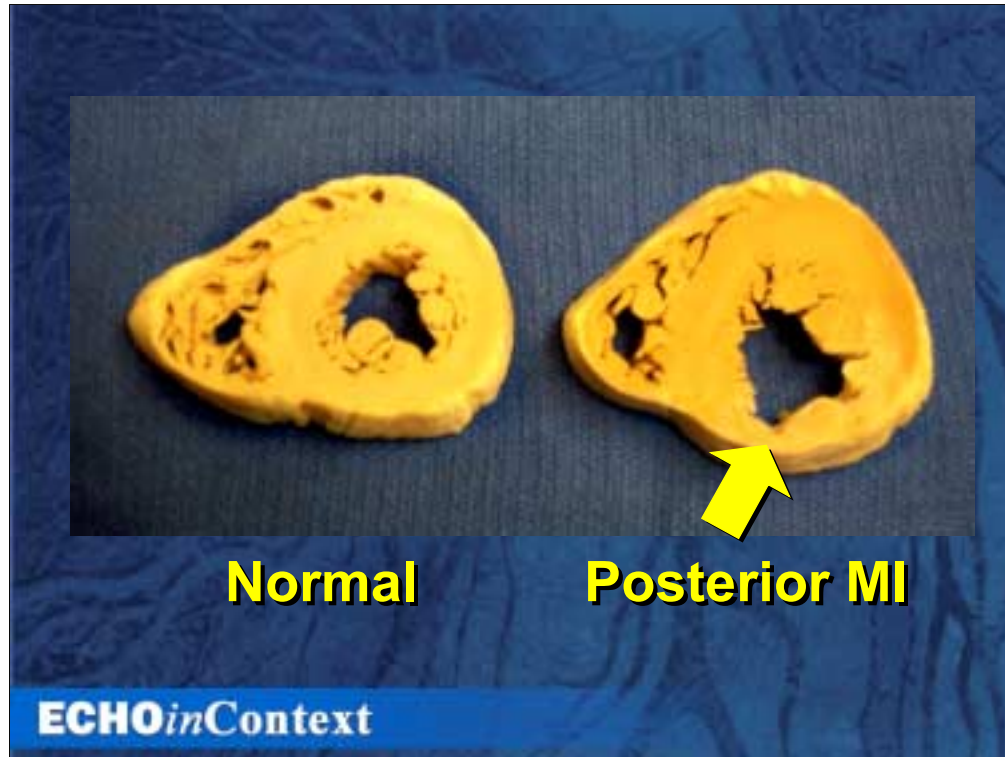
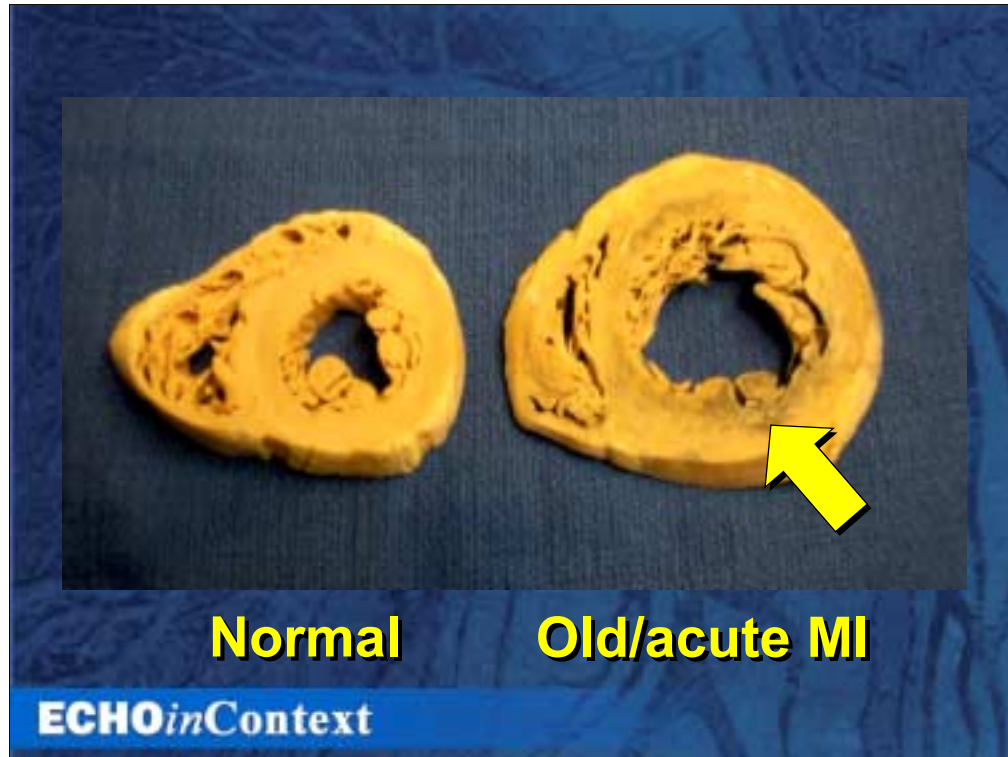


Adams/Strub

**Web
supplement
Echo anatomy
of chest pain**



Anatomic short axis from a patient with a normal left ventricle (left) and from a patient with a transmural posterior myocardial infarction (right). The arrow points to wall thinning, typical of transmural infarction and scar.



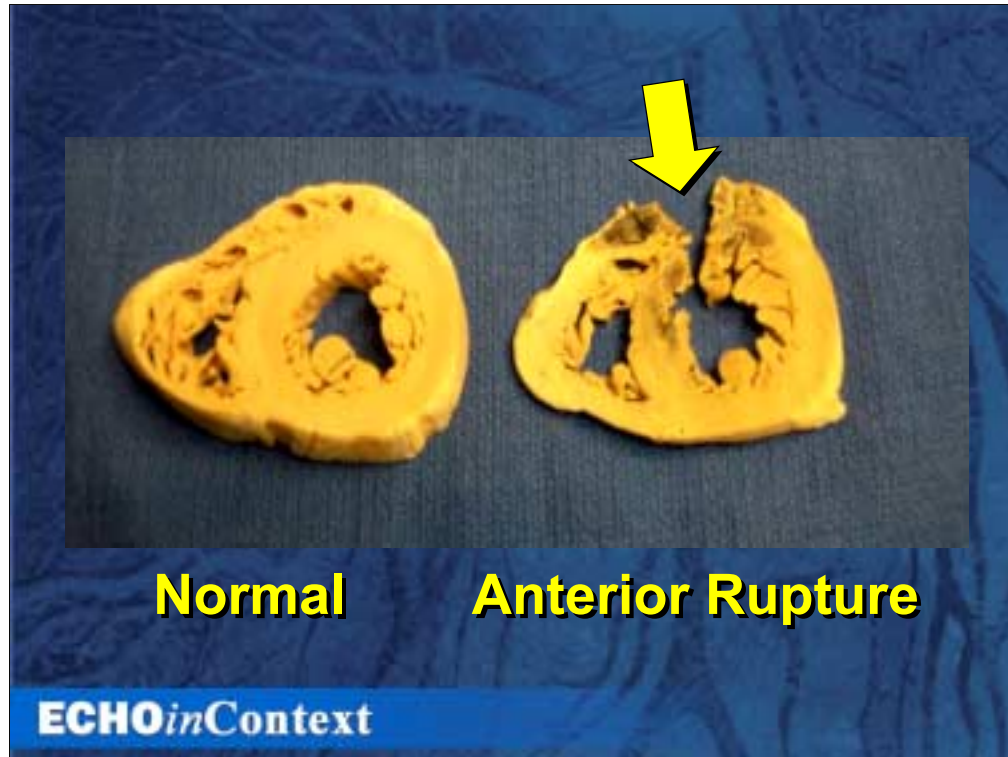
Anatomic short axis from a patient with a normal left ventricle (left) and from a patient with an old and new myocardial infarction (right). The arrow points to spotty scarring from the multiple small infarctions. There is no wall thinning in this patient.



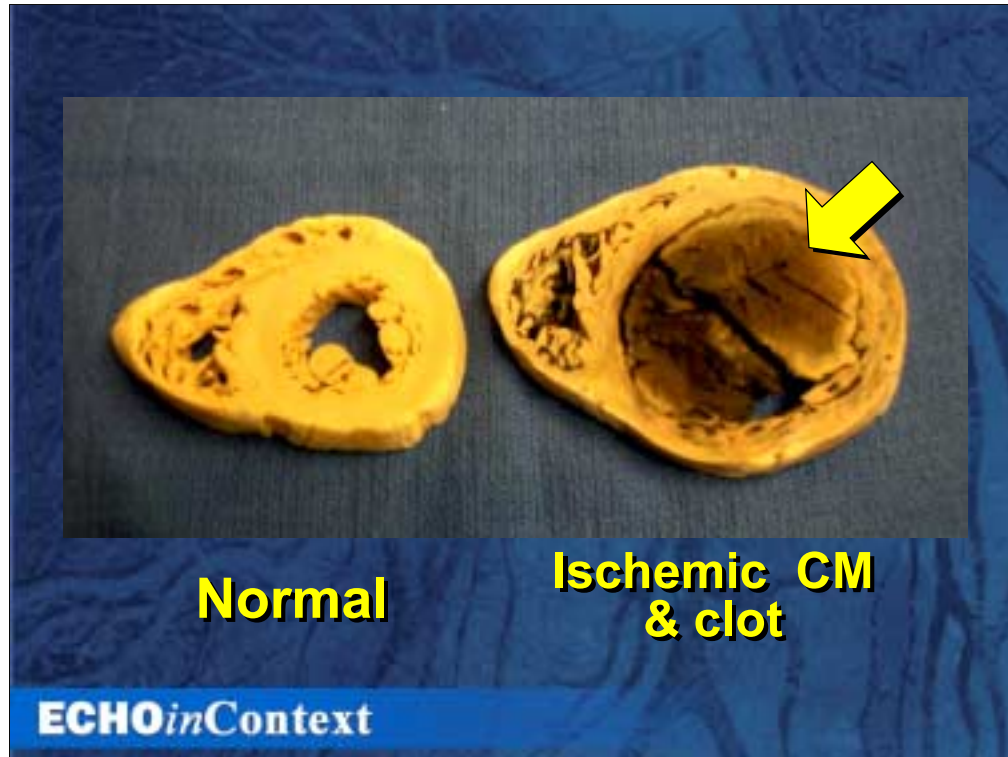
Anatomic short axis from a patient with a normal left ventricle (left) and from a patient with massive left ventricular hypertrophy (right). LVH has a more homogeneous consistency to the muscle than in the previous slide.



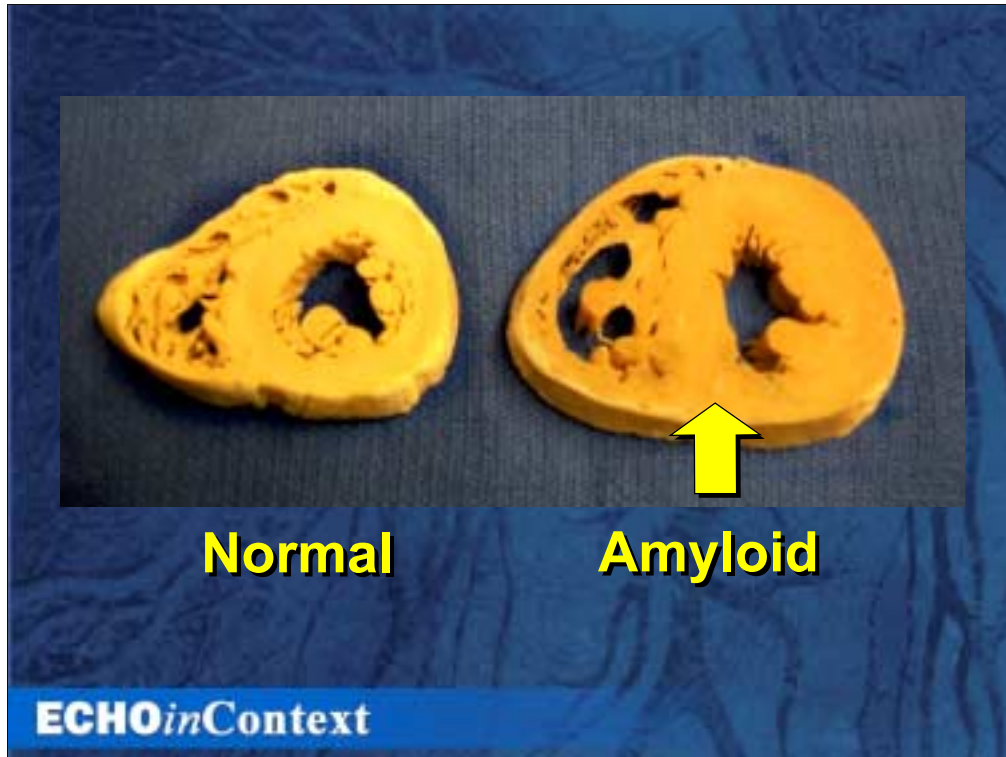
Anatomic short axis from a patient with a normal left ventricle (left) and from a patient with hypertrophic obstructive cardiomyopathy (right). Incredible LV wall thickening is present and there is near cavity obliteration.



Anatomic short axis from a patient with a normal left ventricle (left) and from a patient with a huge myocardial infarction (right). Note the wall rupture (arrow) of the anterior wall.



Anatomic short axis from a patient with a normal left ventricle (left) and from a patient with a severe dilated cardiomyopathy (right). The arrow points to a massive clot filling the cavity of the left ventricle.



Anatomic short axis from a patient with a normal left ventricle (left) and from a patient with an infiltrative cardiomyopathy (right). The arrow points to wall the LV wall and mottling, typical of amyloid.