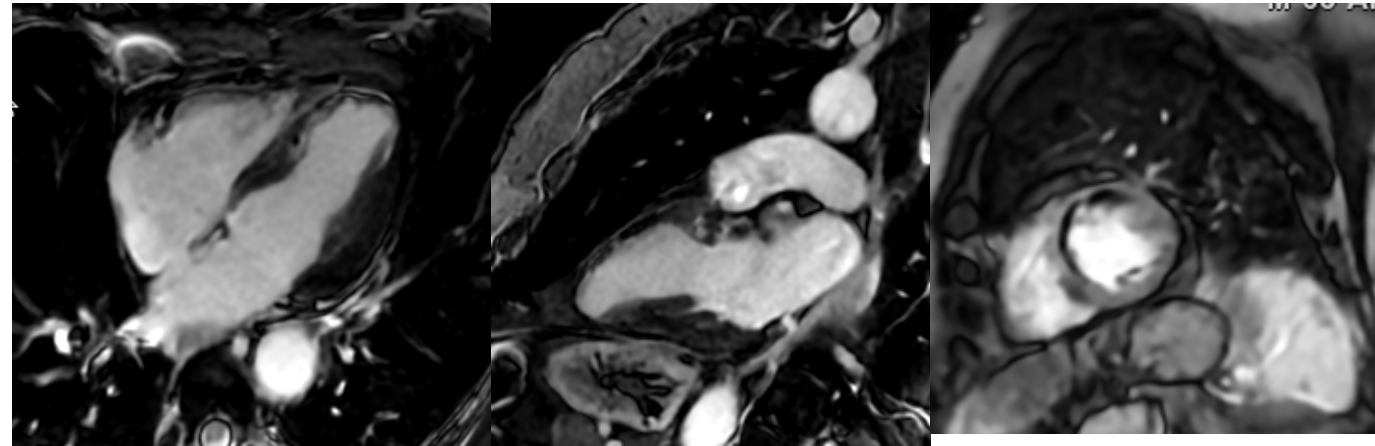




## Cardiac with MoCo Perfusion ARDL

SIGNA™ Artist



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Development Specialist

# Cardiac with MoCo Perfusion ARDL

## Background

Cardiac perfusion is inherently a long acquisition which requires the patient to hold their breath for up to one minute. Since multiple slices and numerous phases are acquired during the breath hold, there may be mis registration due to the patient having to breath  $1/3^{\text{rd}}$  to  $1/2$  the time into the scan. With motion correction perfusion, this permits the patient to free breath during the entire scan and corrects for motion.



# Cardiac with MoCo Perfusion ARDL

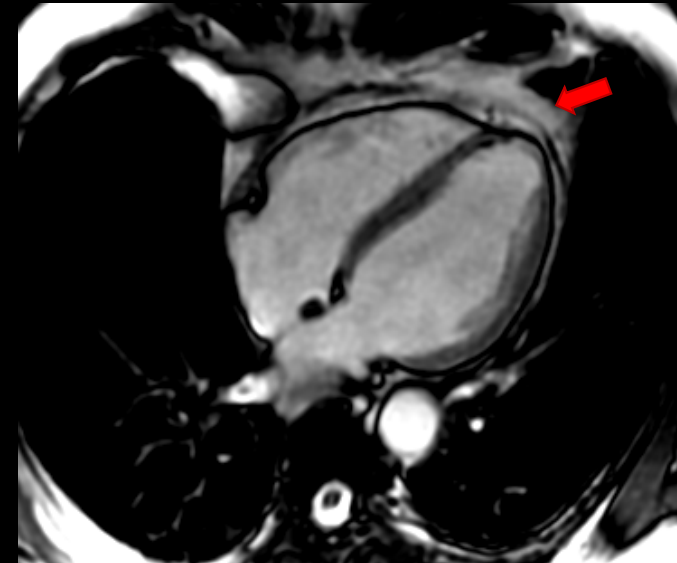
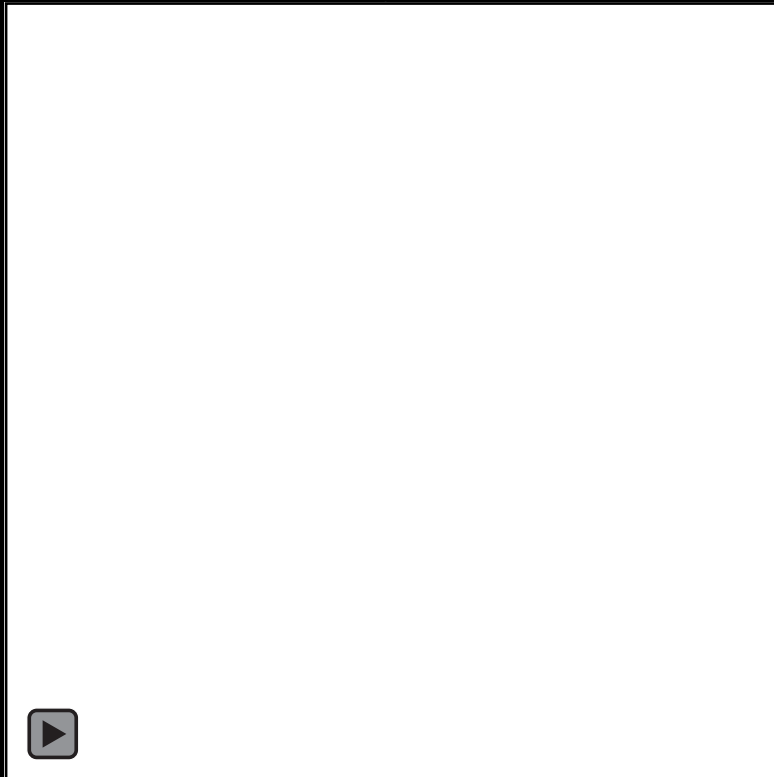
## Patient History

- Male, 65 y/o
- Hx of Angina and Coronary Artery Disease
- Positive CTA



# Cardiac with MoCo Perfusion ARDL

Severely hypokinetic mid to apical anteroseptal/septal walls consistent with prior myocardial infarction. Slightly dyskinetic apex. Mild global hypokinesis of the other left ventricular walls.



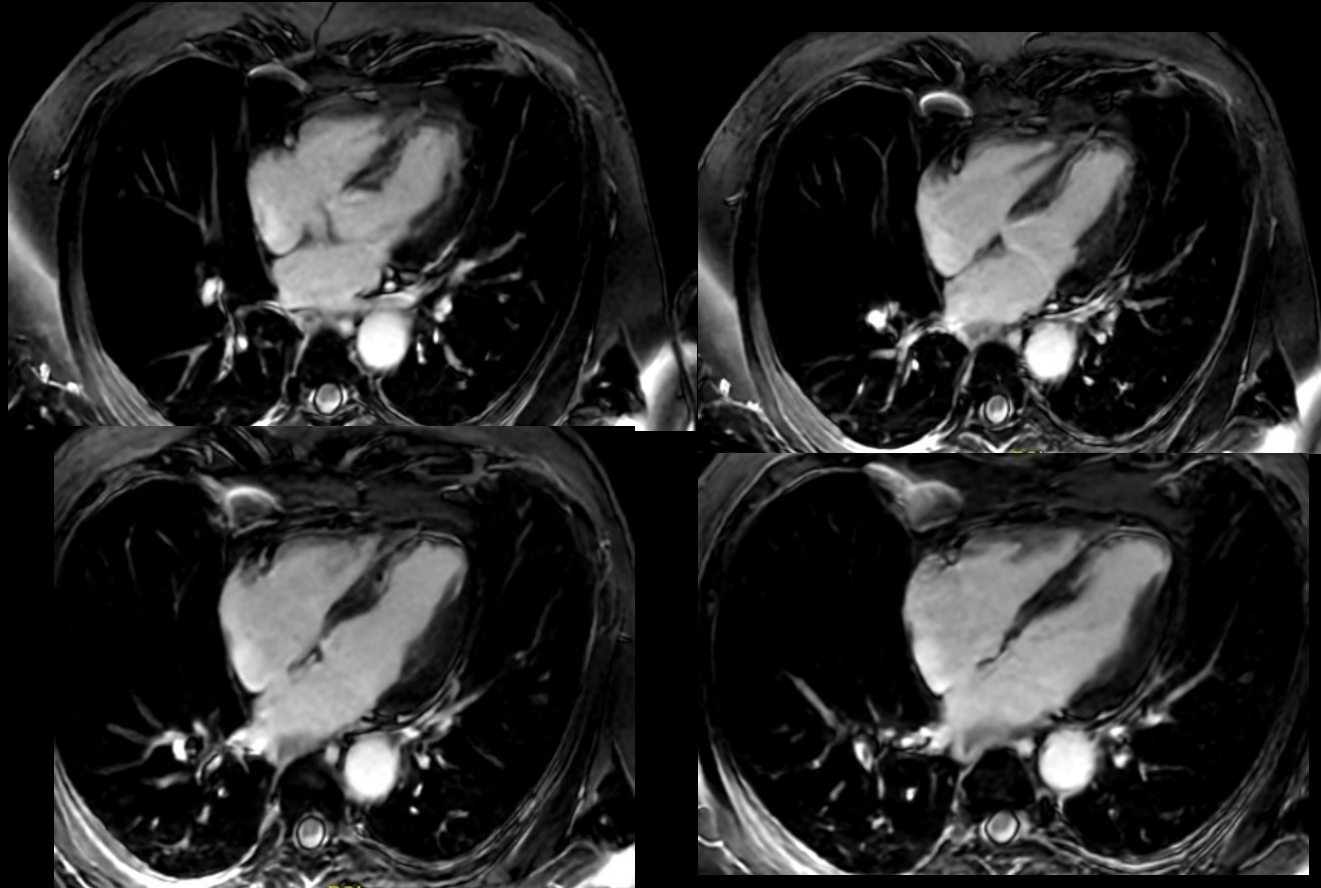
**2D Fiesta**  
TR/TE(ms): 3.4/1.5  
Res(mm): 8/0  
Scan Time: **1:50 (15 SLICES)**



# Cardiac with MoCo Perfusion ARDL

SS PSMDE 5mm thk ARDL

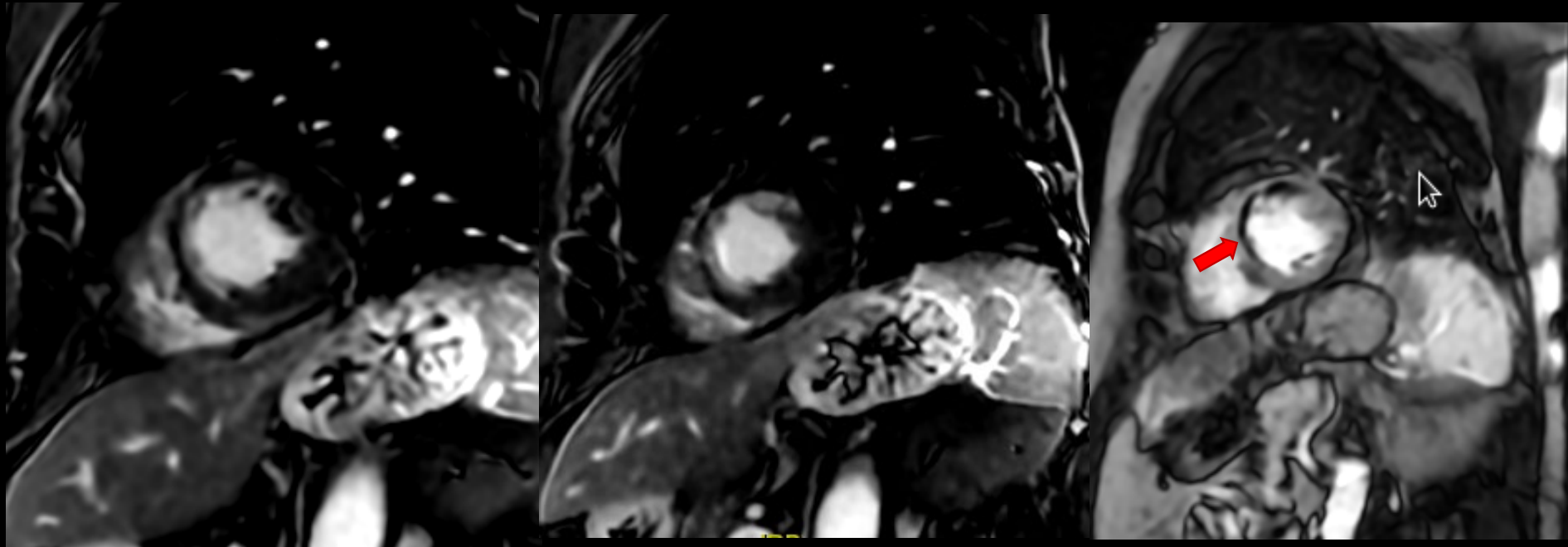
Extensive myocardial infarct in the LAD territory.



# Cardiac with MoCo Perfusion ARDL

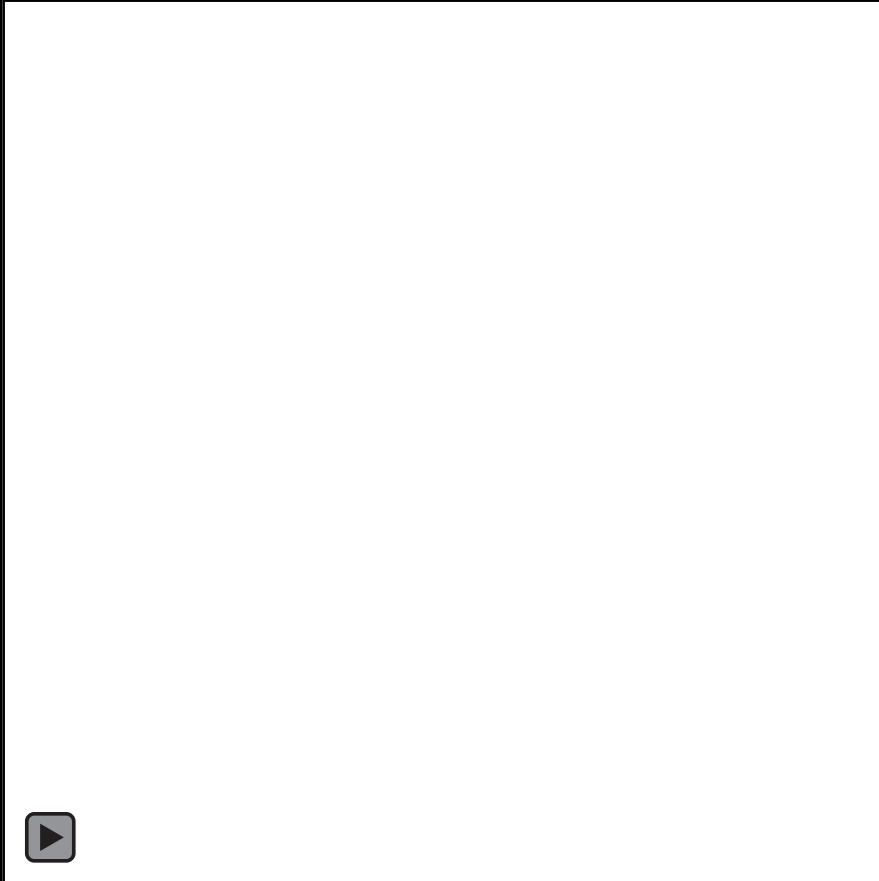
HLA Fiesta Cine Movie vaguely shows the left to right shunting.

SA Rest MoCo Perfusion  
Filling defect  
(red arrow)



# Cardiac with MoCo Perfusion ARDL

Rest Perfusion 55 second free breathing



Filling defect  
(red arrow)

