

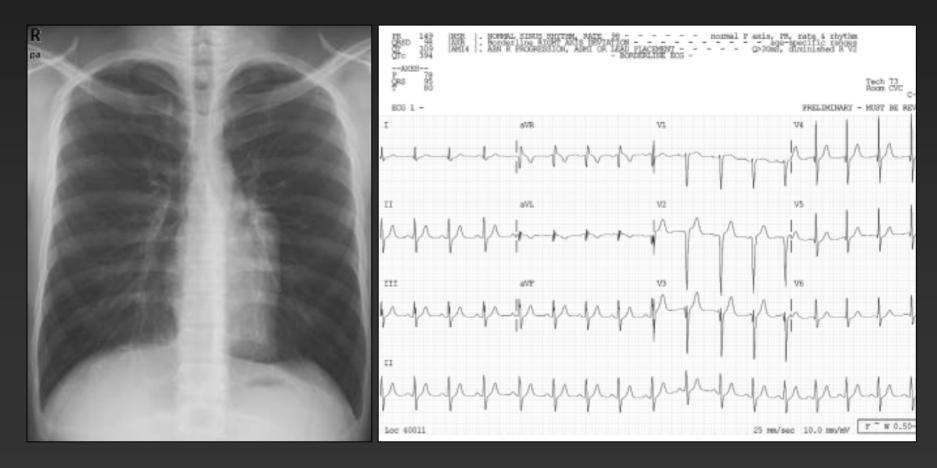
Usual Types of Juxtacardiac Sonolucencies

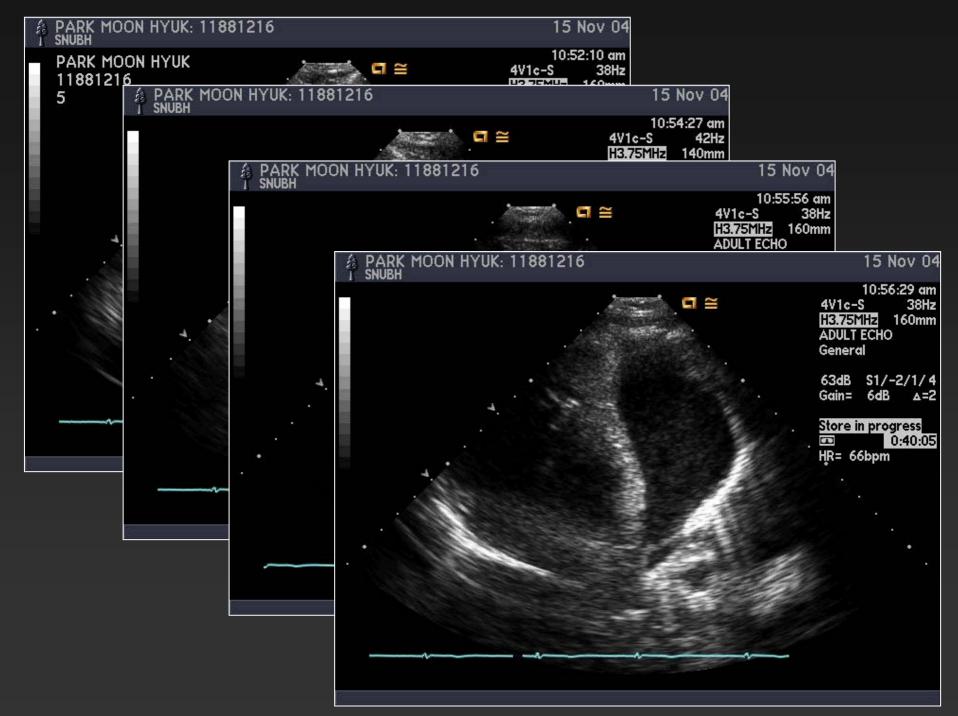


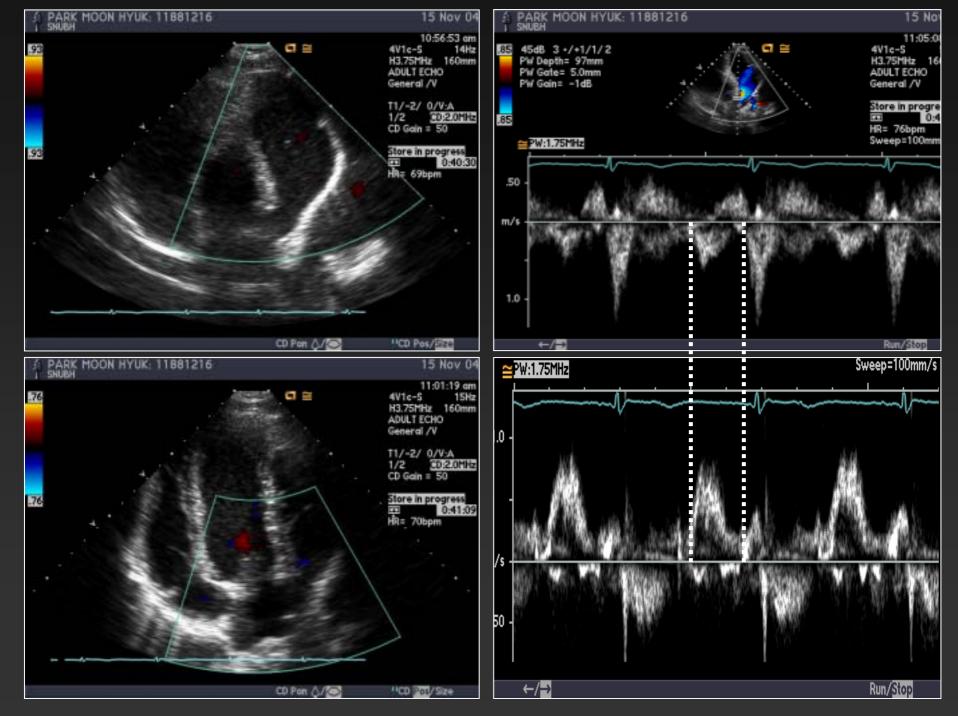


#1 M/23

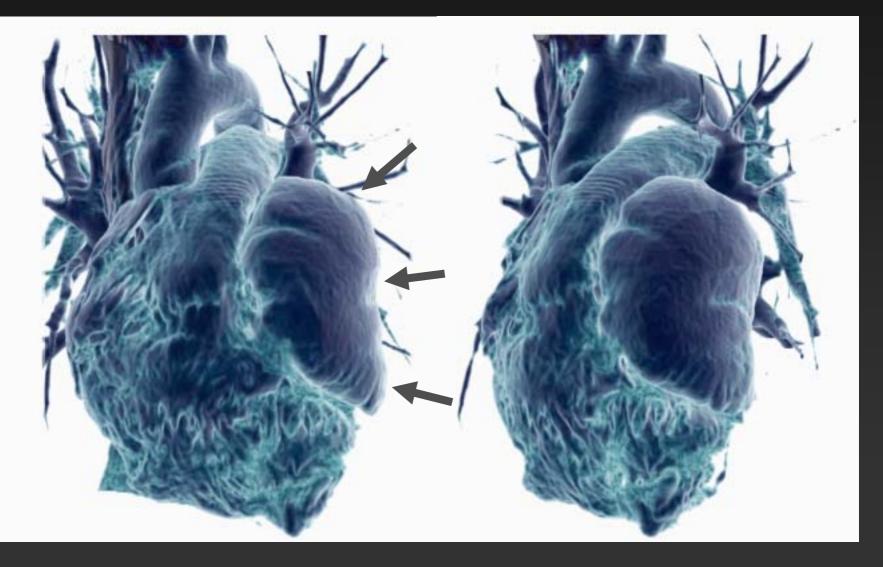
•Abnormal Chest PA obtained as part of the P/Ex for military-recruit







LA Appendage aneurysm



LA(A) aneurysm



49 cases
reported in
the LA and 7 in
the RA

(Ann Thorac Surg 2000;69:1569)

•LA(A) aneurysms may be congenital and intrapericardial or 2ndary to the partial absence of the pericardium.

•Most frequently manifest as recurring atrial arrhythmias or systemic embolization

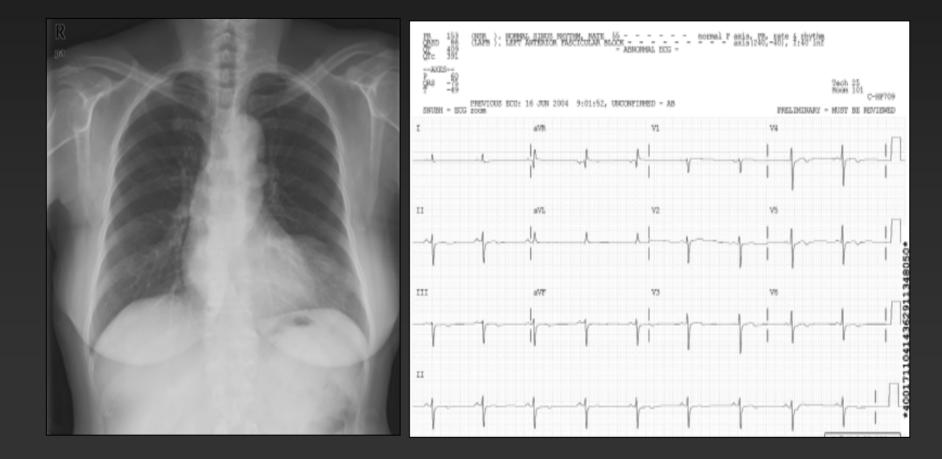
#2 F/63 •TTE for HT work-up

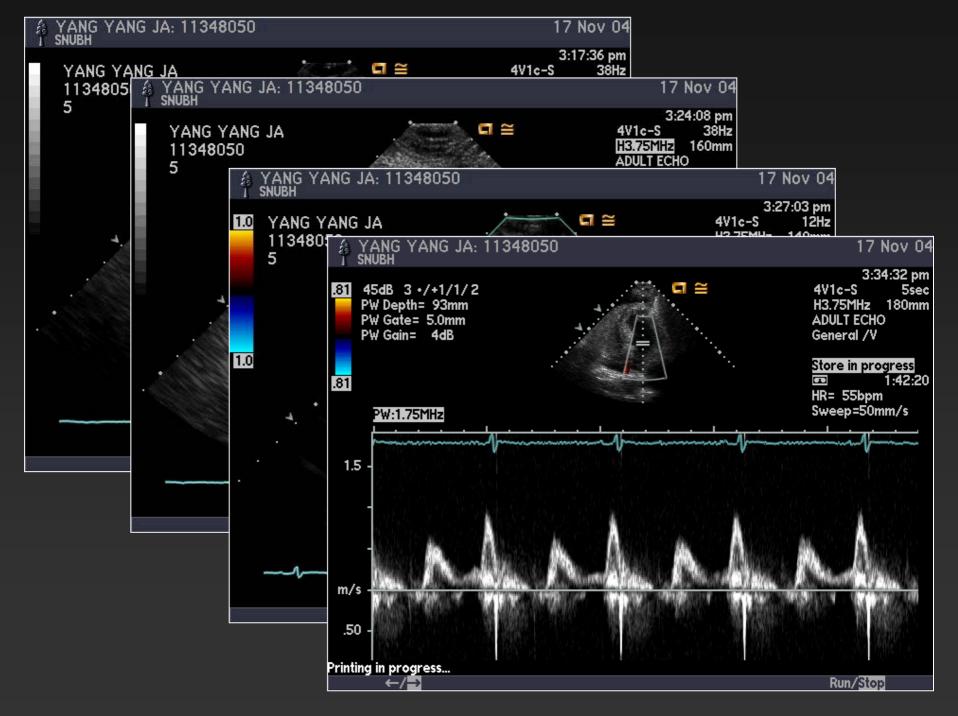


 Normal cardiac chambers size and normal global LV systolic function (Calculated EF = 53 %)
 Mild Concentric LVH 3.No RWMA
 Diastolic LV dysfunction (Relaxation abnormality)
 Normal morphology and function of cardiac valves
 Small amount of pericardial effusion

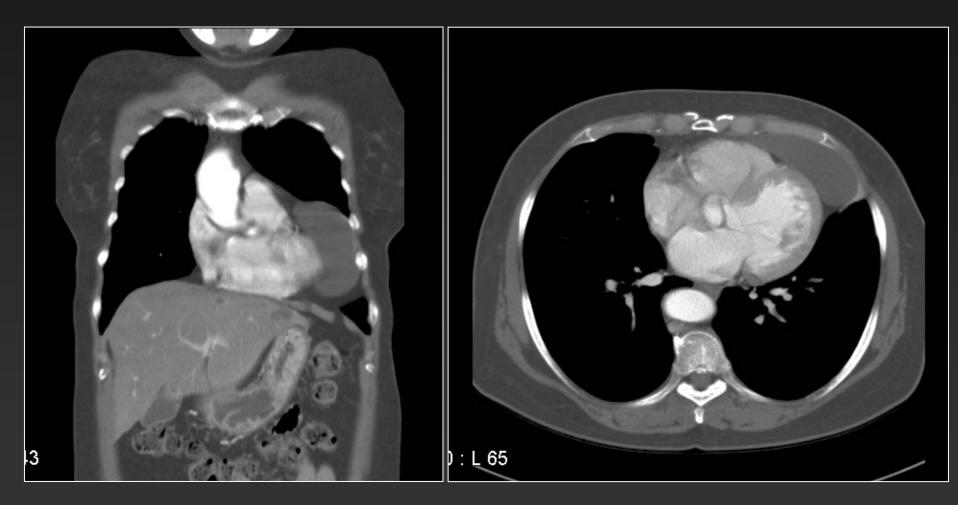


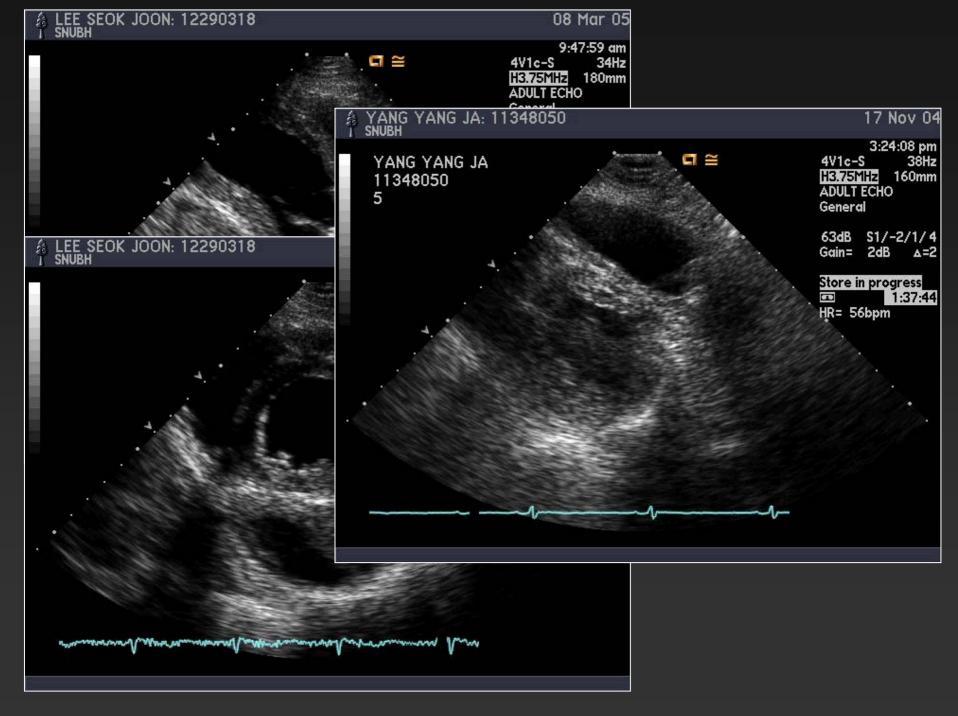
• Work-up for COM op





Pericardial cysts: CT

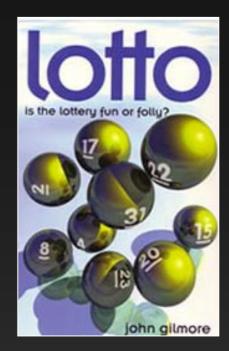




Pericardial cysts

•Cysts of pericardial origin are

Comprising 7% of all mediastinal tumors 90% are located at the right, 10% at the left CPA or elsewhere in the mediastinum



•1/3~1/2 are symptomatic (chest pains or dyspnea); the remaining cause no symptoms

•Reported instances include a few cysts that turned out to be "neoplastic" in origin.



Unusual Types of Juxtacardiac Sonolucencies

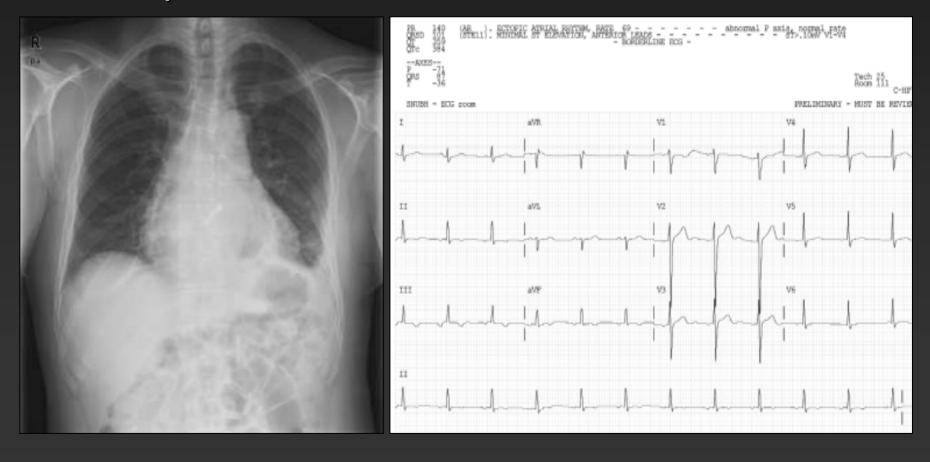
Herniation of Abdominal Contents

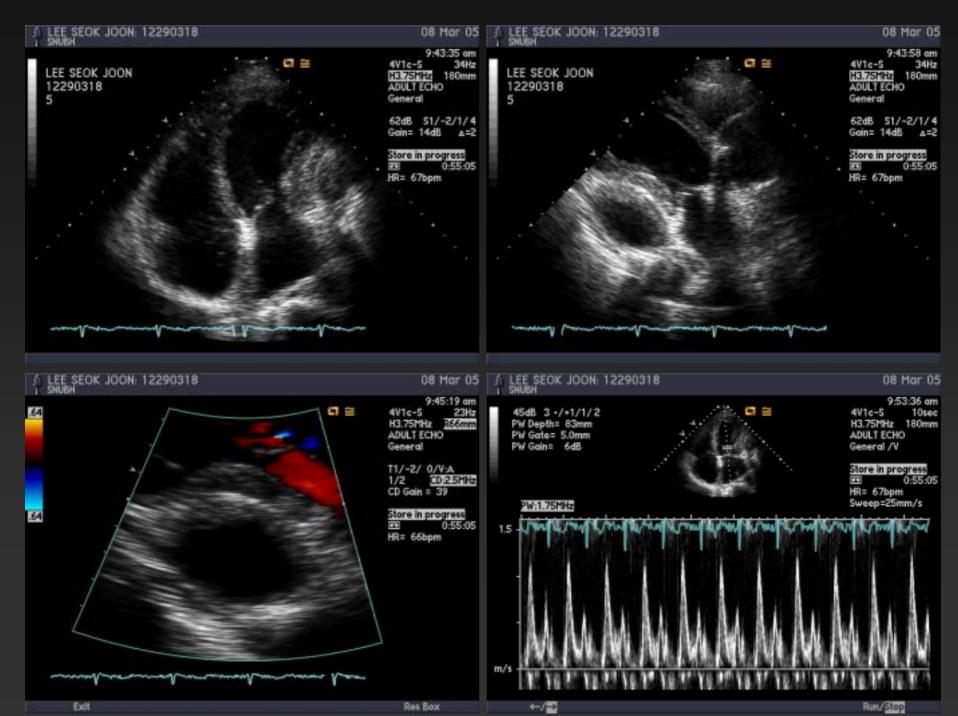
Diaphragmatic hernia, Pancreastic pseudocyst

- •Mediastinal cyst
- •Aortic (pseudo) aneurysm
- •Ventricular pseudoaneurysm etc...

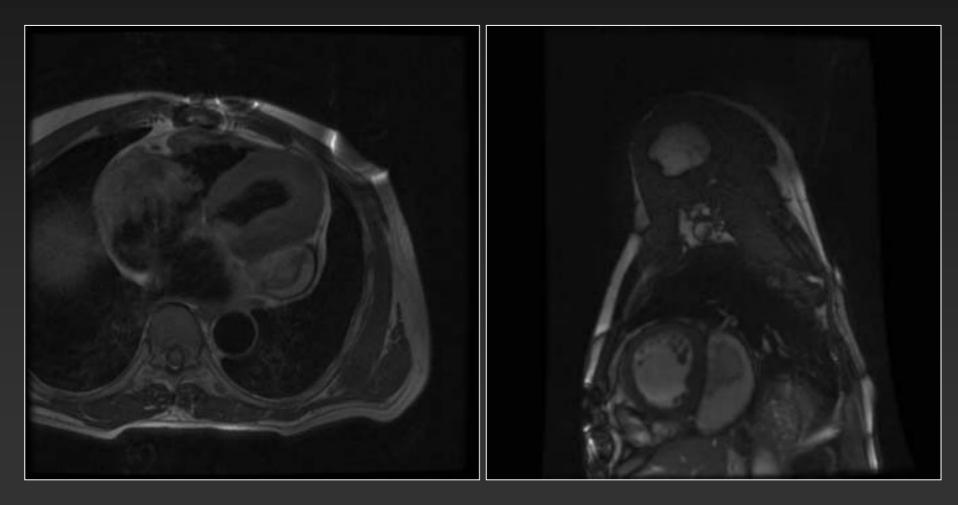


•Pericardial Cyst on routine TTE: s/p Bentall 10YA





Sequelae of Loculated Pericardial Effusions: MR



Sequelae of Loculated Pericardial Effusions: OP

