



Cardiac Sonographer Network News

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Welcome

Welcome to our first newsletter created just for you: sonographers who perform echocardiograms sent to us for interpretation and for interested referring physicians. Each issue will feature tips on echocardiography of congenital heart disease, short case reports, congenital heart center news, and information on upcoming educational programs.

Our pediatric cardiology and cardiac surgery program was developed at Children's Hospital of Illinois during the 1970s. Our program has grown to a full-service comprehensive Congenital Heart Center with an extraordinary multidisciplinary team providing the best possible care to infants, children and adults with congenital heart defects. Our cardiovascular team has specialists and expertise in the areas of congenital cardiac surgery, echocardiography, fetal echocardiography, transesophageal echocardiography, electrophysiology, cardiac MRI/MRA, interventional cardiac catheterization, and critical care.

In an effort to be "green," we will be sending this newsletter as an electronic file each quarter. If you or any of your colleagues would like to be on our distribution list, please send an email to:

gregory.b.frary@osfhealthcare.org

Please include your name and facility affiliation.

Thank you for your efforts to provide the best diagnostic images for children suspected with congenital heart disease. We look forward to hearing from you!

Survey

Are you interested in attending a daylong educational program at Children's Hospital in Peoria that would offer 6-8 SDMS credits?

If so, would you be willing to pay \$25___ \$50___ \$75___ \$100___

Please include your answer in your e-mail.

SONOGRAPHER TIP

Imaging The Right Upper Pulmonary Vein

It is essential to identify all four pulmonary veins returning to the left atrium in the standard congenital echocardiogram. The most difficult pulmonary vein to identify is the right upper pulmonary vein (RUPV). The usual standard view is the “Crab View” from the suprasternal notch. However, did you know that in most cases in infants and younger children, it may be easier to see the RUPV from the subcostal imaging window? The subcostal four chamber view with the transducer rotated slightly clockwise is used to see the superior caval vein (SVC) entering the right atrium. Slight counter-clockwise rotation and slight posterior angulation allows one to see the RUPV entering the left atrium at about the same level as the SVC. The SVC flow is nearly parallel to your transducer and the RUPV flow will be nearly perpendicular to your transducer.

