

GARETH ECCLESHARE (cont)

COMMENT: No L to R shunt at atrial level (series A). Large R to L shunt at atrial level (series B).

CALCULATIONS:

Taking MV = 52%; PV = 97% (assumed); PA = Ao = 63%

SBF	=	$\frac{136}{187.4-154.8}$	=	4.2 l/min
			=	4.9 l/min/m ²
PBF	=	$\frac{136}{288.6-187.4}$	=	1.3 l/min
			=	1.6 l/min/m ²
QP/QS	=	0.33/1.		
L to R shunt	=	$\frac{63-52}{97-52}$	=	24%
R to L shunt	=	$\frac{97-63}{97-52}$	=	76%
SVR	=	$\frac{80-17}{4.9}$	=	12.9 u/m ²

PVR not calculable since no PAP.

SINE ANGIOCARDIOGRAM: (Dr G Stoddart)

Technique: 6 GL catheter to left subclavian vein from left femoral vein. Burman balloon catheter to aortic root via right atrium, left atrium, mitral valve into anterior ventricle and thence into aorta. 6 NIH catheter to anterior ventricle via right atrium and mitral valves. Contrast medium Niopam 370. Hand injection of 2 mls into left subclavian in anterior view in PA and in lateral.

Description.

Left Subclavian Venogram (anterior): The contrast medium drains via normal channels to the right atrium. There is no evidence of a left subclavian. From the right atrium a small amount of contrast medium refluxed into the inferior vena cava but was rapidly cleared. No contrast medium passed across a large atrial septal defect into the left atrium. From the left atrium it then enters the ventricular system.

Aortogram (anterior): The aortic root lies high and to the right of the pulmonary bifurcation. The aortic arch is left sided. Although the aortic root vessels are not well seen there appears to be a right subclavian and a left common carotid and left subclavian. The aortic root itself is dilated. No aortic valve abnormality was seen. The right subclavian has been anastomosed with the right pulmonary artery. Although there was good flow of contrast medium into both lungs the origin of the right subclavian is very narrow. A small amount of contrast medium refluxed into the distal part of the main pulmonary trunk. No abnormality of the peripheral pulmonary vessels is seen.

Ventriculogram (anterior): The catheter has passed via the mitral valve from the left atrium into the large anterior ventricular chamber. The exact origin of this chamber is not certain. However to the right side there is a large trabeculated portion which is