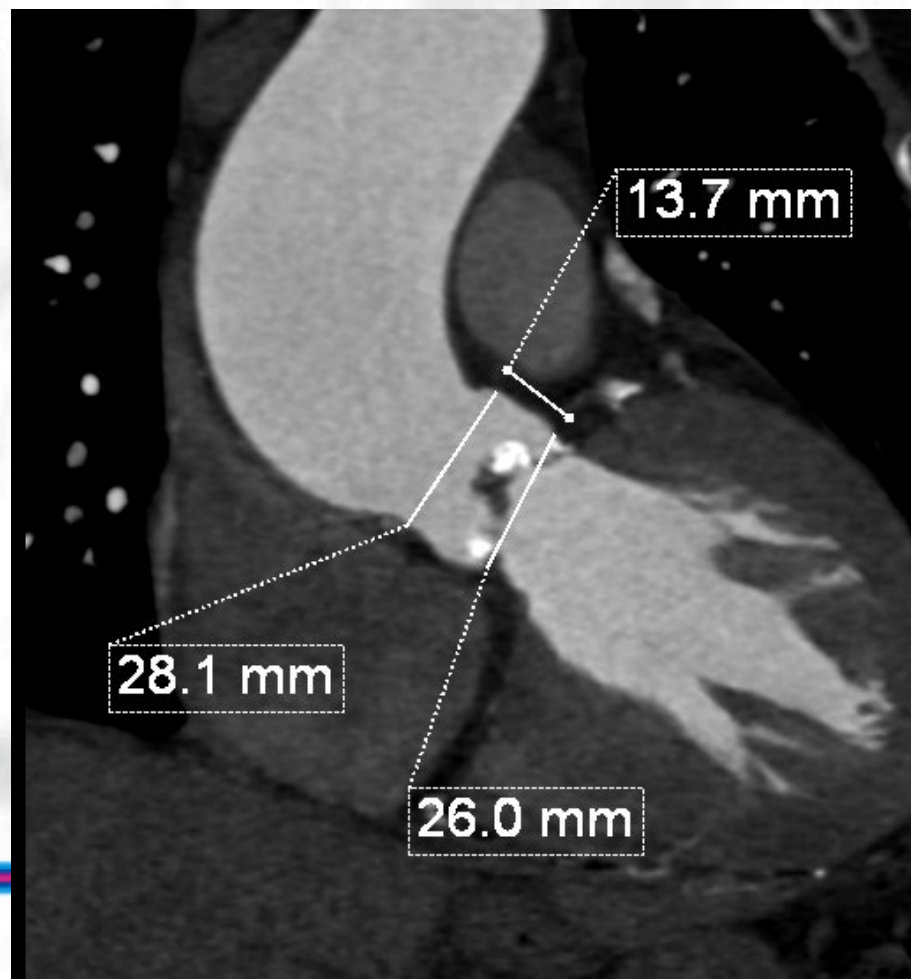
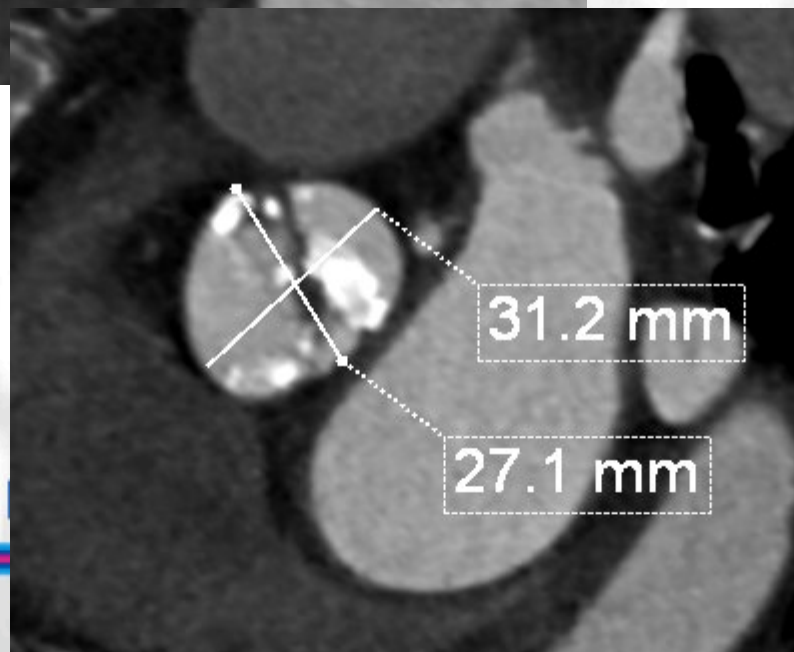
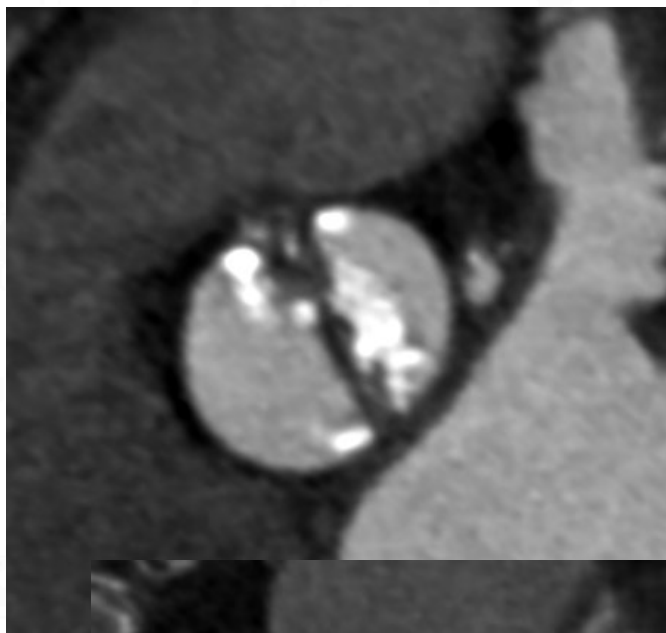
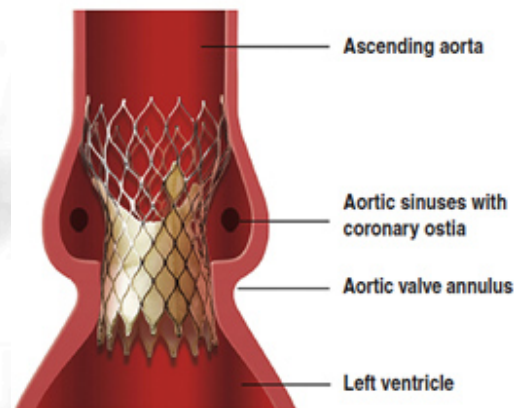


Pre-TAVR Assessment



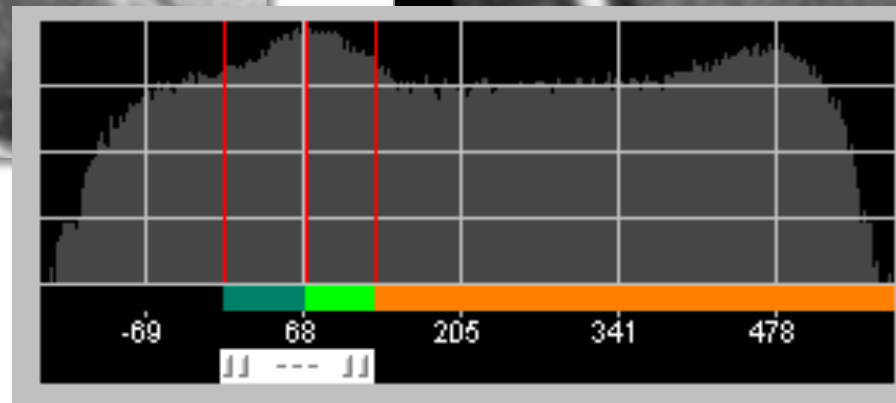
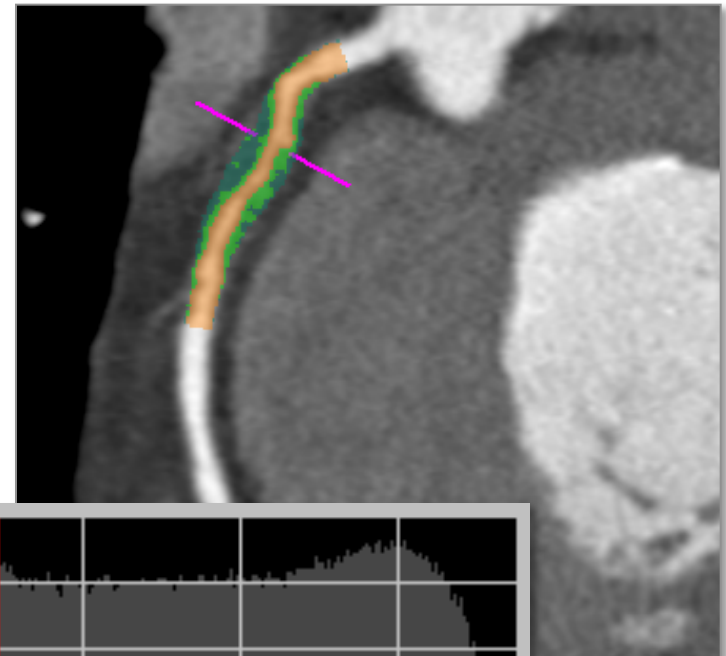
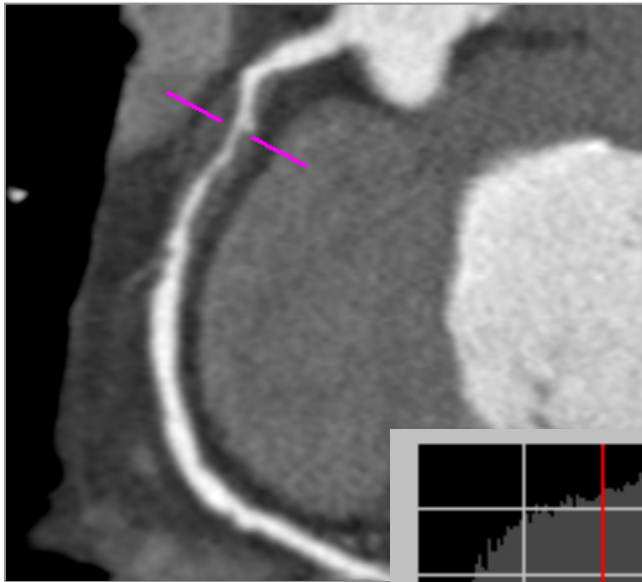
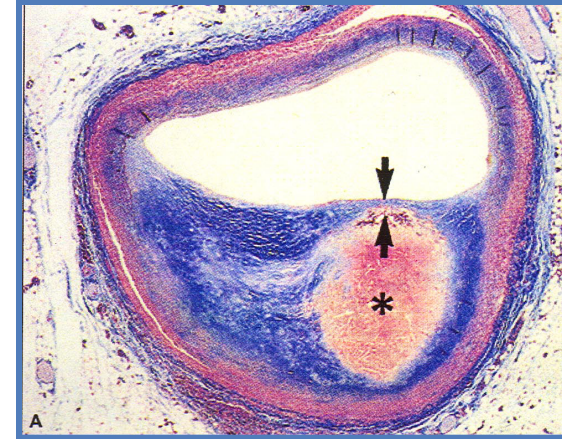
Cardiac CT in Emergency Department Patients with Acute Chest Pain¹

- ACS
- Aortic Dissection
- Pulmonic Embolism

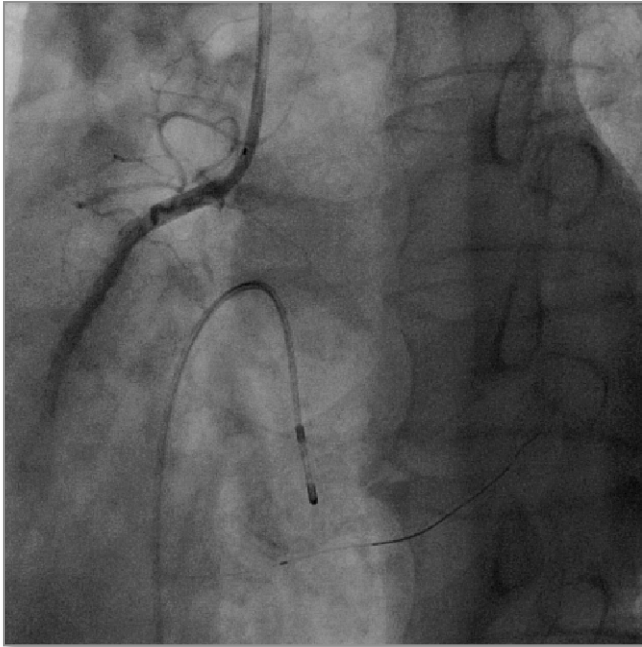


M/ 60 ACS, CCTA of RCA

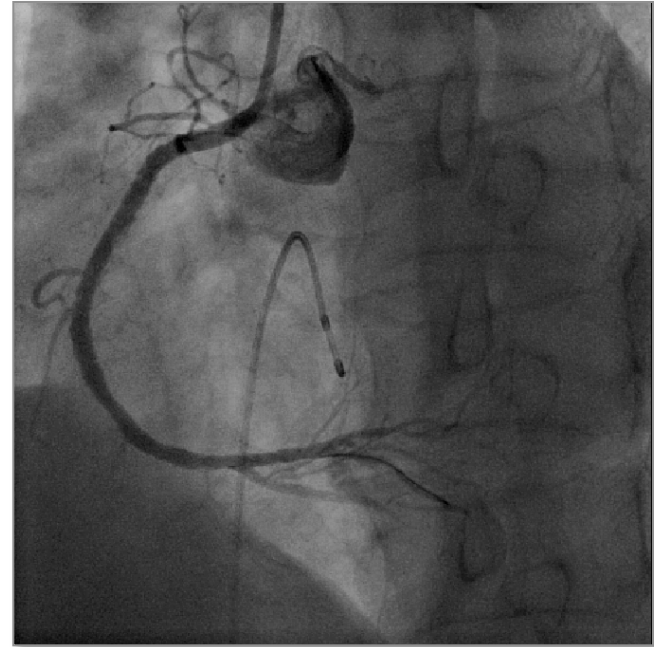
- Vulnerable plaque:
 - Positive remodeling
 - Low attenuation (< 50 HU)
 - spotty calcification



Balloon and NO REFLOW!



- Chest pain
- ECG changes
- Hemodynamically unstable

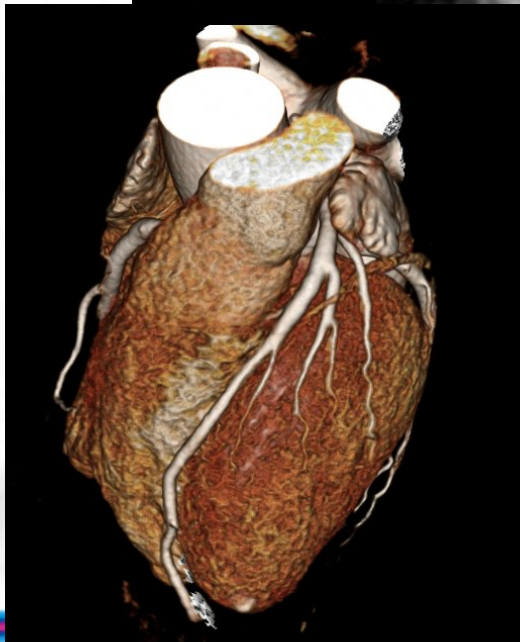
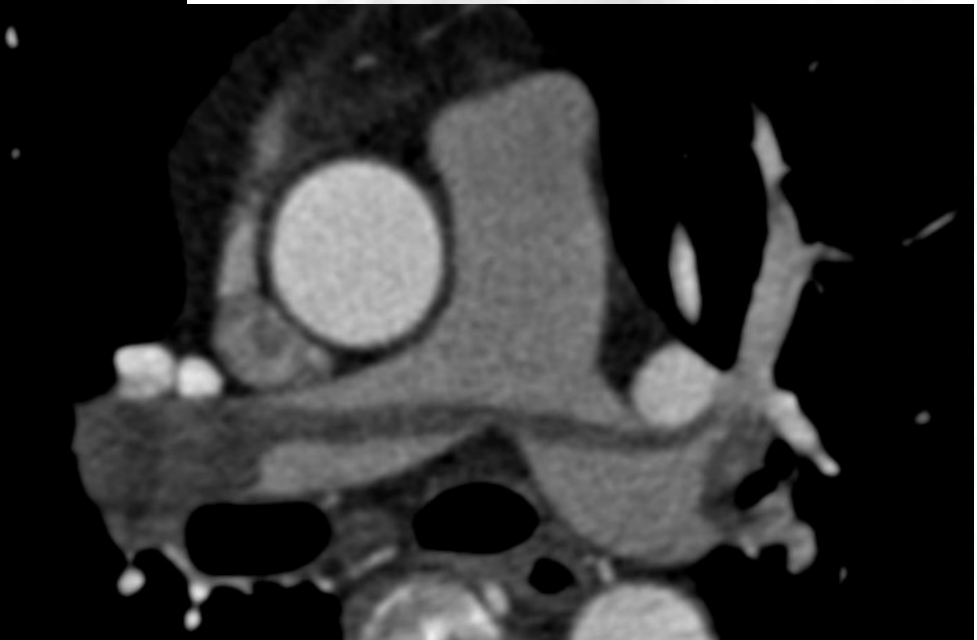
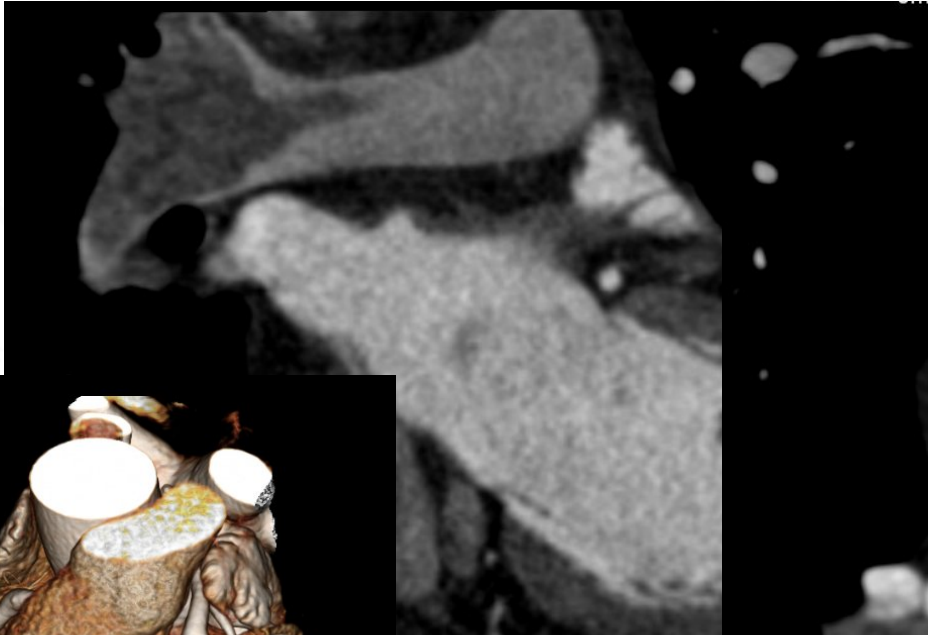


- Inotropes, IV nitrates
- IV abciximab, pacing
- Embolectomy with export catheter

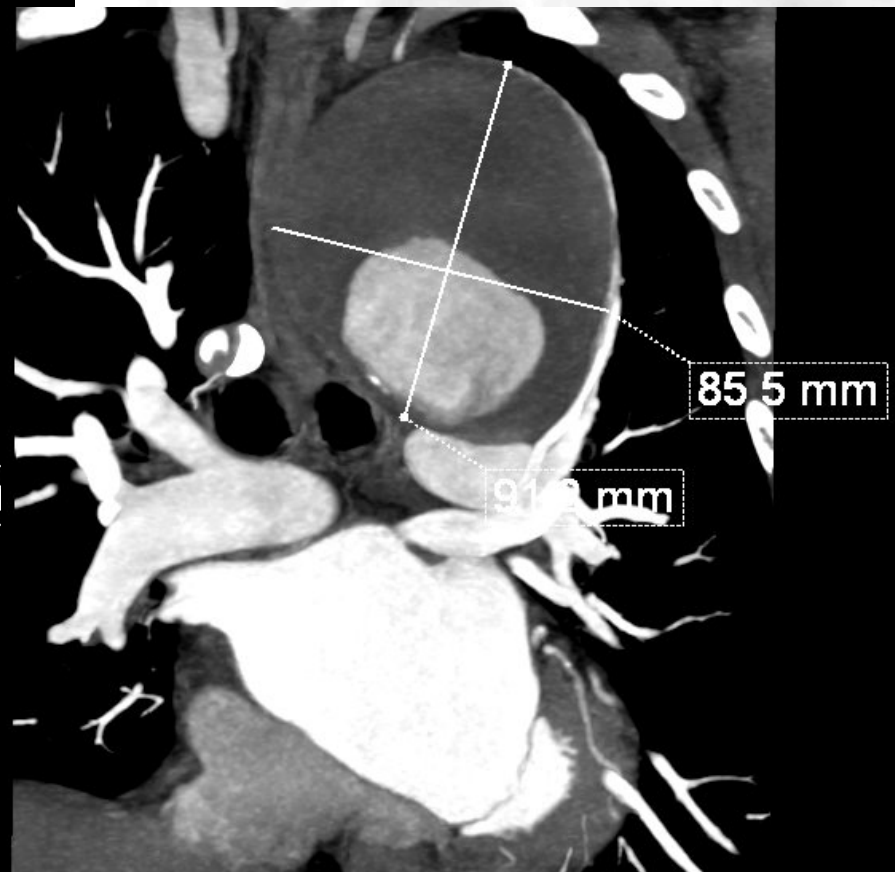
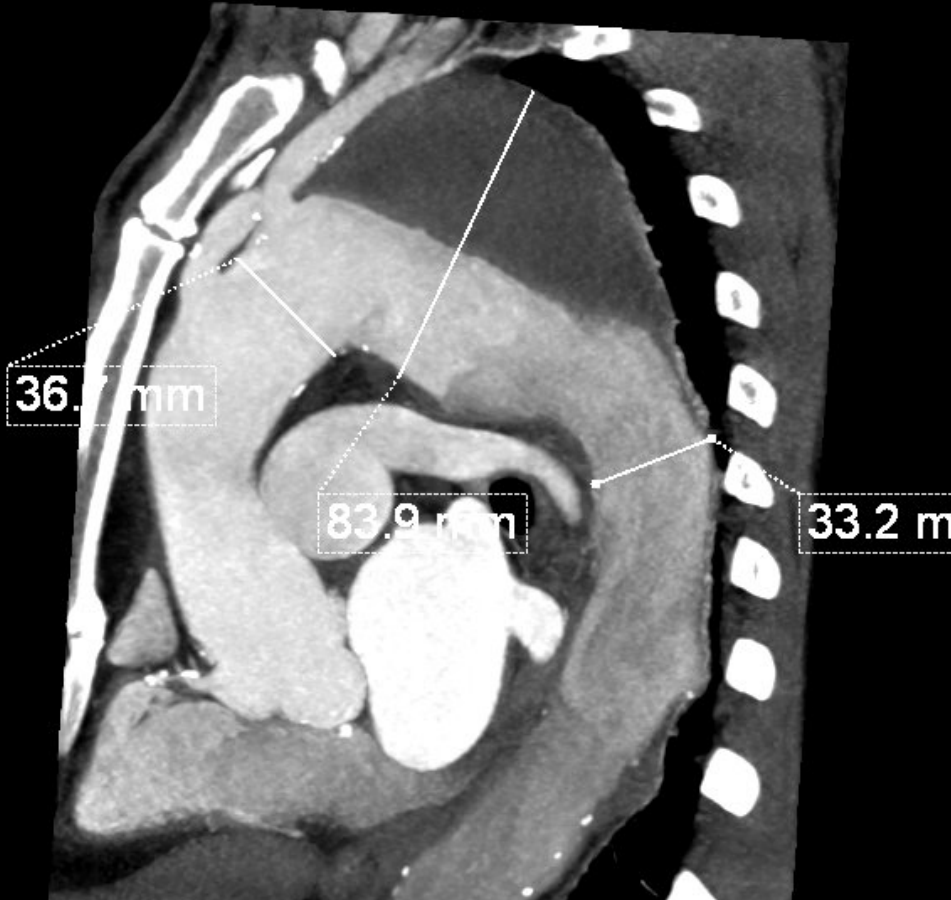
Full dose Novel Anti-platelet agents is Necessary!

Triple Rule out (Pulmonary Embolism)

M/45 syncpoe and
chest tightness
after running up
stairs



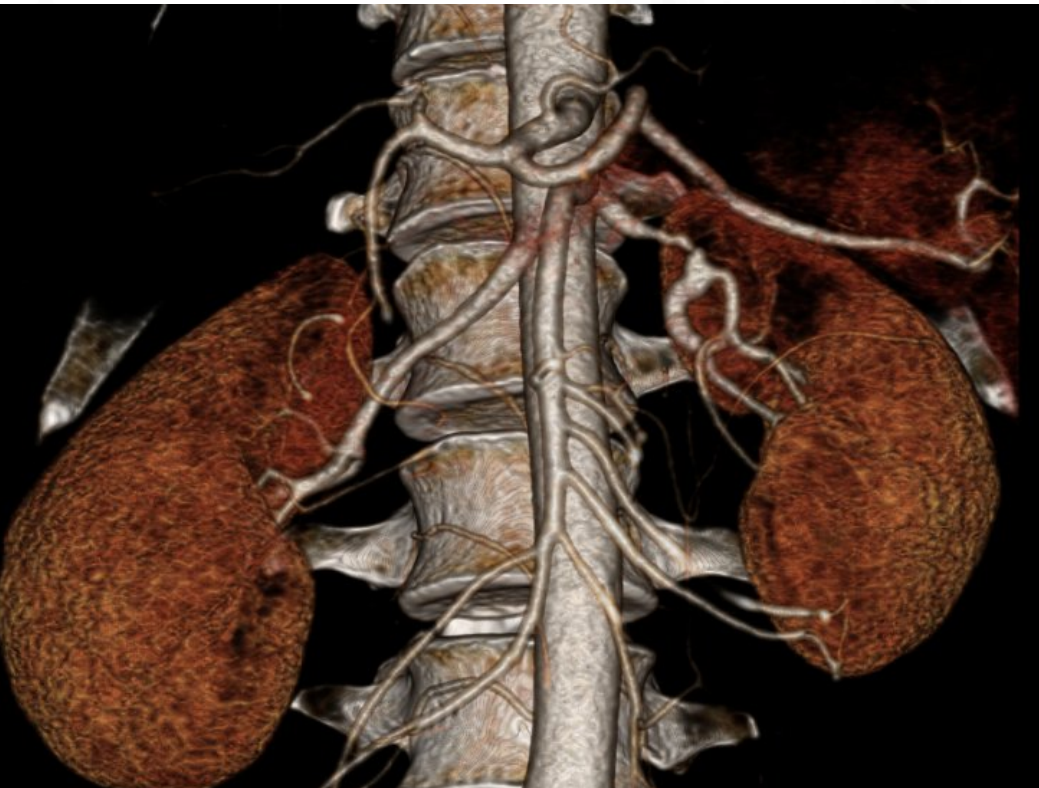
Ascending Aortic Aneurysm



Renal Artery Stenosis

Fibro-muscular Dysplasia

Beaded appearance



Ostial Lt. Vertebral stenosis

