MRI Report

Clinical details

Age: {age} Gender: {gender} Reason: {reason}

Protocol: {protocol}

Quality: Adequate

Findings

Lungs and mediastinum: No significant extra-cardiac abnormalities. Normal cardiac arterial and venous connections. Normal aortic root size. Normal ascending aorta size. No pericardial effusion present.

Left ventricle: The left ventricle {lvedv} according to indexed volume, with {lvm} (max wall thickness 30 mm). There is {lvef}.

Right ventricle: The right ventricle {rvedv} according to indexed volume. There is {rvef}.

Atria: Left atrium is {lav} according to indexed volume ({lavi} ml/m²; {lad} mm diameter). Right atrium is {rav} according to indexed volume ({raArea} cm²; {ravi} ml/m²).

Valves:

Aortic valve is trileaflet with good leaflet excursion. There is no aortic stenosis; (peak flow velocity of 1.5 cm/s). There is no aortic regurgitation (phase flow AR severity 21 ml; regurgitant fraction 30 %).

Mitral valve leaflets are thin with good excursion. There is mild mitral regurgitation. [Mitral regurgitant volume is 45 ml; regurgitant fraction 33 %].

Tricuspid valve leaflets are thin with good excursion; there is no tricuspid regurgitation.

Resting first pass perfusion imaging: no evidence of hypoperfusion.

Early gadolinium imaging: no intra-cardiac masses noted.

Late gadolinium imaging: No myocardial fibrosis.

T1 mapping:

Native base: myocardial T1 {preMyo}ms, blood pool {preBlood}ms.

Post-contrast base: myocardial T1 {postMyo}ms, blood pool {postBlood}ms.

Native mid: myocardial T1 {preMyo}ms, blood pool {preBlood}ms.

Post-contrast mid: myocardial T1 {postMyo}ms, blood pool {postBlood}ms.

ECV is {ecv}%, based on haematocrit of {hctMyo}.

T2: no evidence of myocardial oedema.

Quantitative data summary: Height {height} cm, weight {weight} kg, BSA {bsa} m²

LVEDV: {lvedv} ml [{lvedv\_min} – {lvedv\_max} ml]

LVEDVi: {lvedvi} ml/m² [{lvedvi\_min} – {lvedvi\_max} ml/m²]

LVESV: {lvesv} ml [{lvesv\_min} – {lvesv\_max} ml]

LVESVi: {lvesvi} ml/m² [{lvesvi\_min} – {lvesvi\_max} ml/m²]

LVSV: {lvsv} ml [{lvsv\_min} – {lvsv\_max} ml]

LVEF: {lvef} % [{lvef\_min} – {lvef\_max} %]

LVM: {lvm} g [{lvm\_min} – {lvm\_max} g]

LVMi: {lvmi} g/m² [{lvmi\_min} – {lvmi\_max} g/m²]

RVEDV: {rvedv} ml [{rvedv\_min} – {rvedv\_max} ml]

RVEDVi: {rvedvi} ml/m² [{rvedvi\_min} – {rvedvi\_max} ml/m²]

RVSV: {rvsv} ml [{rvsv\_min} – {rvsv\_max} ml]

RVESV: {rvesv} ml [{rvesv\_min} – {rvesv\_max} ml]

RVESVi: {rvesvi} ml/m² [{rvesvi\_min} – {rvesvi\_max} ml/m²]

RVEF: {rvef} % [{rvef\_min} – {rvef\_max} %]

Viability assessment mapped to the 16-segment left ventricular segmentation model

Wall motion score:

0 = normal, 1 = mildly hypokinetic, 2 = severe hypokinetic, 3 = akinetic, 4 = dyskinetic, 5 = aneurysmal.

Scoring for the transmural extent of LGE:

0 = 0%, 1 = 1-25%, 2 = 26-50%, 3 = 51-75%, 4 = 76-100%.

Basal Wall Motion Scar

Anterior {wallMotion1} {scar1}

Anterolateral {wallMotion2} {scar2}

Inferolateral {wallMotion3} {scar3}

Inferior {wallMotion4} {scar4}

Inferoseptal {wallMotion5} {scar5}

Anteroseptal {wallMotion6} {scar6}

Mid Wall Motion Scar

Anterior {wallMotion7} {scar7}

Anterolateral {wallMotion8} {scar8}

Inferolateral {wallMotion9} {scar9}

Inferior {wallMotion10} {scar10}

Inferoseptal {wallMotion11} {scar11}

Anteroseptal {wallMotion12} {scar12}

Apex Wall Motion Scar

Anterior {wallMotion13} {scar13}

Lateral {wallMotion14} {scar14}

Inferior {wallMotion15} {scar15}

Septal {wallMotion16} {scar16}

Conclusions: {conclusion}

Comment: {comment}

Reported by Dr {doctorTitle} {doctorFirstName} {doctorLastName}