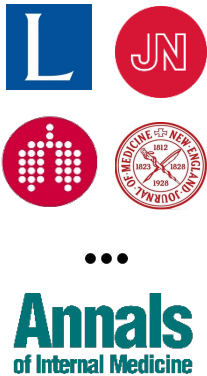


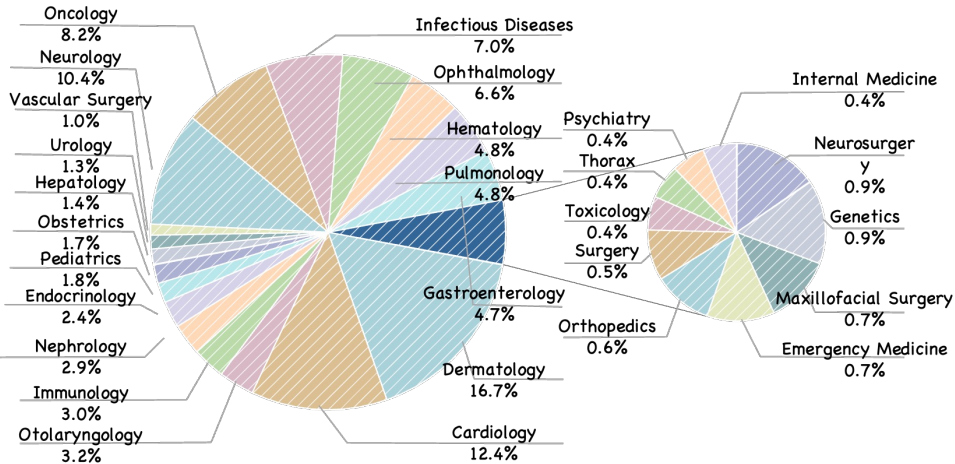
## a. Dataset Construction



## b. Data Sources



## c. Specialty Distribution



## d. CaseProArena Example

- Case Information:** A man in his mid-60s presented with episodes of palpitations, dyspnea, and dizziness during the last half year before referral. The patient was otherwise healthy. Medical history included treatment with low-dose statin for high cholesterol. A Holter monitor revealed episodes of atrial fibrillation presumed to be the cause of patient symptoms.
- Physical Examination:** Left ventricular ejection fraction was within normal range. The aortic valve was tricuspid with a mild central regurgitation. The sinus of Valsalva was slightly dilated with a diameter of 41 mm. No sign of left ventricular outflow tract obstruction was present.
- Diagnostic Tests:** Transthoracic echocardiography (TTE): Revealed a highly mobile element in the left ventricular outflow tract (LVOT). No definite anatomical relationship between the mobile element and either the mitral or aortic valve was identified. Transesophageal echocardiography (TEE): Confirmed highly mobile element in the LVOT with an estimated length of 25 mm. The element moved toward the aortic valve during systole, while in early diastole it was dragged further back into the LVOT, forming a thin circular structure. Image Title: ...
- Final Diagnosis:** Accessory mitral valve tissue (AMVT)