



**HEART &
VASCULAR**

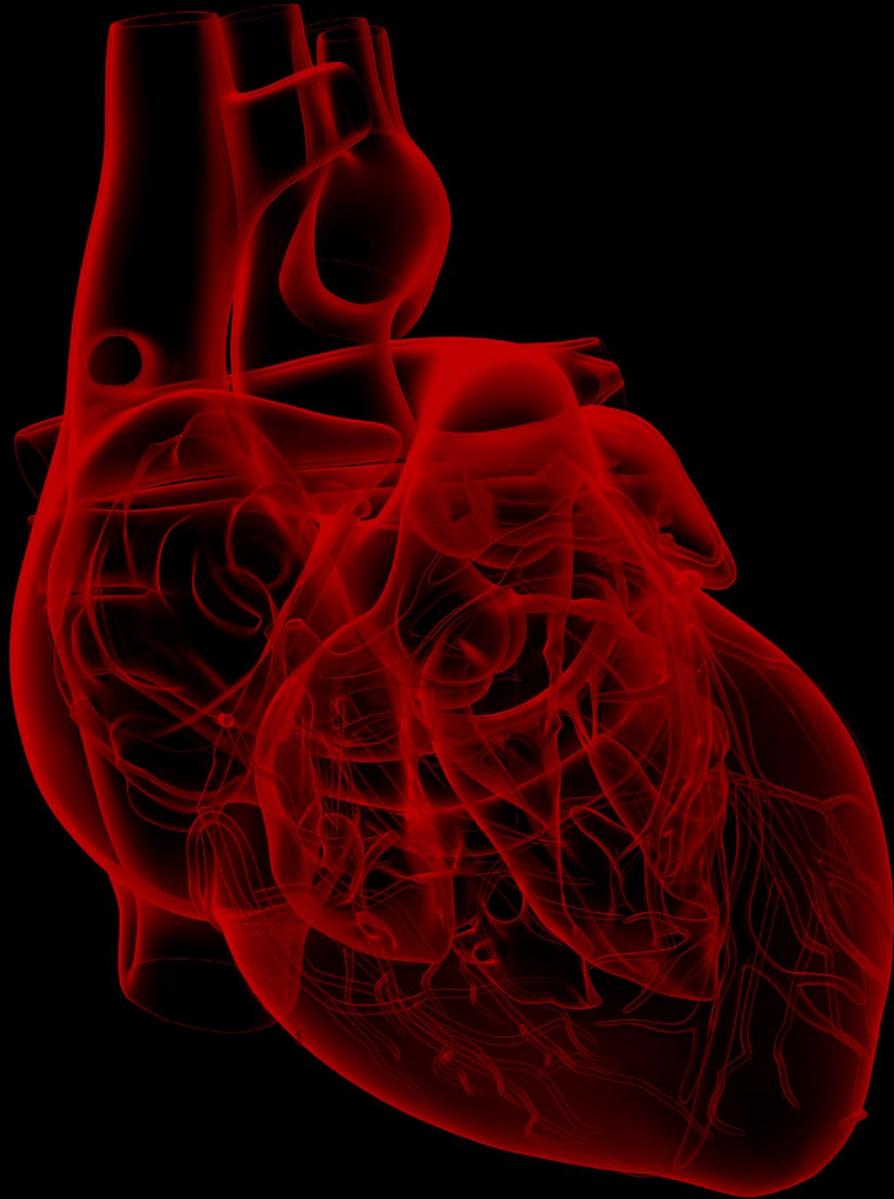
55th Annual

Dr. Robert D. Conn Heart Conference

 **Saint Luke's**TM
MID AMERICA HEART INSTITUTE



INSTITUTE FOR
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MEDICINE

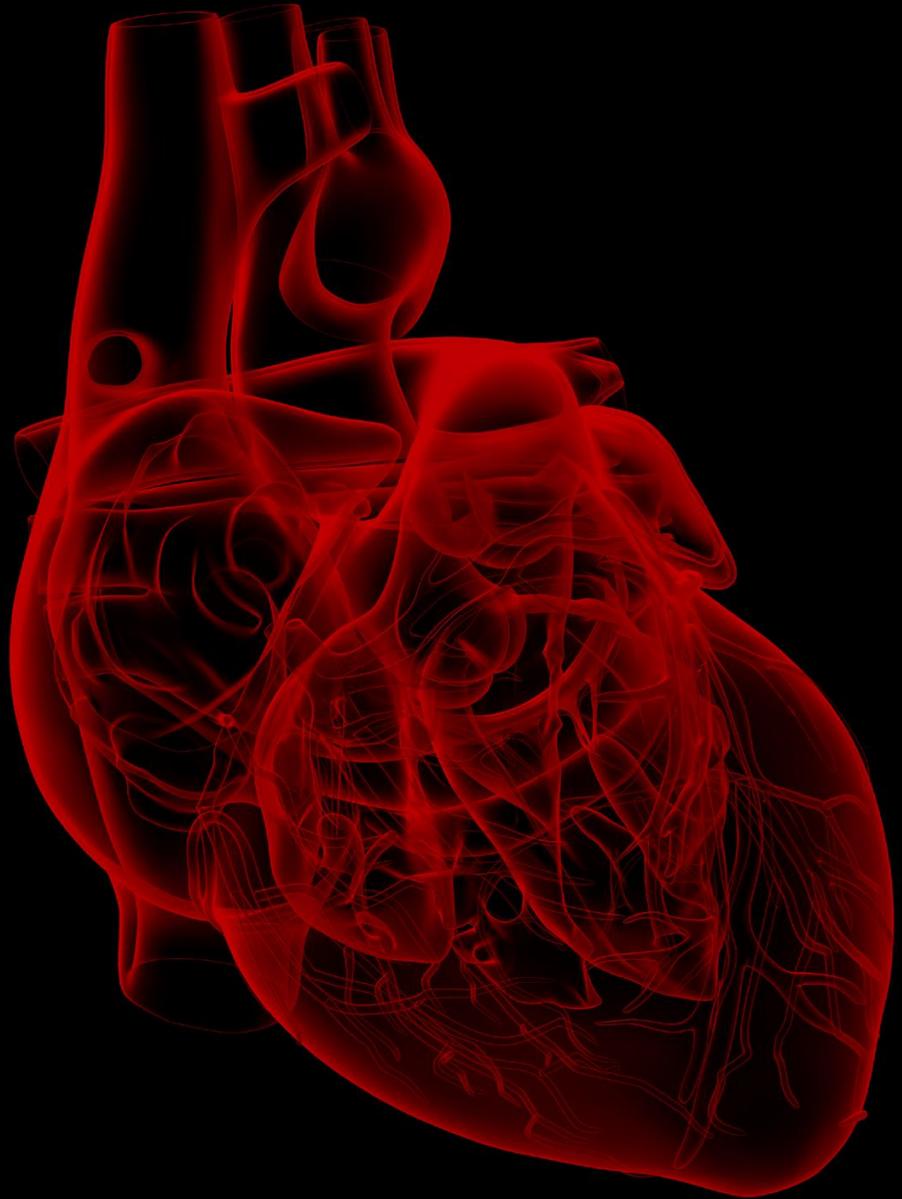


Round Table Case Discussion

Friday, December 5, 2025

Nicholas Orme, MD
Erika Hutt, MD
Kyle Lehenbauer, MD





Format:

- Case review focused on imaging
- Questions and interactions encouraged!



Case #1



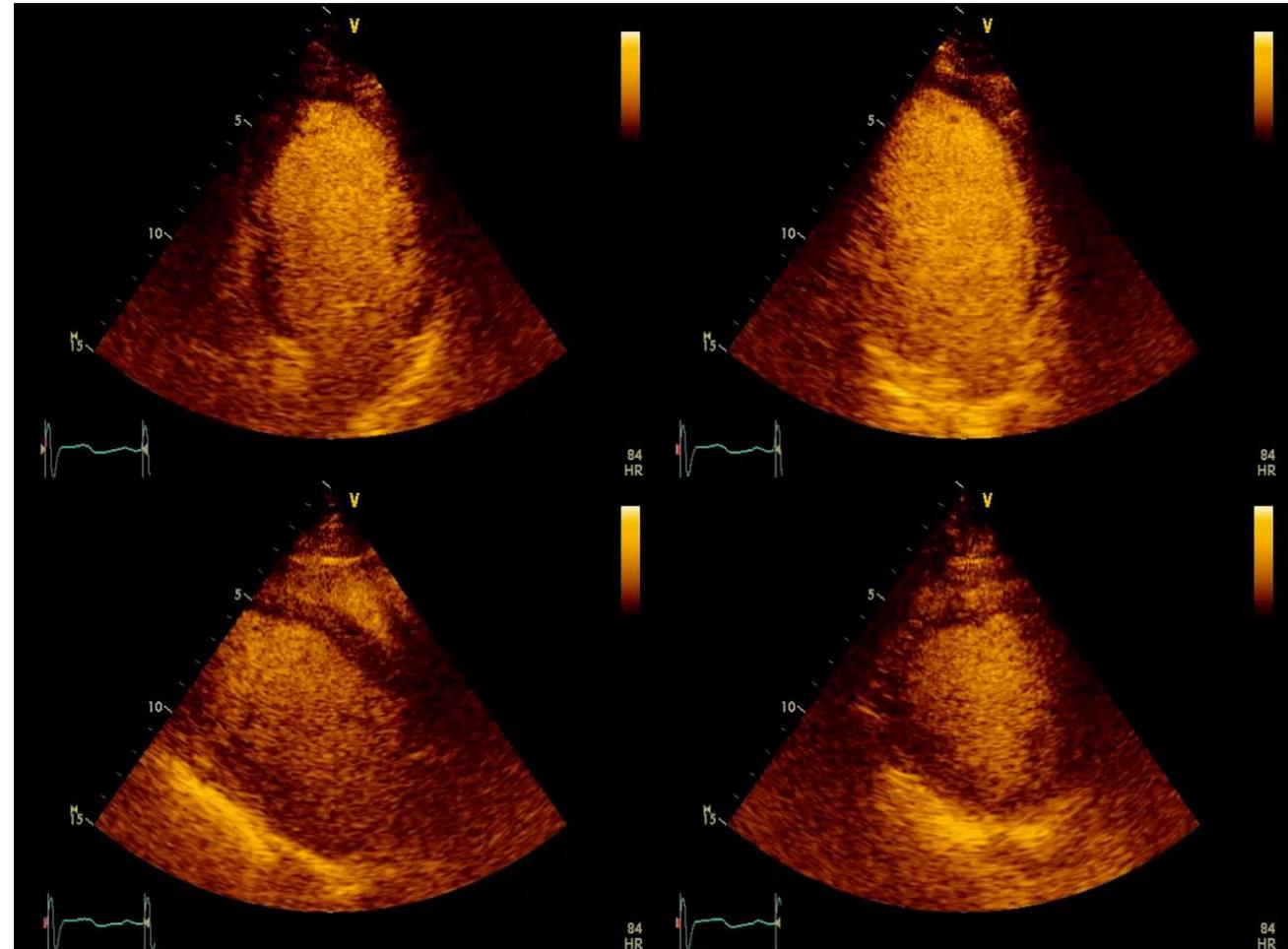
51 year old man with near syncope

- Recurrent presyncope and palpitations
- Hx of sarcoidosis (liver, lung)
- Echocardiogram



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 - Ejection fraction 23%
 - Regional wall motion abnormalities



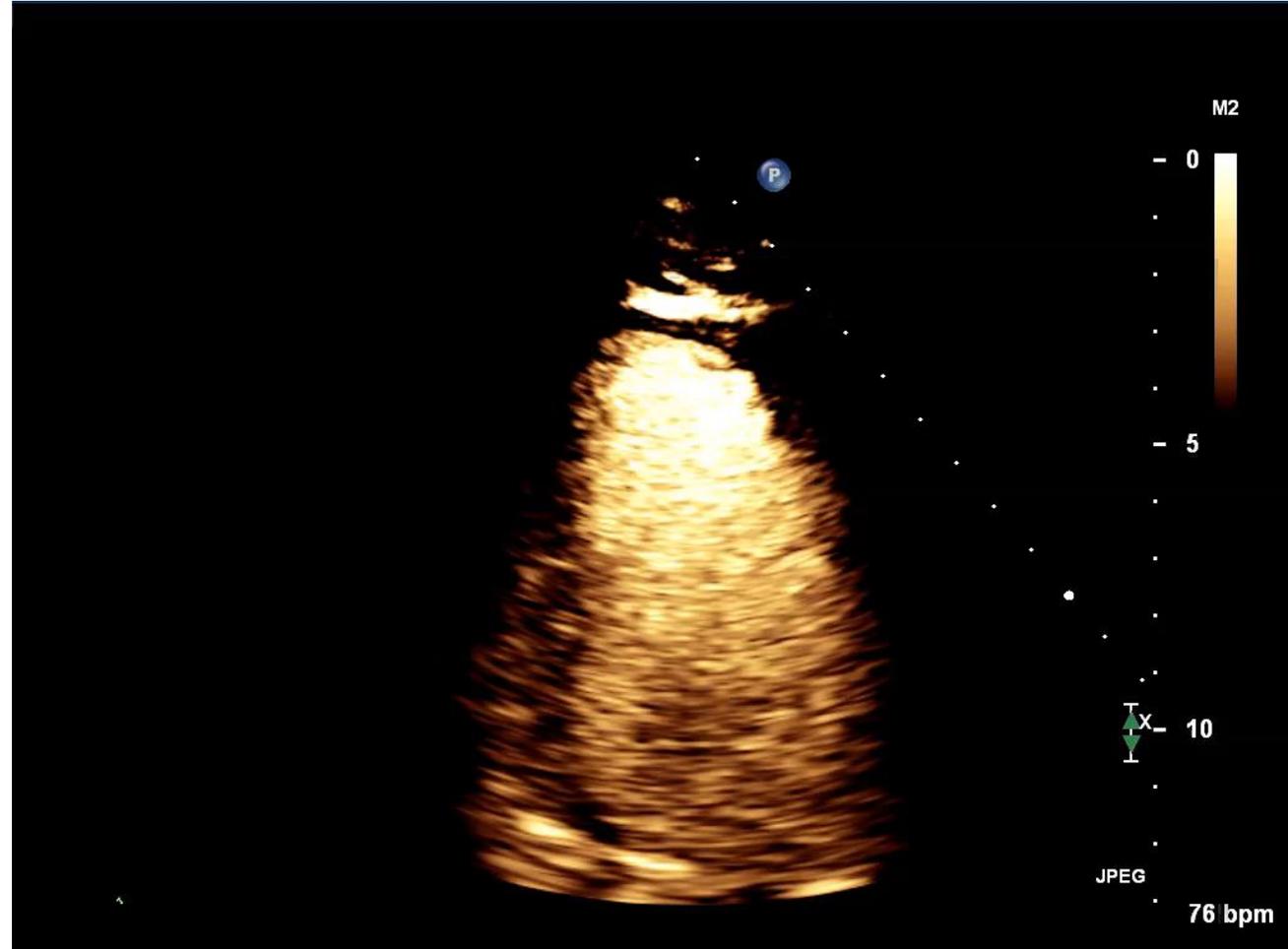
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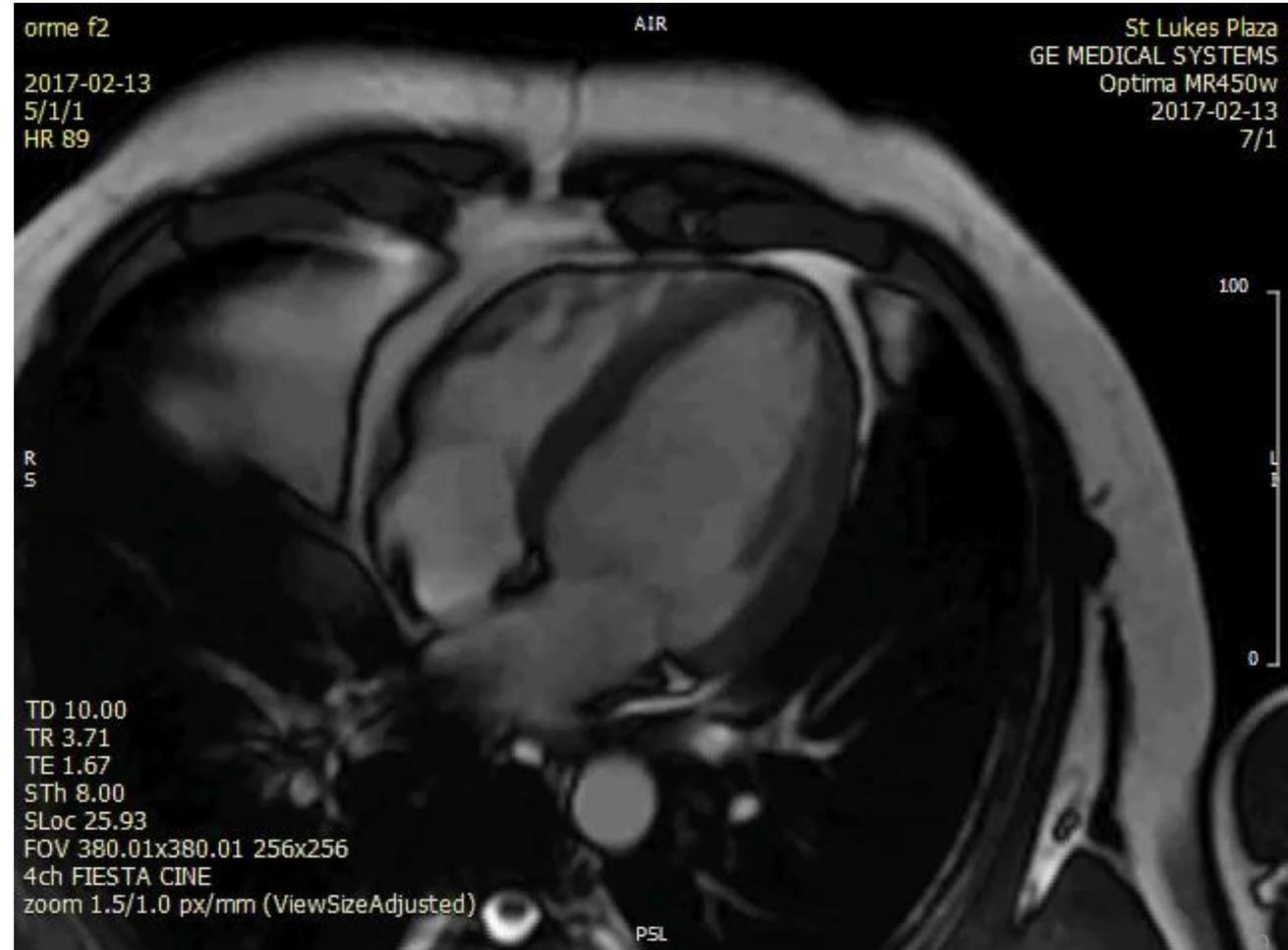
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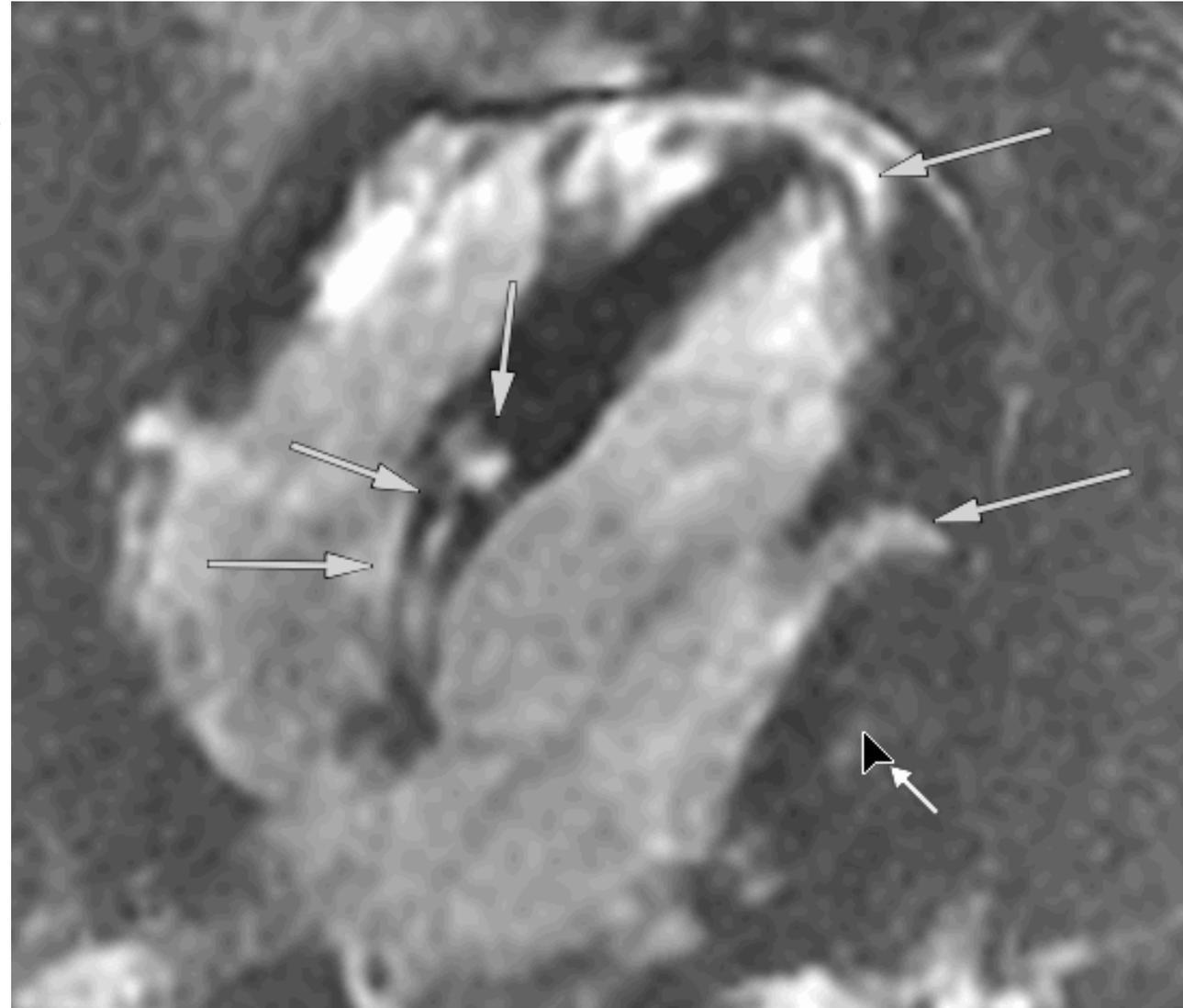
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- Cardiac MRI



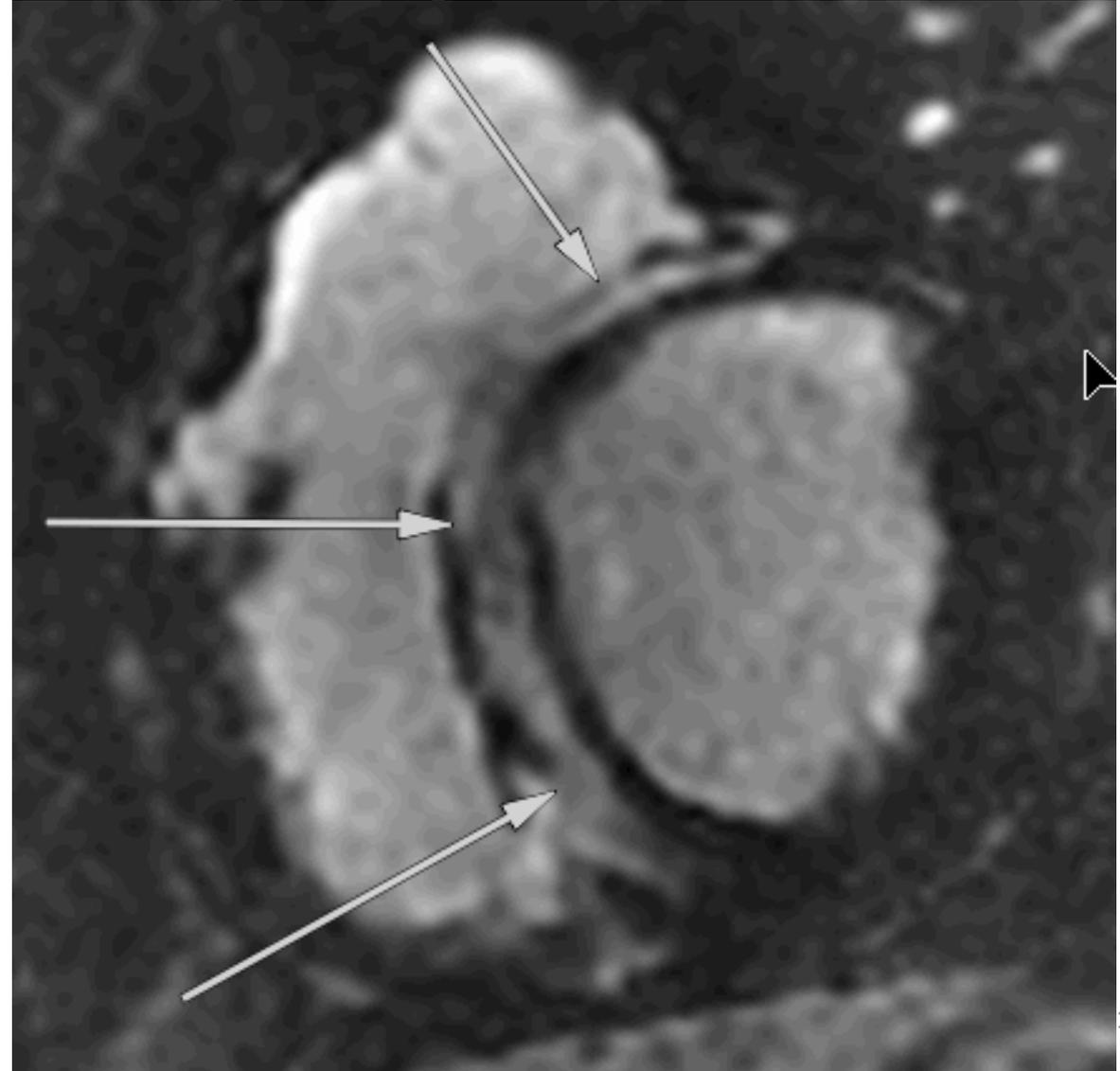
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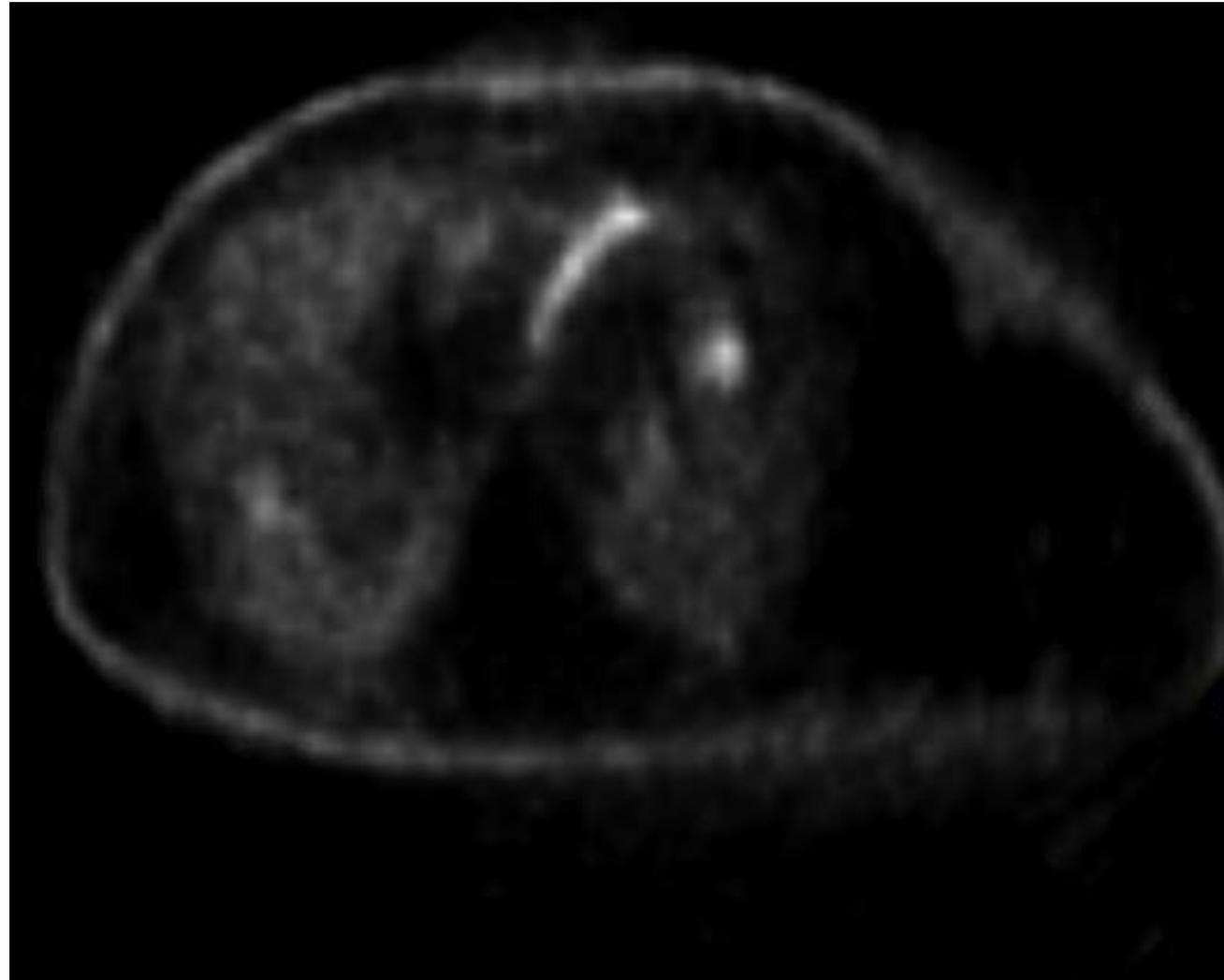
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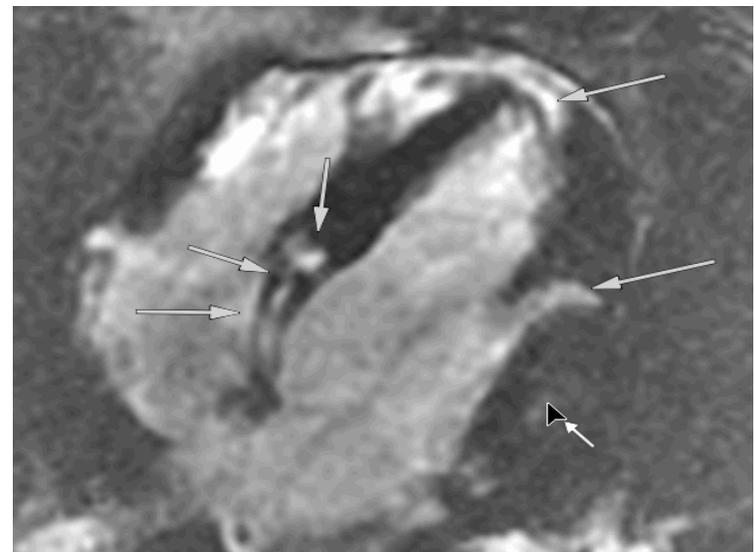
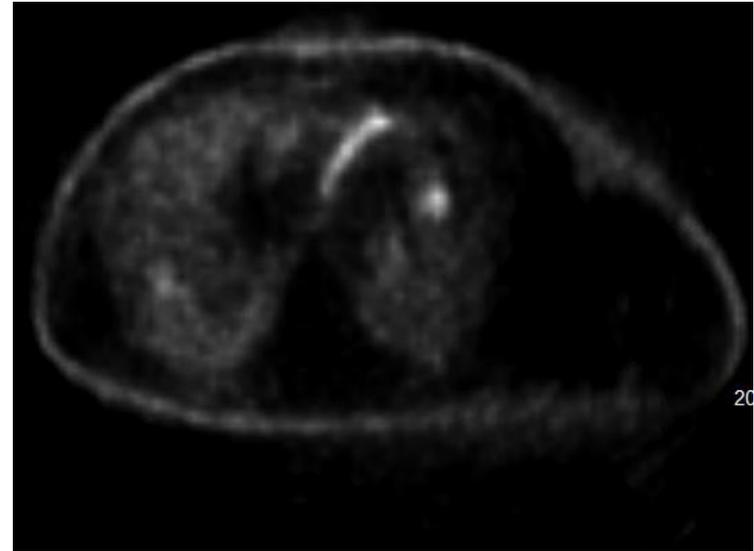
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 - Ejection fraction 23%
 - Regional wall motion abnormalities
- Cardiac MRI
- Cardiac FDG PET



51 year old man with near syncope

- Final diagnosis of cardiac sarcoid
- Received AICD
- Treated with steroids.
- Interval improvement in symptoms and EF.



Case #2



65 yo with aortic dissection and unexplained progressive neuropathy

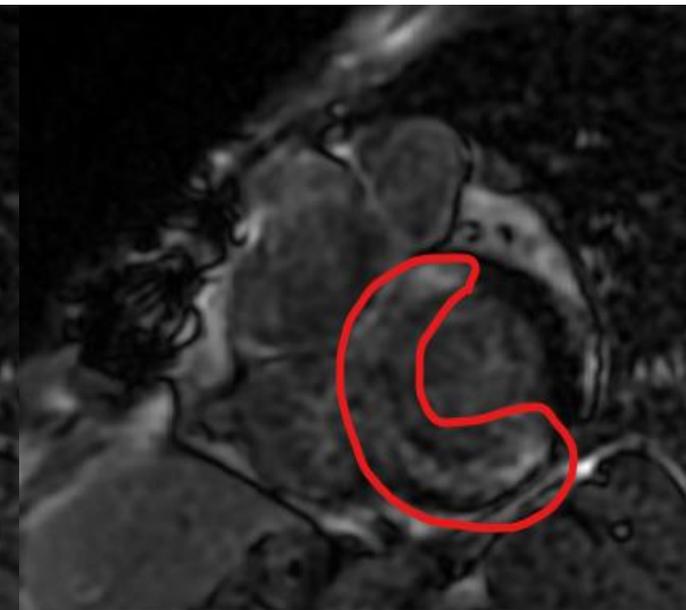
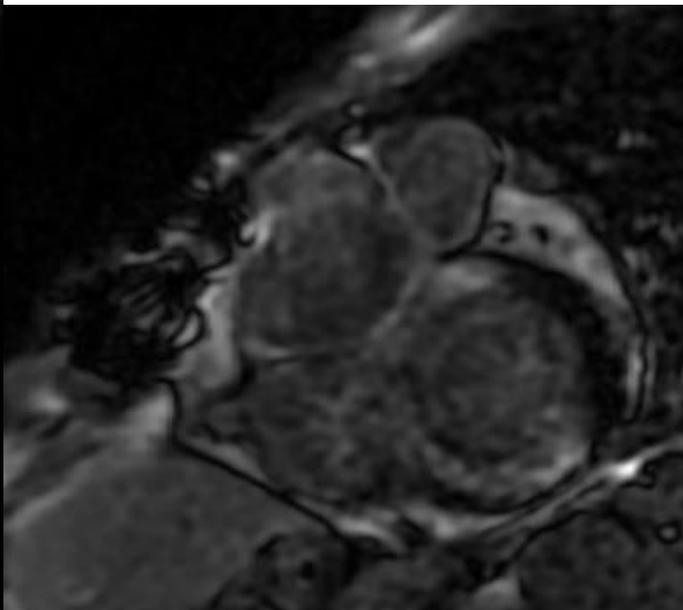
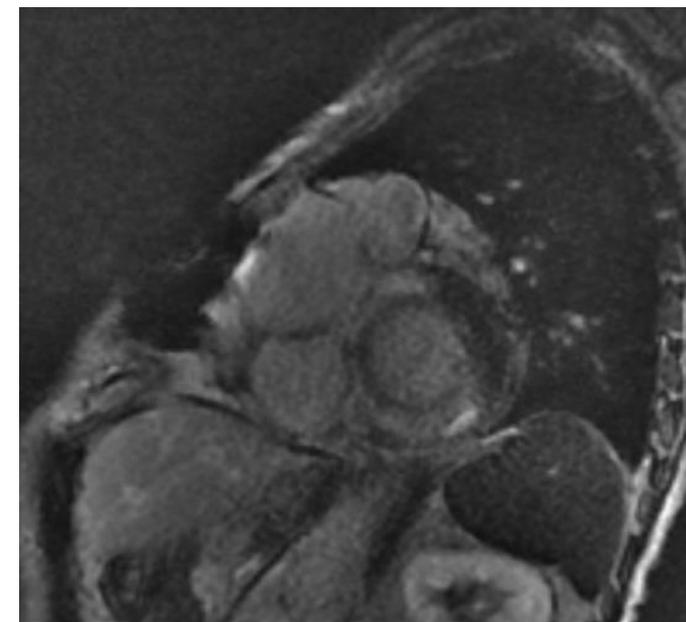
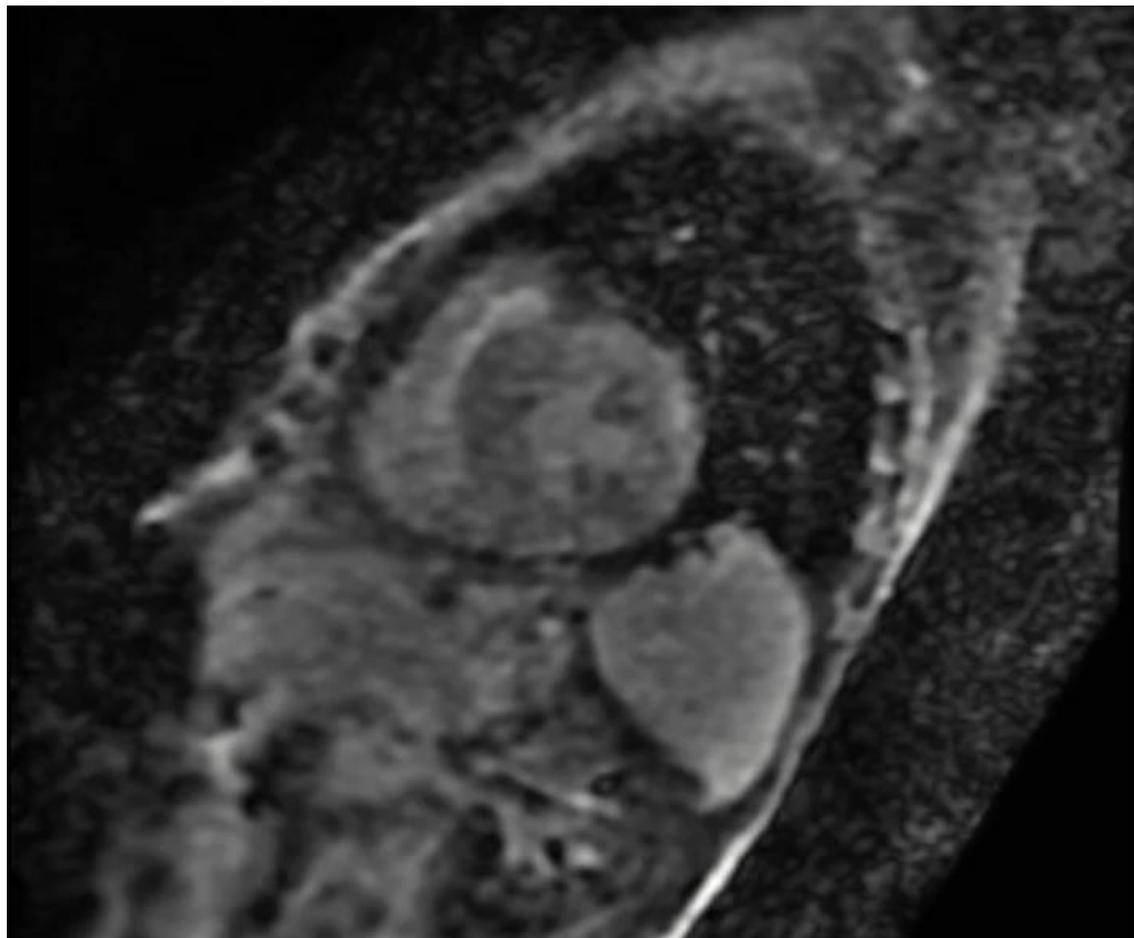
- Prior aortic dissection s/p surgical repair in the 1990's
- Recent stroke from a repeat dissection s/p redo surgery with aortic root replacement and bioprosthetic aortic valve
- Persistent atrial fibrillation
- Progressive neuropathy
 - Sensory issues in hands and feet
 - Weakness in arms and legs → wheelchair bound
 - Neurogenic bladder → suprapubic catheter
 - No prolonged response to IVIG treatments

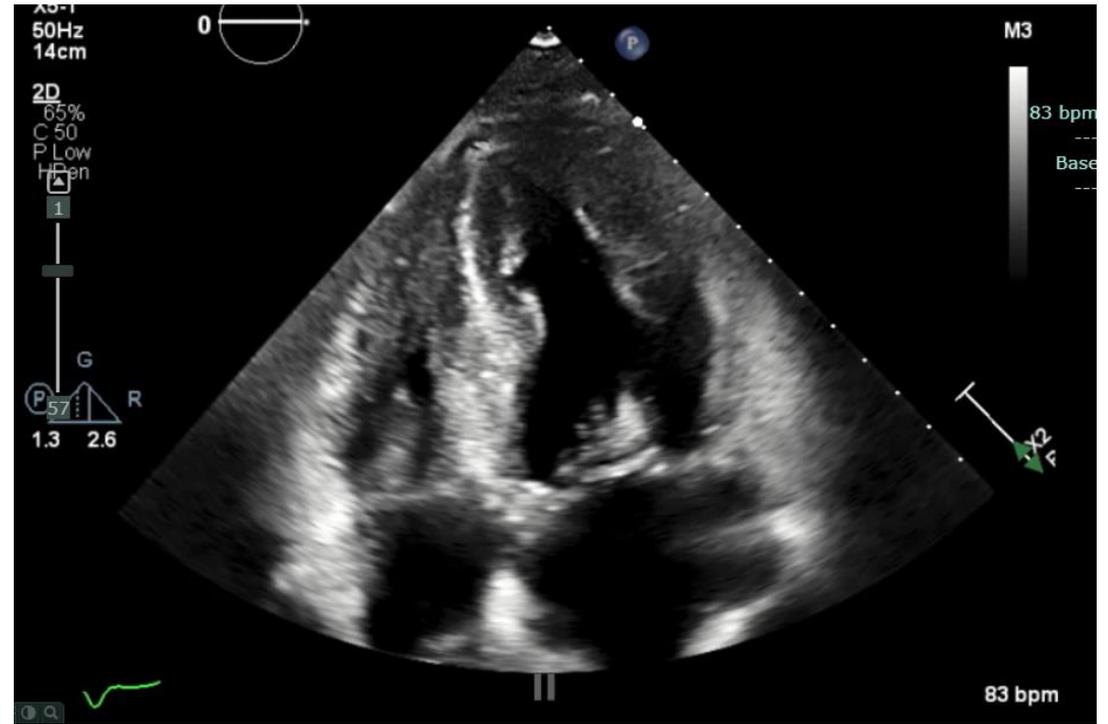
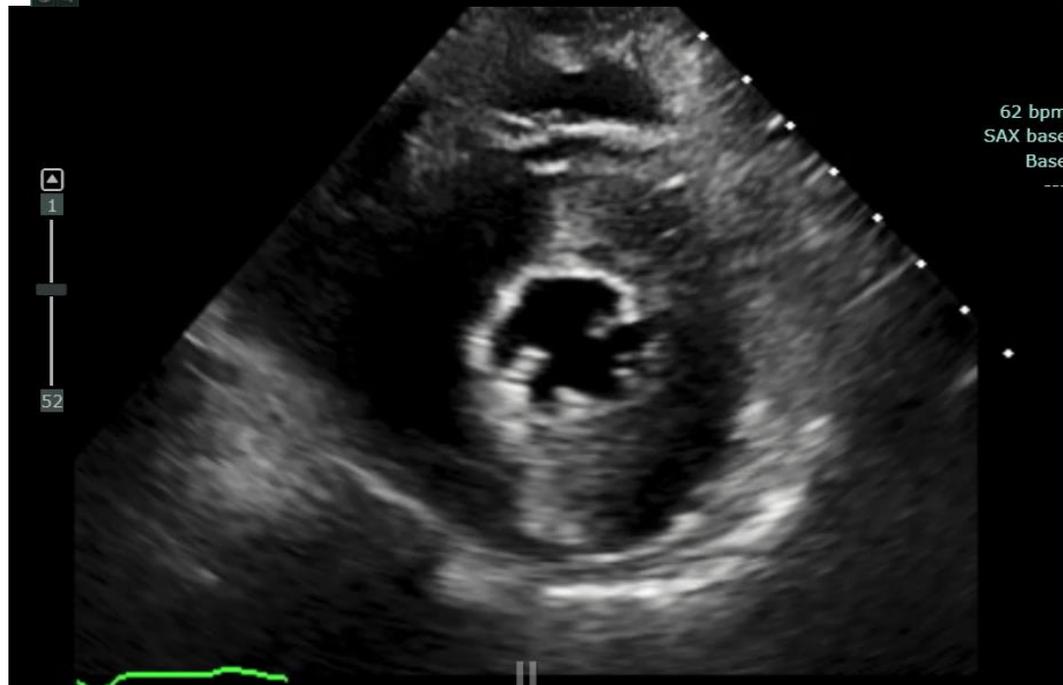


65 yo with aortic dissection and unexplained progressive neuropathy



65 yo with aortic dissection and unexplained progressive neuropathy

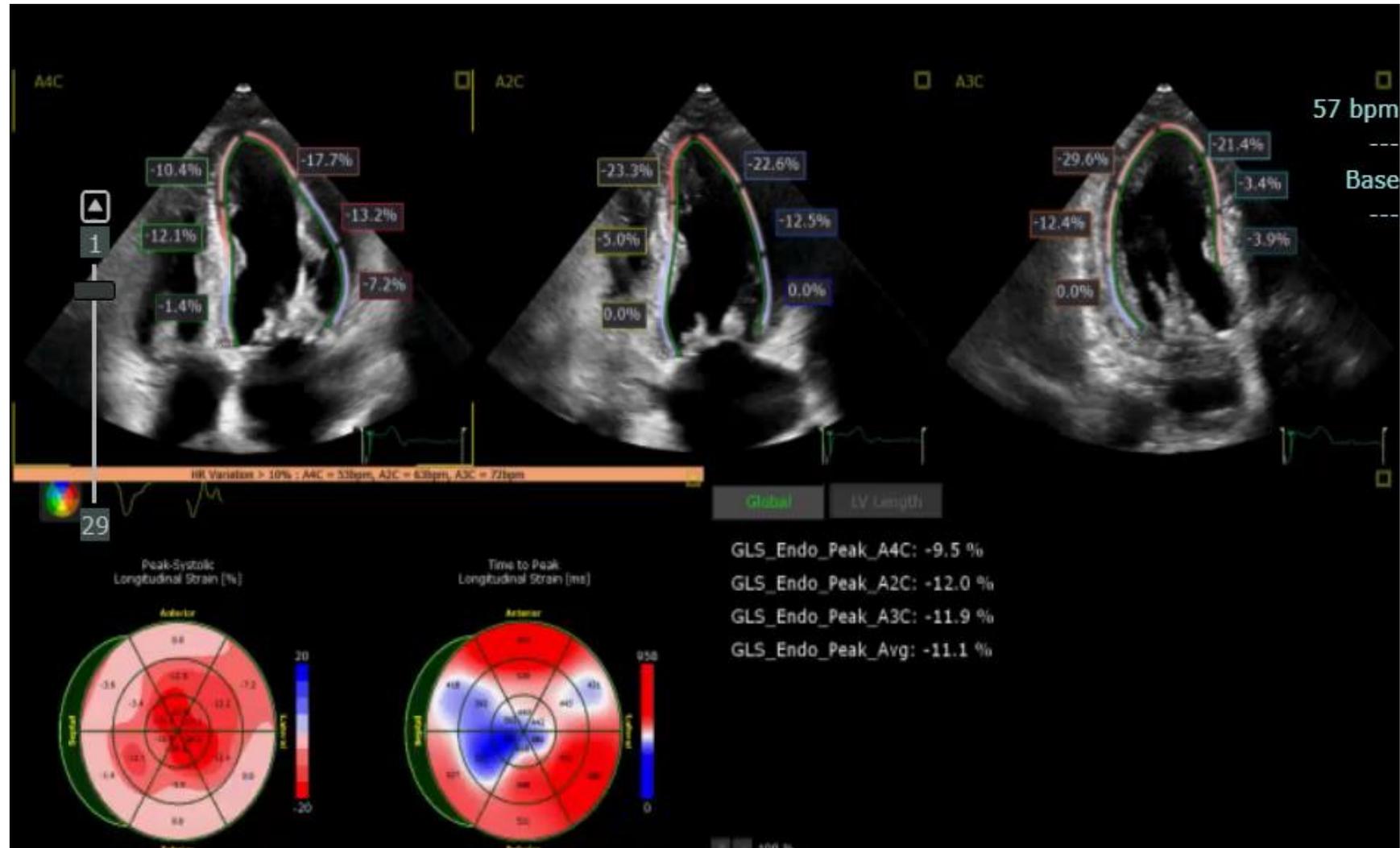




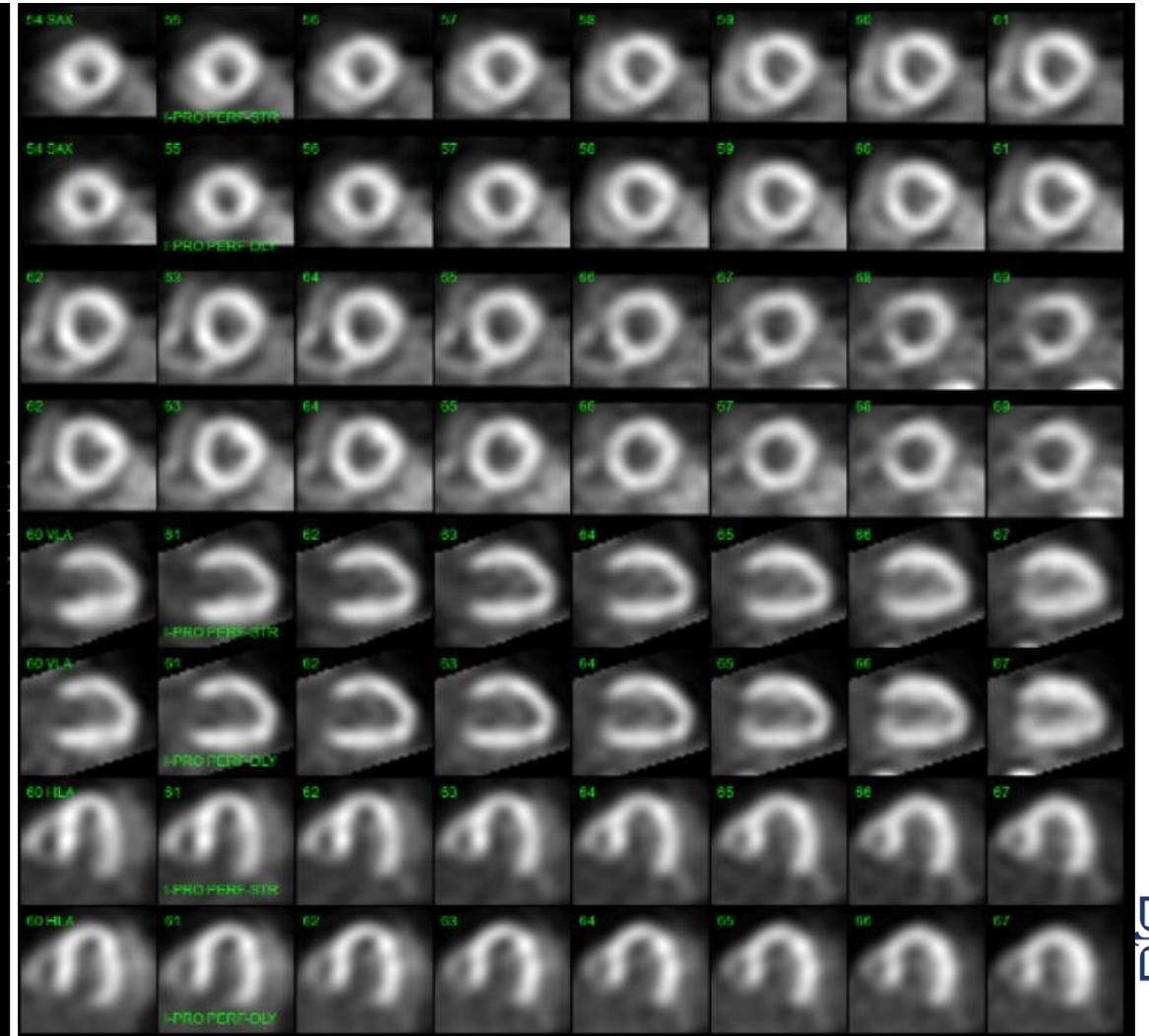
- Aortic valve and root stable
- Moderate concentric hypertrophy:
Maximal wall thickness 1.4 cm
- No history of HTN



65 yo with aortic dissection and unexplained progressive neuropathy



65 yo with aortic dissection and unexplained progressive neuropathy



65 yo with aortic dissection and unexplained progressive neuropathy

- Genetics completed:
 - V30M mutation → Hereditary ATTR cardiac amyloidosis
- Patisiran started
- Had improvement in quality of life
- No significant cardiac symptoms, held off on Tafamidis



Case #3

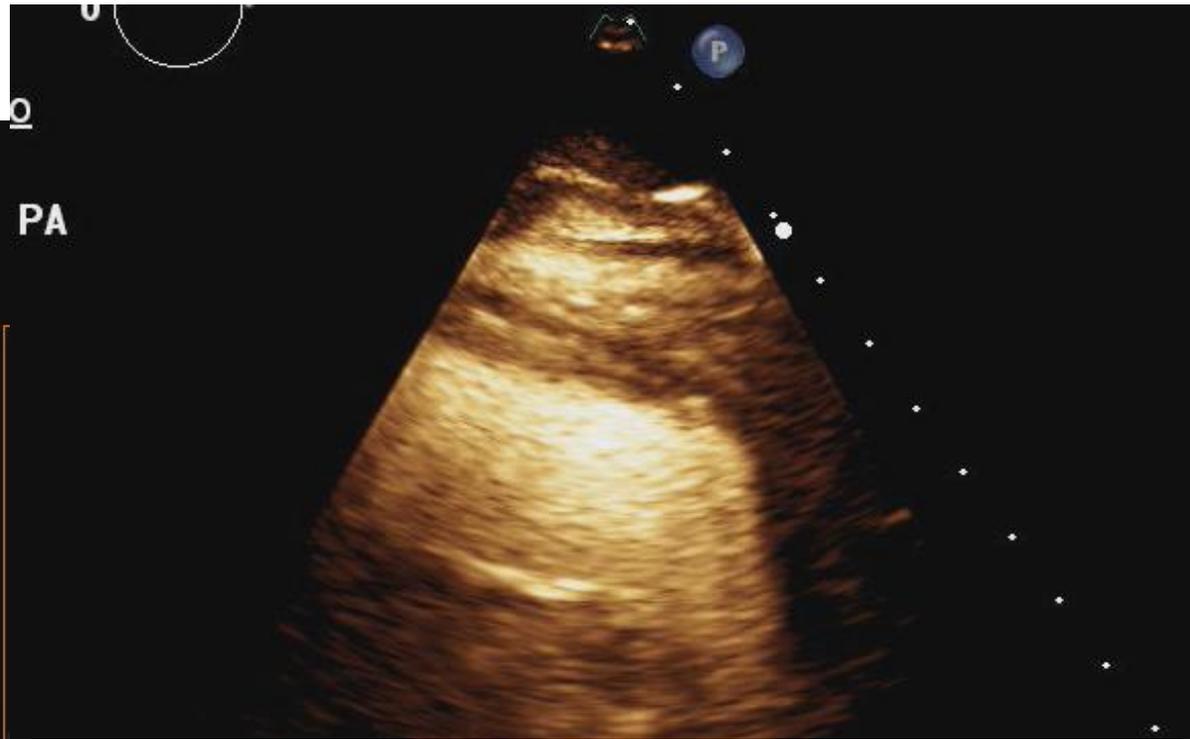
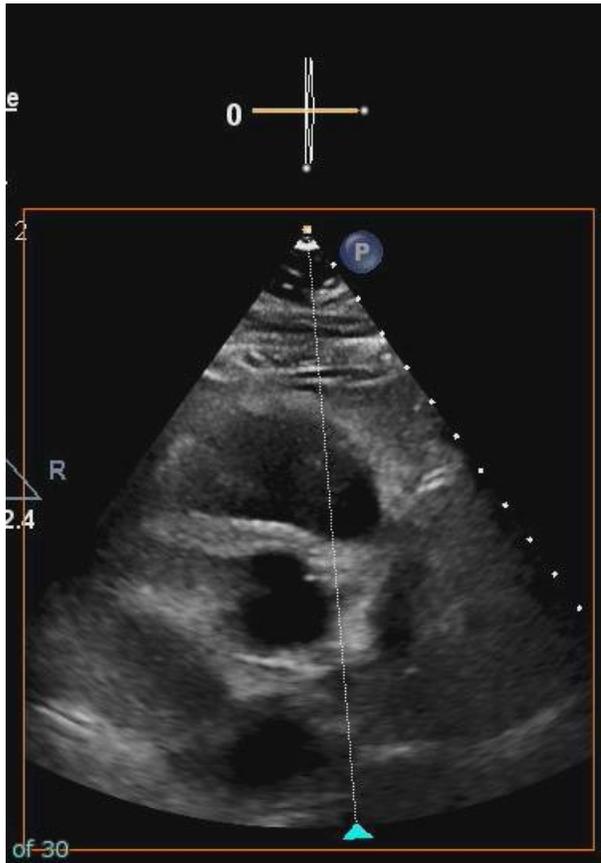


58 yo for routine cardiac evaluation

- Hx of HLD
- Sometimes gets foot swelling, attributes to venous insufficiency
- No chest pain, shortness of breath
- Prior torn rotator cuff



58 yo for routine cardiac evaluation

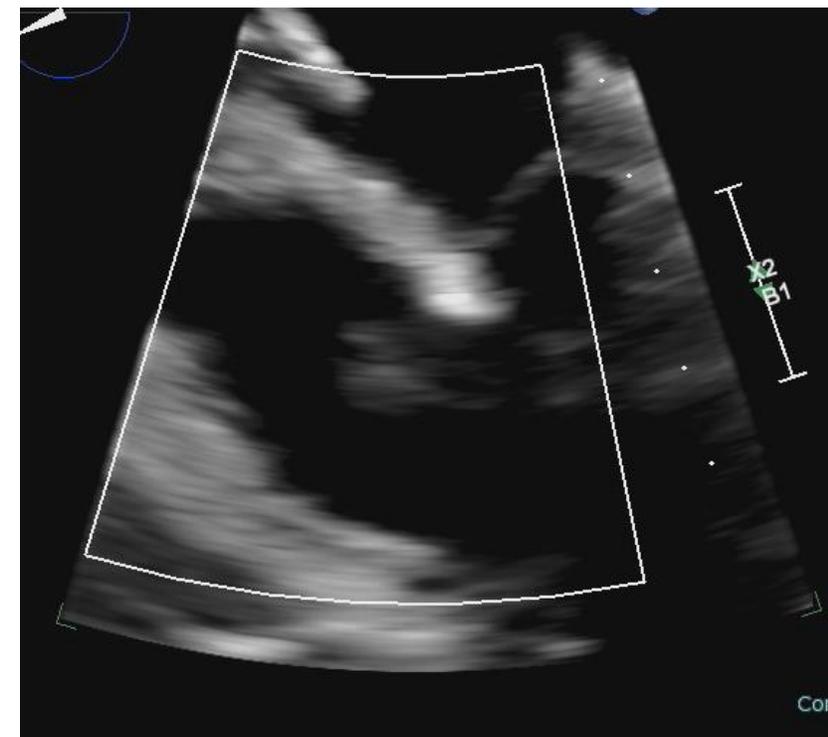
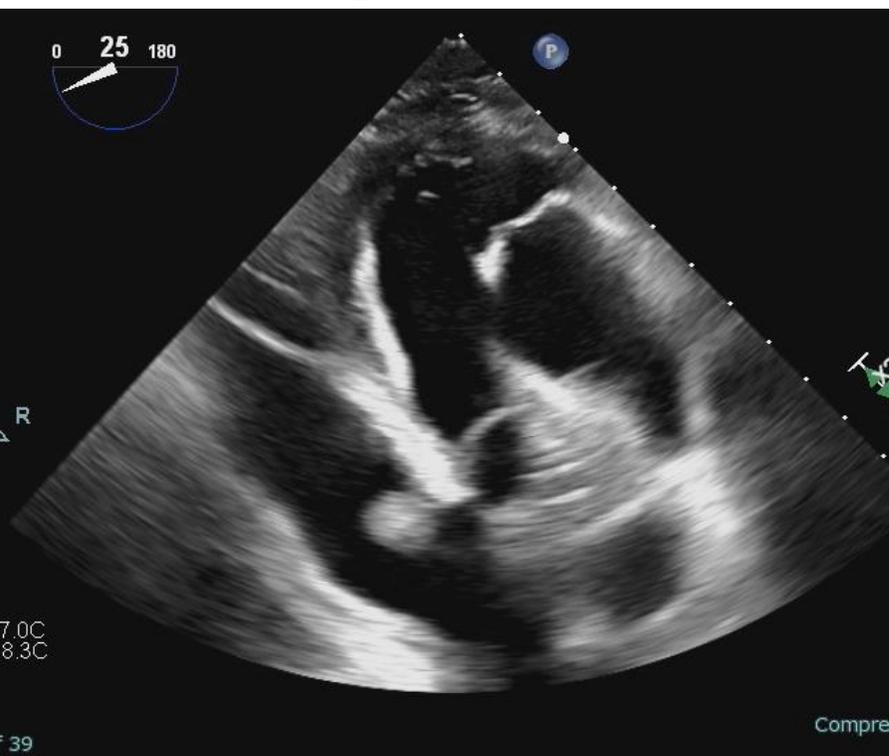


Impression:

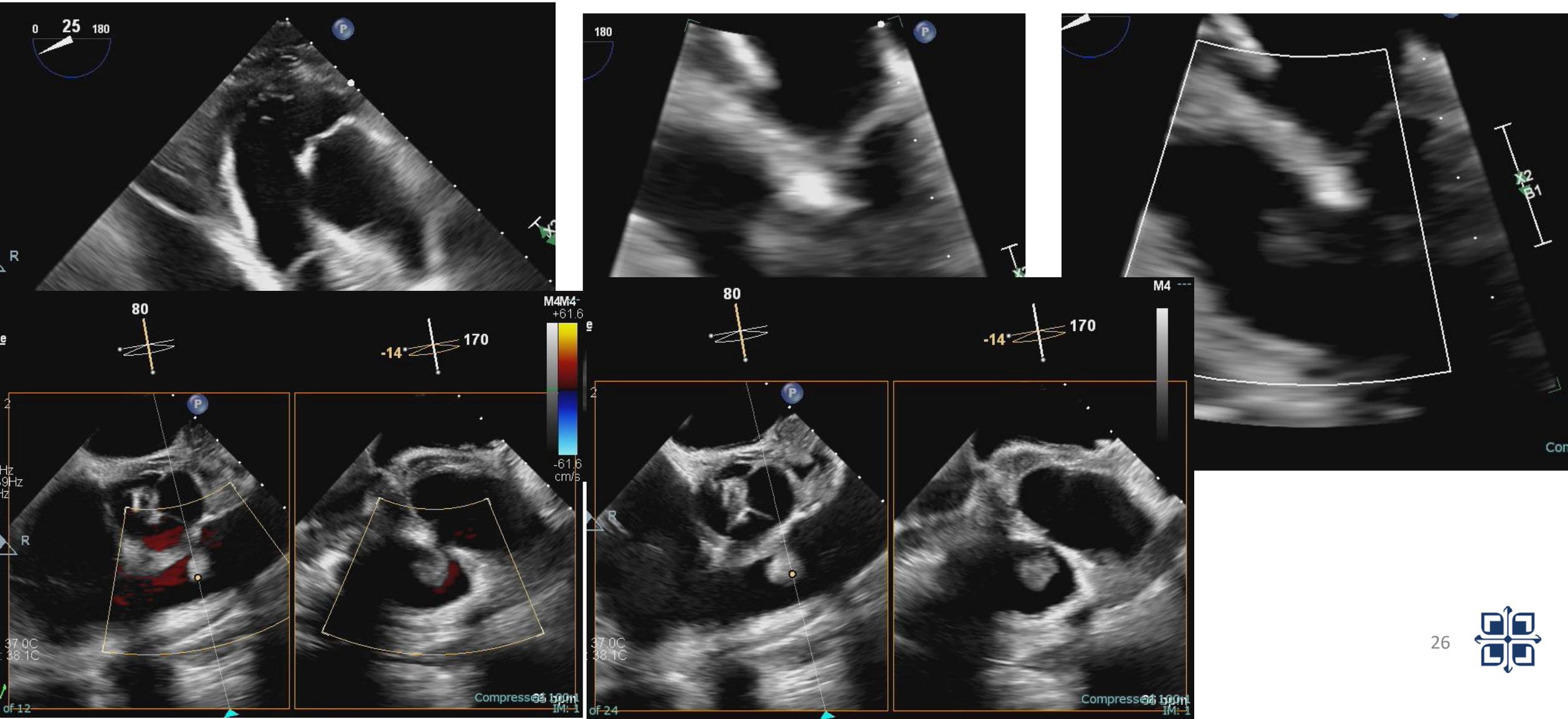
1. Normal left ventricular systolic function with an estimated ejection fraction of 65%
2. There is a mobile echodensity measuring 1 x 0.6 cm on the ventricular side of the pulmonic valve. No regurgitation.



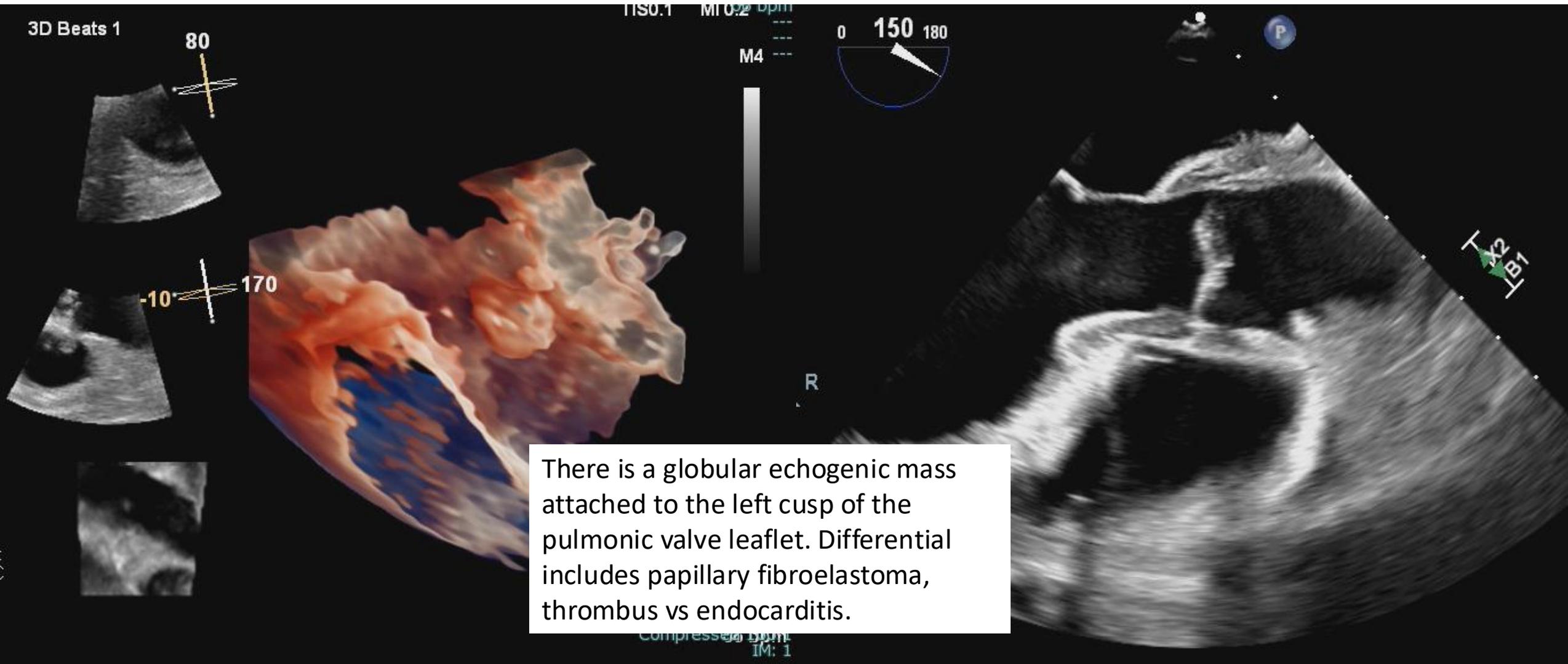
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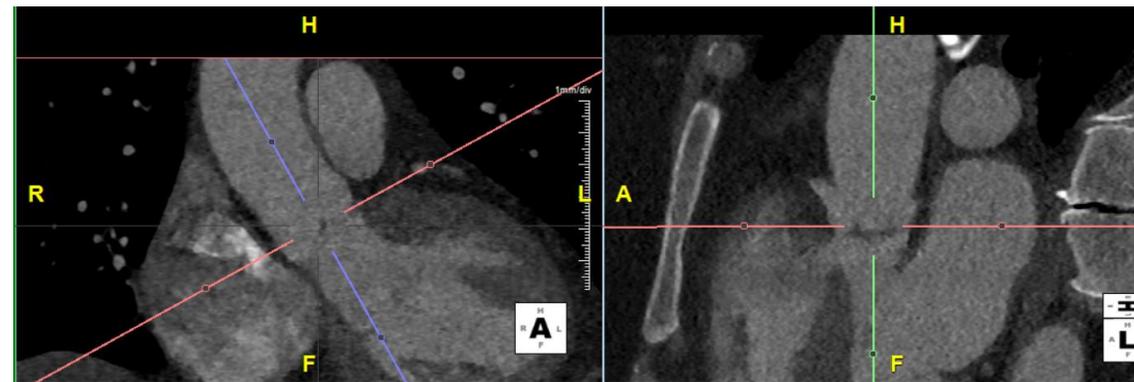
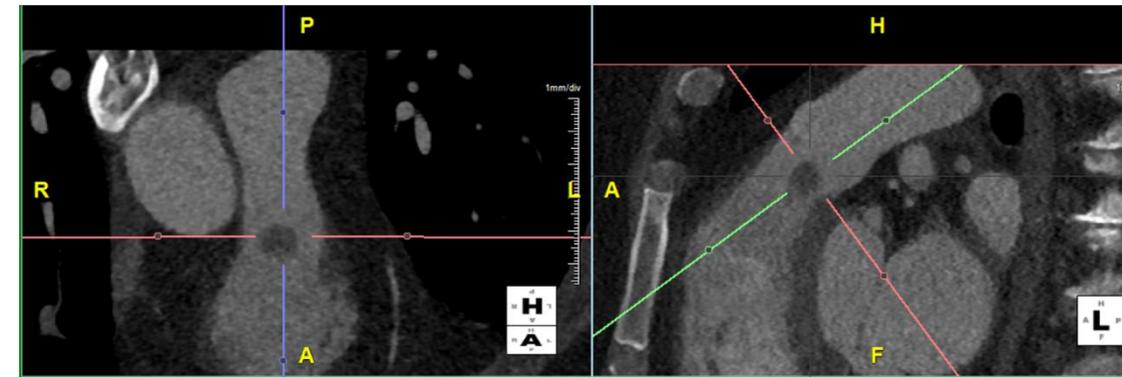
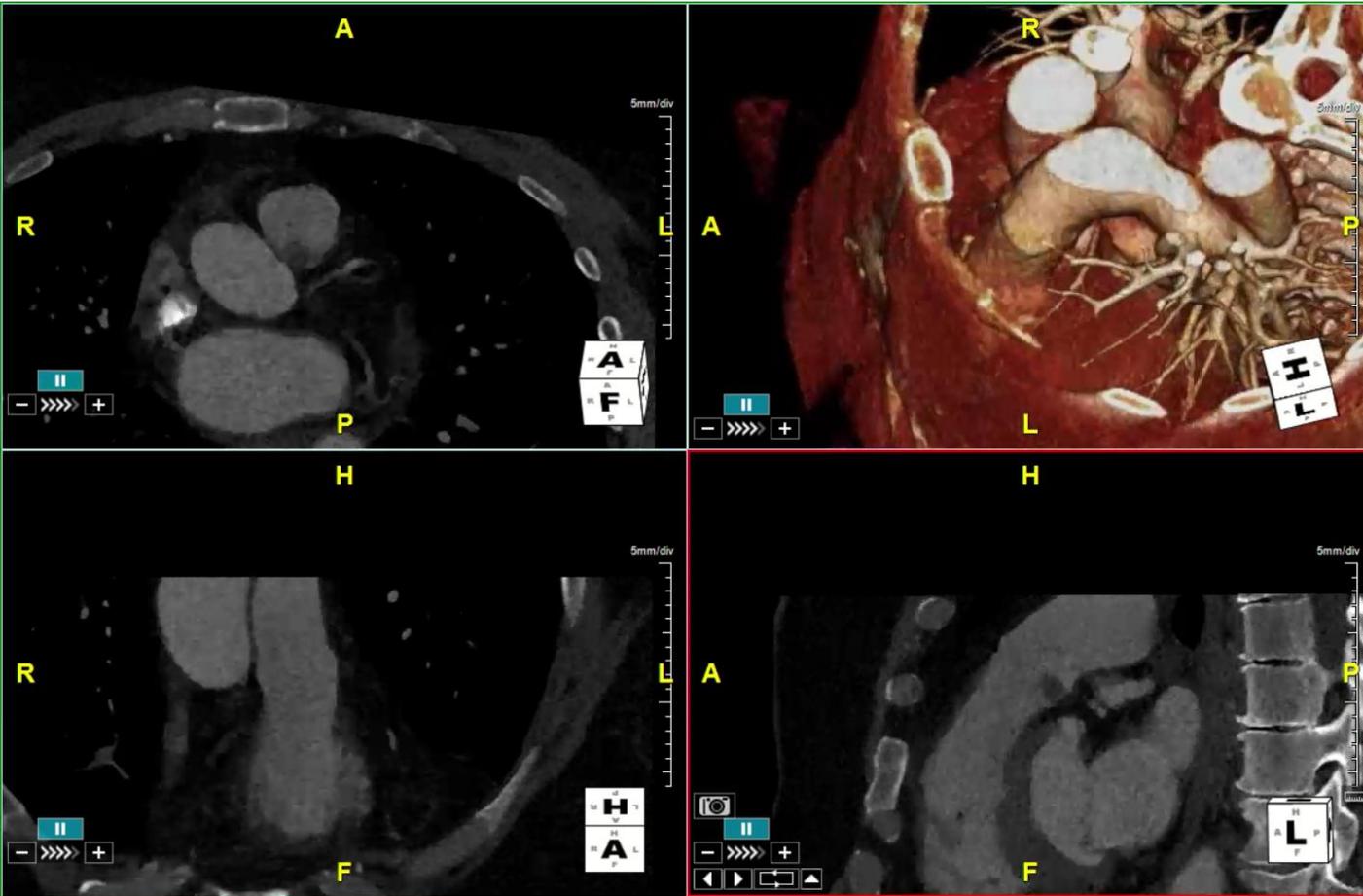


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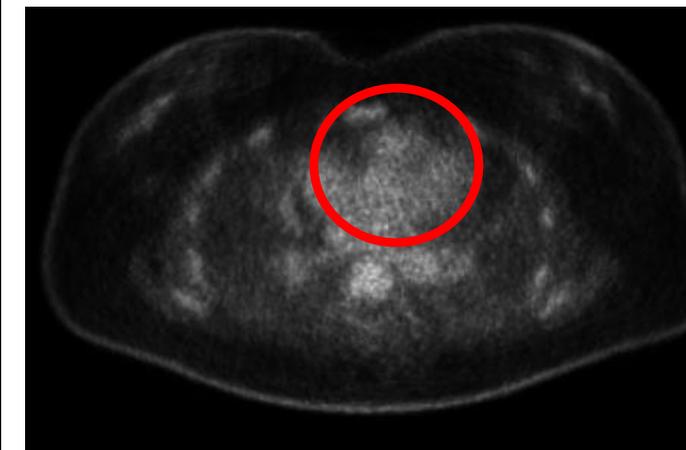
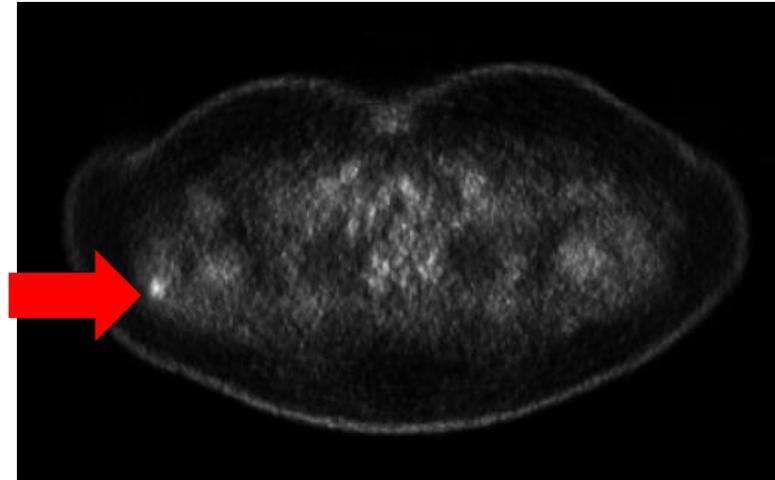
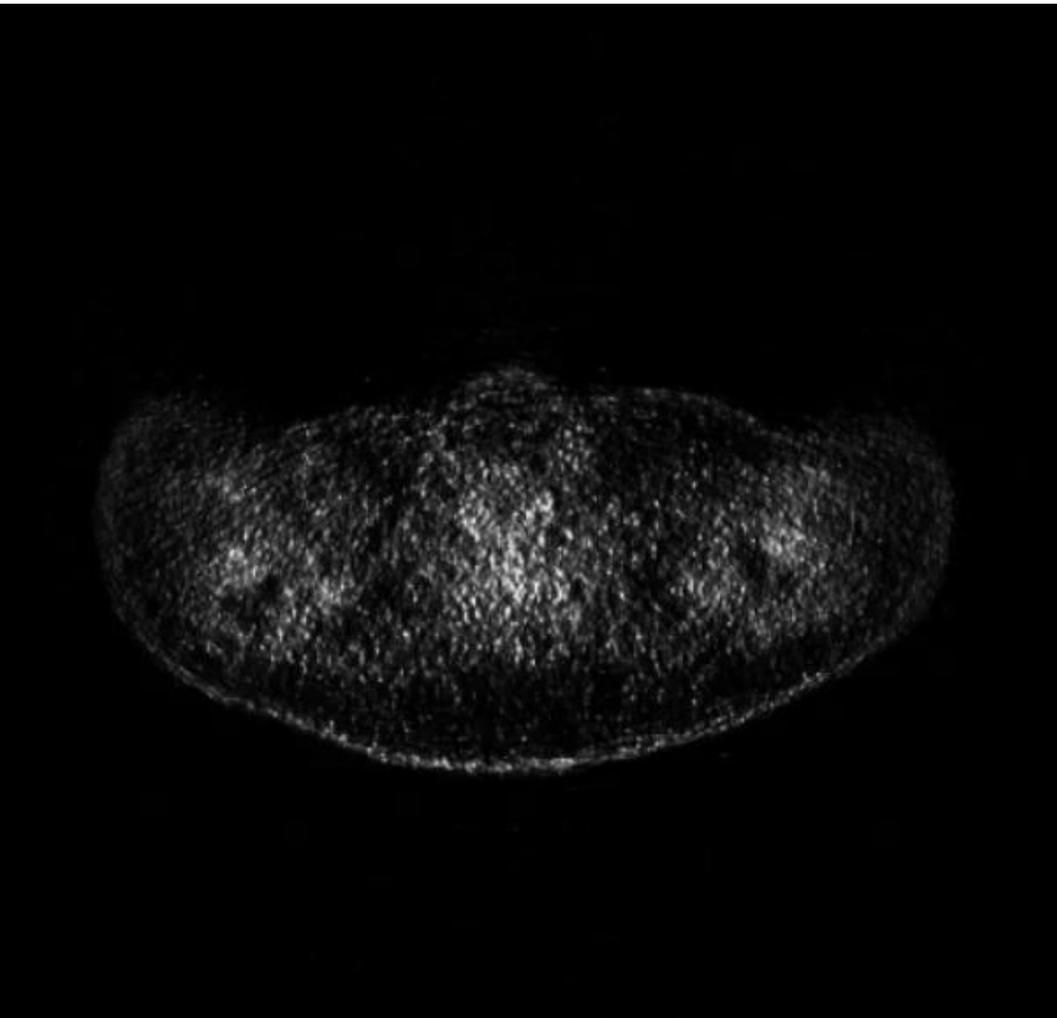


There is a globular echogenic mass attached to the left cusp of the pulmonic valve leaflet. Differential includes papillary fibroelastoma, thrombus vs endocarditis.

58 yo for routine cardiac evaluation



58 yo for routine cardiac evaluation



COMBINED TEST RESULTS:

No evidence of cardiac inflammation/infection.

There is no significant FDG uptake in the region of the RVOT/proximal main pulmonary artery.

There is mild bilateral FDG uptake in the breast which most likely reflects benign or physiologic findings; however, recommend maintaining mammogram screenings.

There is minimal FDG uptake in a right axillary lymph node which is below the SUV max of the liver & mediastinum, and thus favors a finding of unclear significance.

There is significant FDG uptake in the posterior aspect of the right humeral head, which is favored to be associated with the previously described partial tear of the right supraspinatus muscle.

58 yo for routine cardiac evaluation

- Infection has been excluded
 - Symptoms
 - Negative FDG
 - CT Reassuring
 - Cultures negative
- Benign papillary fibroelastoma?
 - Additional imaging testing? MRI?
- Management?

