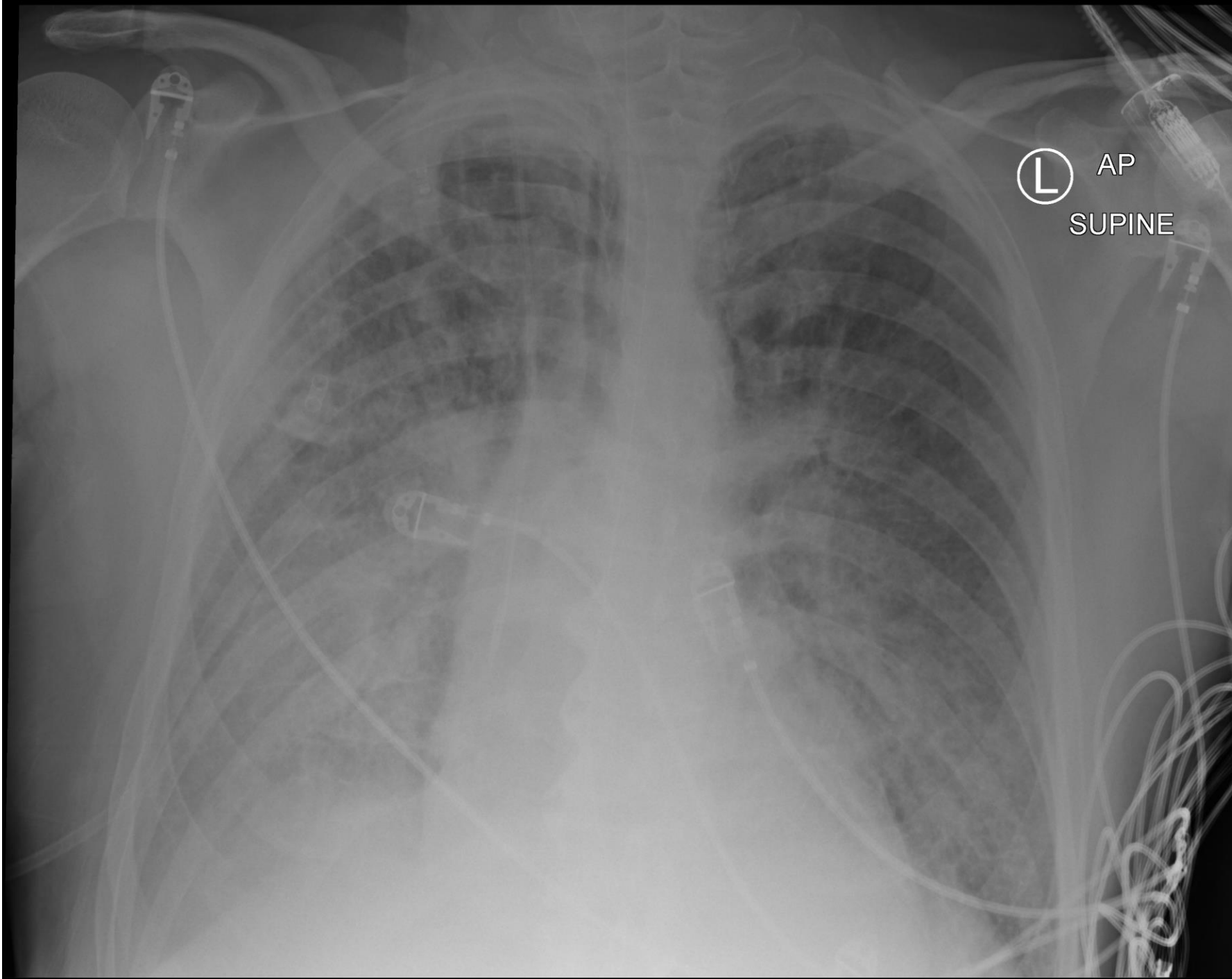




L

ERECT





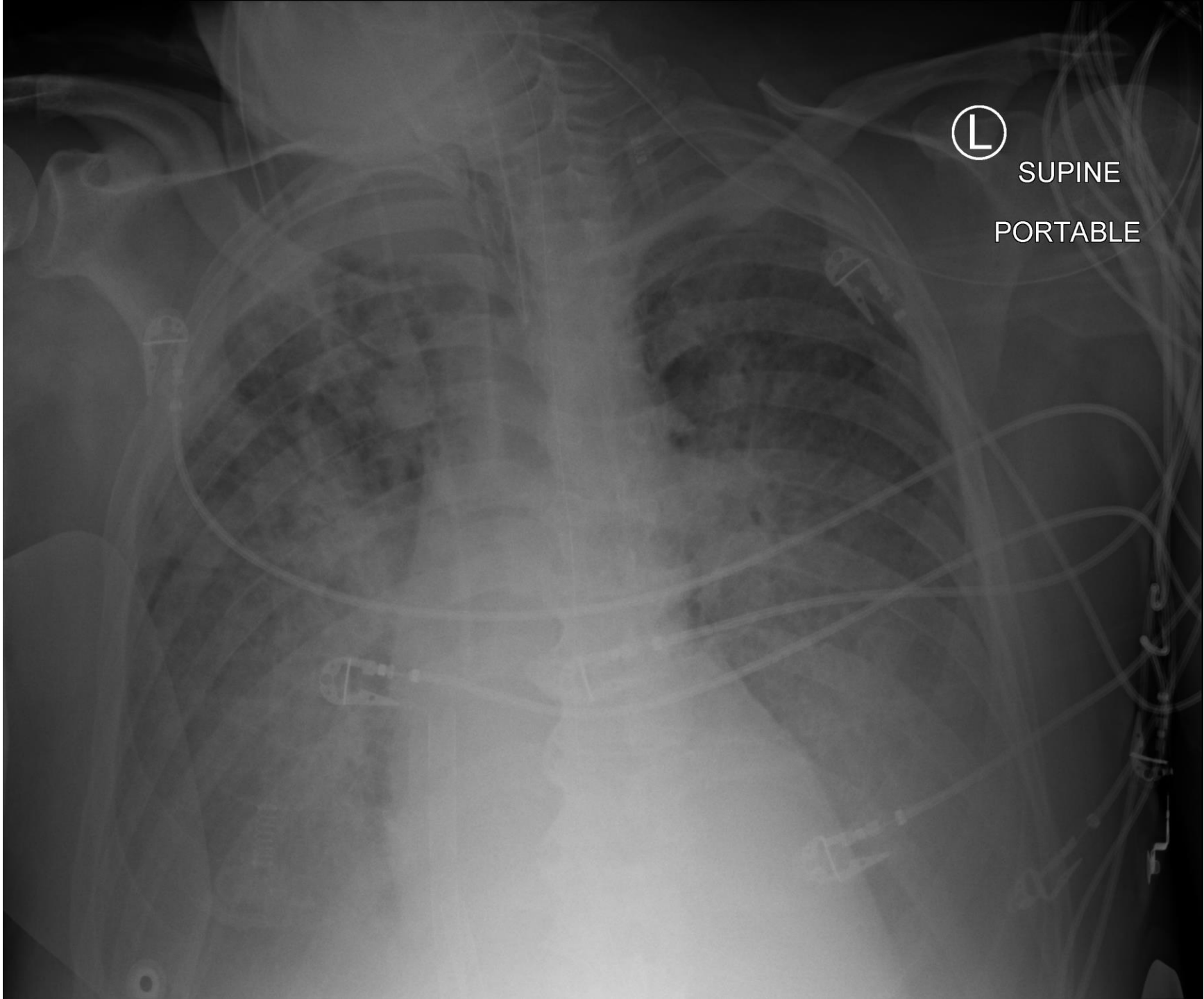
L

AP

SUPINE



FOR NGT
L
AP
SUPINE



L

SUPINE

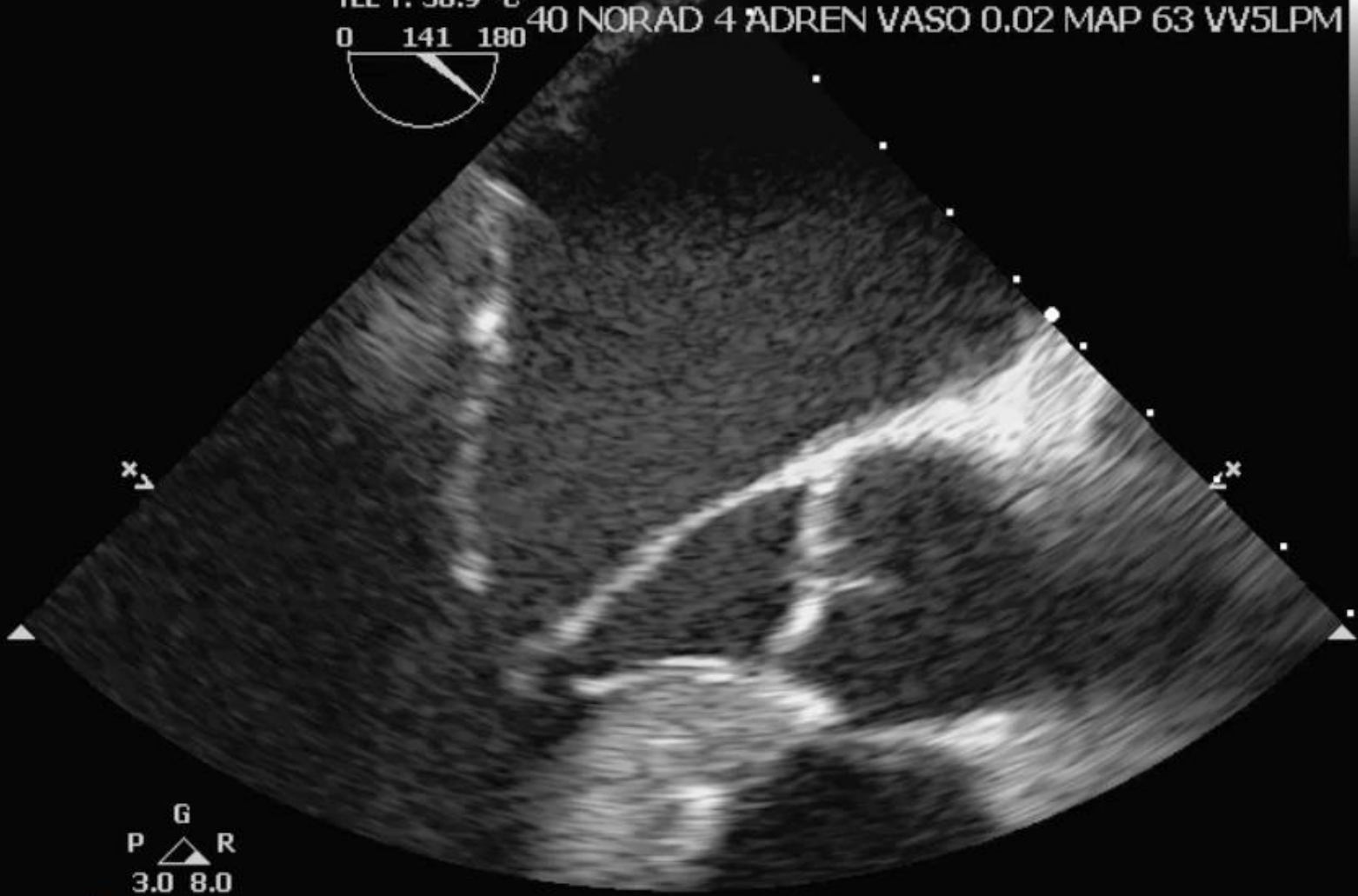
PORTABLE

X7-ZL
31 Hz
10.0cm

40 NORAD 4 ADREN VASO 0.02 MAP 63 VV5LPM



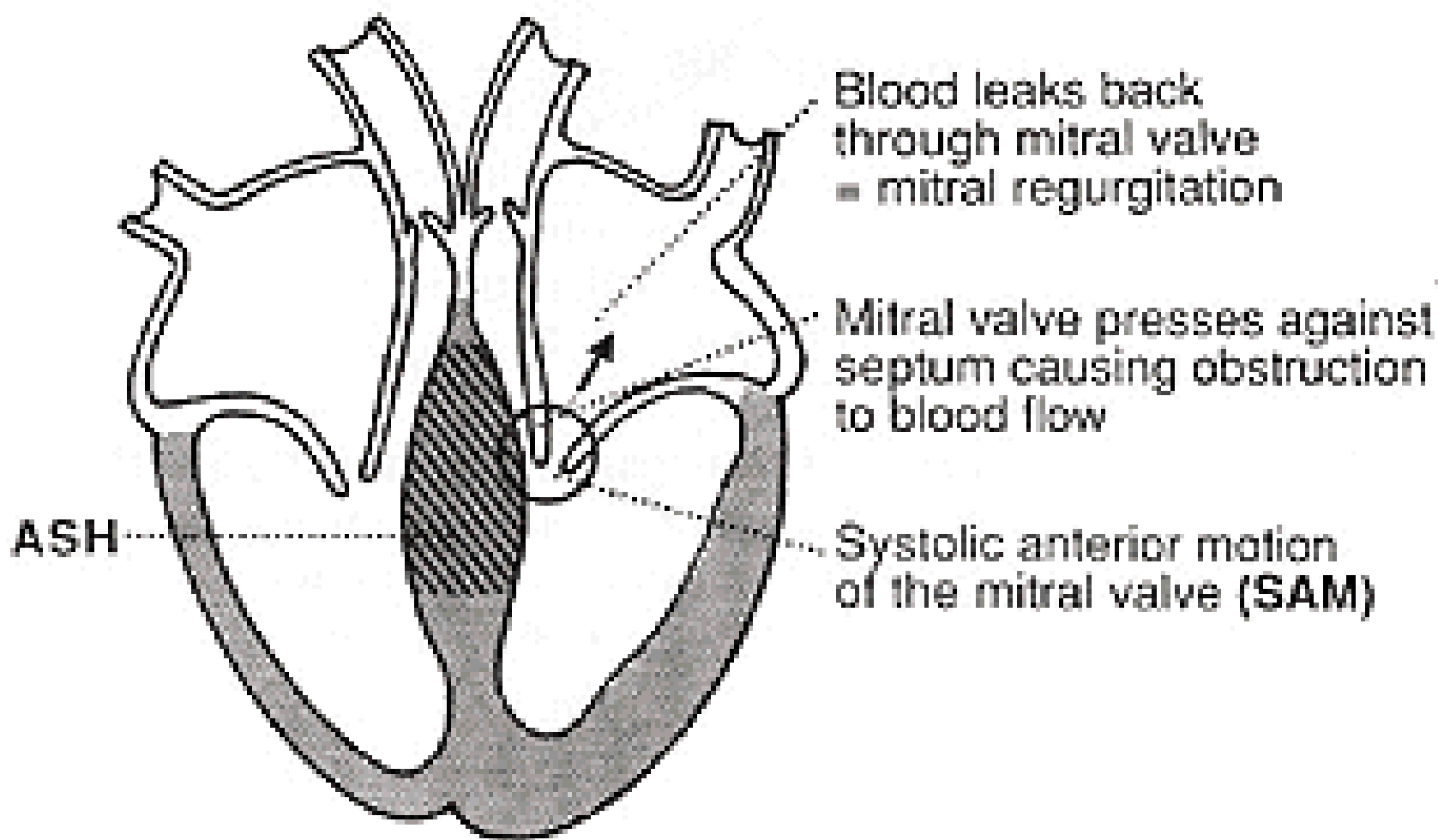
2D
Res
Gn 70
C 48
4 / 4 / 0
50 mm/s



79
BPM

Hypertrophic Cardiomyopathy

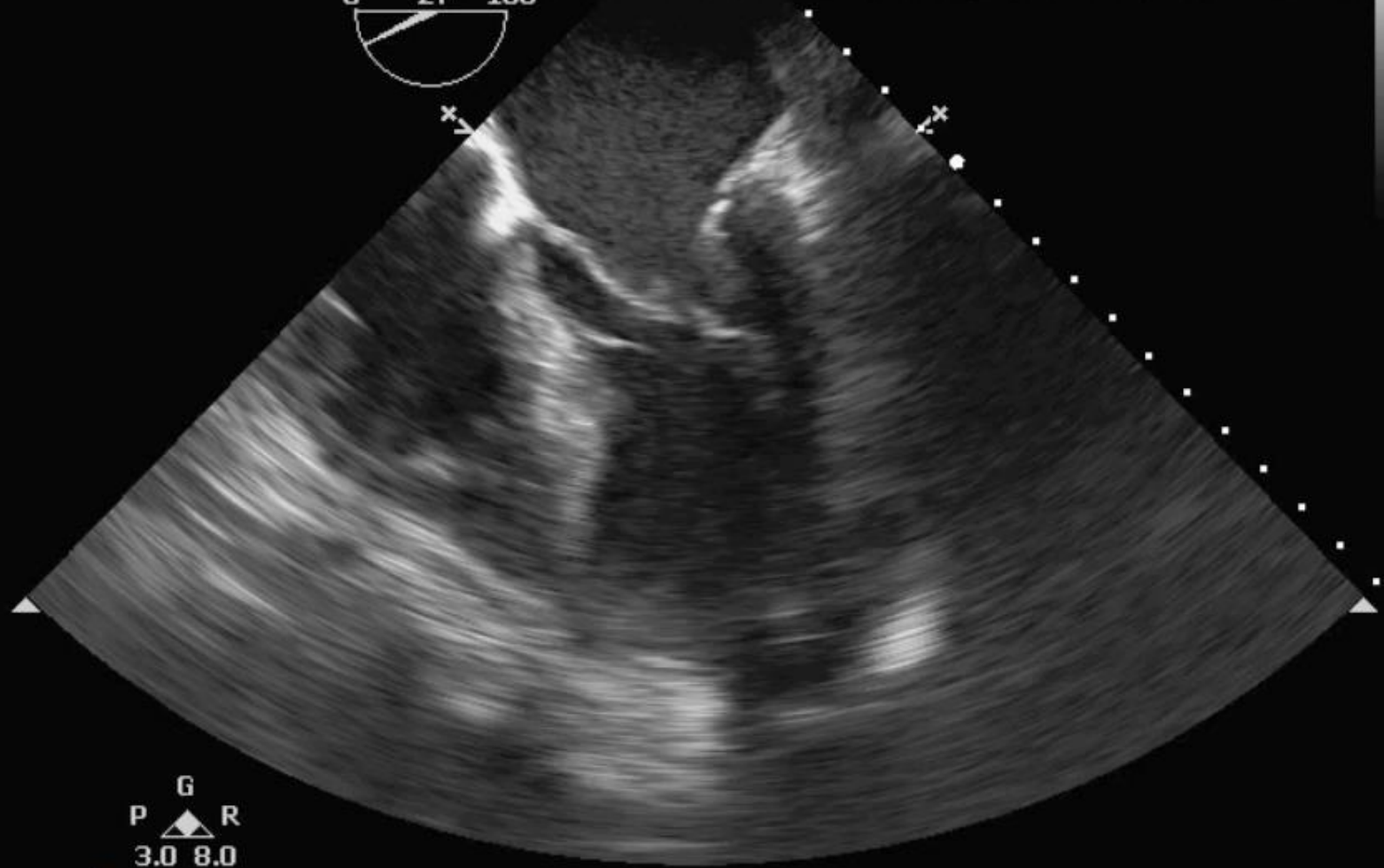
Asymmetric septal hypertrophy with obstruction



X7-2t
46 Hz
18.0cm

TEE T: 39.2 °C
0 27 180 40 NORAD 4 ADREN VASO 0.02 MAP 63 VV5LPM

2D
Gen
Gn 66
C 48
4 / 4 / 0
50 mm/s



G
P R
3.0 8.0



78
BPM

Systolic anterior motion of the mitral valve

- Classically associated with HOCM
- Can be identified directly and associated with severe MR
- Causes (partially) rate dependent obstructive shock
- Increasing preload and careful rate control may be helpful

Case progress

- Survived an ECMO transfer from Tasmania to Melbourne
- Underwent mitral valve replacement
- Post-op period complicated by intra-cerebral haemorrhage
 - Palliated ~1 week post transfer
- Cause of SAM remains unknown
 - *Was it the flu after all???*

TOE in resuscitation

- Shock
 - Clarify aetiology of shock
 - Monitor haemodynamics and fluid responsiveness
 - Guide procedures

- Arrest
 - Identify reversible pathology
 - Assess interventions
 - Improve CPR quality
 - Guide procedures

X7-ZL
31 Hz
10.0cm

40 NORAD 4 ADREN VASO 0.02 MAP 63 VV5LPM



2D
Res
Gn 70
C 48
4/4/0
50 mm/s



79
BPM