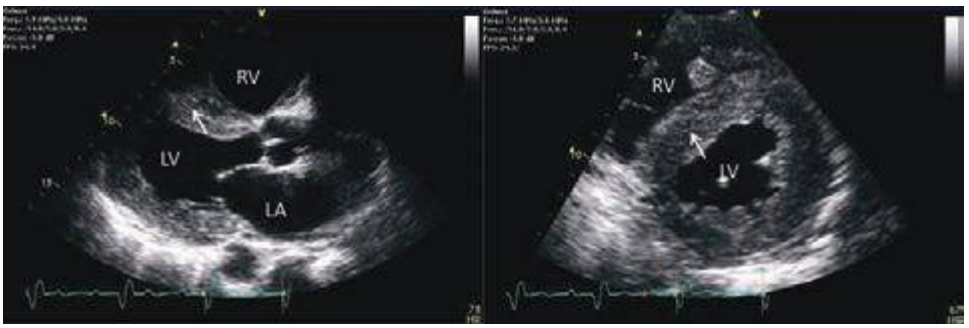
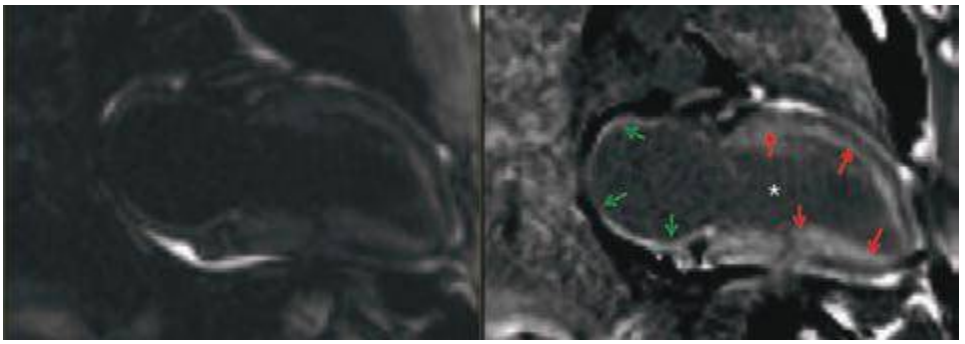


FIGURE 271e-13 **A 66-year-old patient with multiple myeloma and progressive shortness of breath.** Echocardiography shows features typical of cardiac amyloidosis, including thickened myocardium with a "sparkly" appearance and left atrial enlargement. Systolic function is mildly reduced, and diastolic function is severely reduced. LA, left atrium; LV, left ventricle; RV, right ventricle. **(See Videos 271e-11 and 271e-12.)**



A ***B***

FIGURE 271e-14 **Magnetic resonance image with contrast enhancement** in magnitude (***A***), and phase-sensitive reconstructed images (***B***) 5–10 min after injection of gadolinium in a patient with transthyretin (TTR)-mediated amyloidosis. The phase-sensitive reconstruction (***B***) enhances the region of abnormal collection of gadolinium, making gadolinium enhancement in the ventricle (*red arrows*) and the atrium (*green arrows*) more prominent. Amyloidosis causes accumulation of abnormal interstitial proteins, which results in late gadolinium enhancement in a diffuse subendocardial pattern (*red arrows*). Blood pool signal is characteristically dark (*asterisk*) owing to sequestration of gadolinium into other organs.

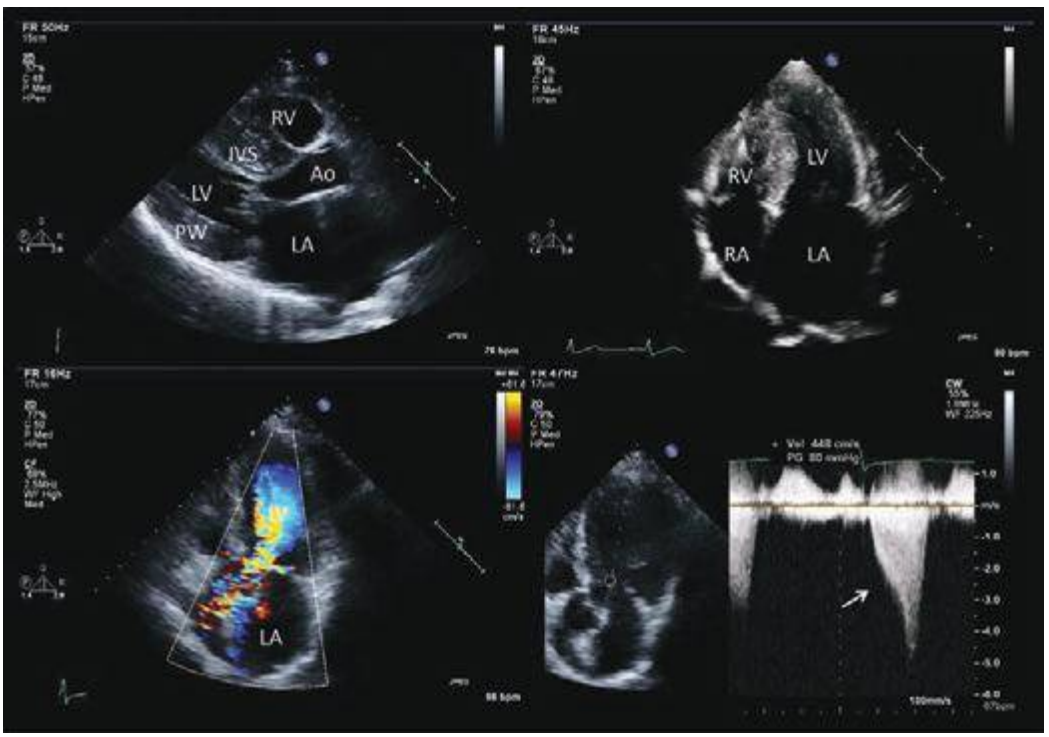


FIGURE 271e-15 **A 34-year-old woman with known cardiac murmur and syncope** with a family history of sudden cardiac death. Echocardiogram shows classic findings of hypertrophic cardiomyopathy, including marked left ventricular wall thickness, particularly in the interventricular septum, notable in the parasternal long-axis view (*upper left*) and apical view (*upper right*). Note reverse septal curvature in the apical view (*upper left*). There is substantial flow acceleration through the left ventricular outflow tract (*lower left*) with evidence of a late peaking systolic gradient (*arrow, lower right*) caused by outflow tract obstruction. Ao, aorta; IVS, interventricular septum; LA, left atrium; LV, left ventricle; PW, posterior wall; RV, right ventricle. **(See Videos 271e-13, 271e-14, and 271e-15.)**