

This chapter provides “movie” image clips as they are viewed in clinical practice, as well as additional static images. Noninvasive cardiac imaging is essential to the diagnosis and management of patients with known or suspected cardiovascular disease. This atlas supplements [Chap. 270e](#), which describes the principles and clinical applications of these important techniques.



FIGURE 271e-1 A 48-year-old man with new-onset substernal chest pain. Echocardiography shows evidence of acute anterior myocardial infarction involving the interventricular septum and apex secondary to an occlusion of the left anterior descending coronary artery seen from the parasternal long axis view (*left*) and the apical four-chamber view (*right*). LV, left ventricle; RV, right ventricle. (See [Videos 271e-1](#) and [271e-2](#).)

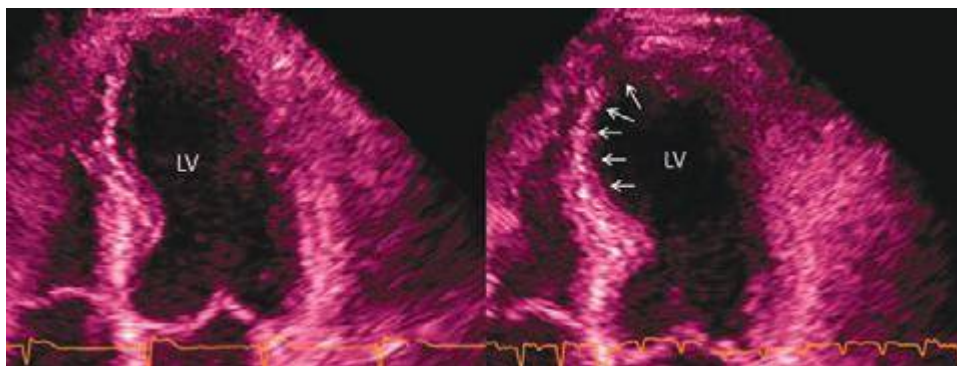


FIGURE 271e-2 A 55-year-old man with exertional chest discomfort and dyspnea. He exercised for 12 min on a standard Bruce protocol, experiencing typical chest pain and ST-segment depression in V_2 – V_5 . End-systolic frame of a stress echocardiogram shows apical four-chamber view at rest (*left*) and after exercise (*right*). After exercise, there is a clear regional wall motion abnormality in the distal septum through the apex, consistent with a stenosis in the left anterior descending artery distribution (*arrows*). LV, left ventricle. (See [Videos 271e-3](#) and [271e-4](#).)