XI congresso nazionale
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# Eco bed-side nel PS senza specialità

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- Mario, 65 aa
- Worsening exertional dyspnea during last months,
- Blood pressure 140/90 mmHg
- Heart Rate 75 bmp R
- RR 28 bpm

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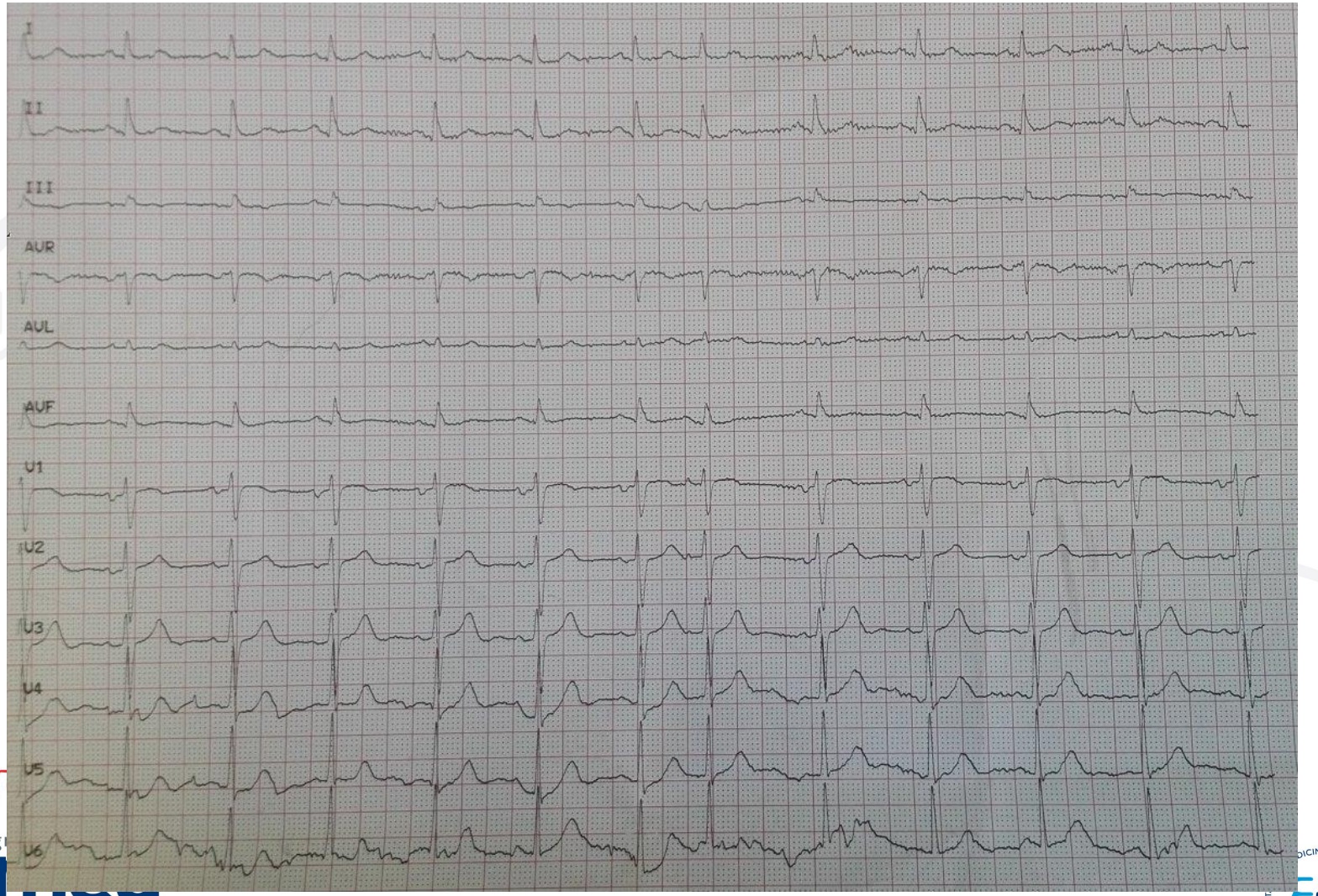

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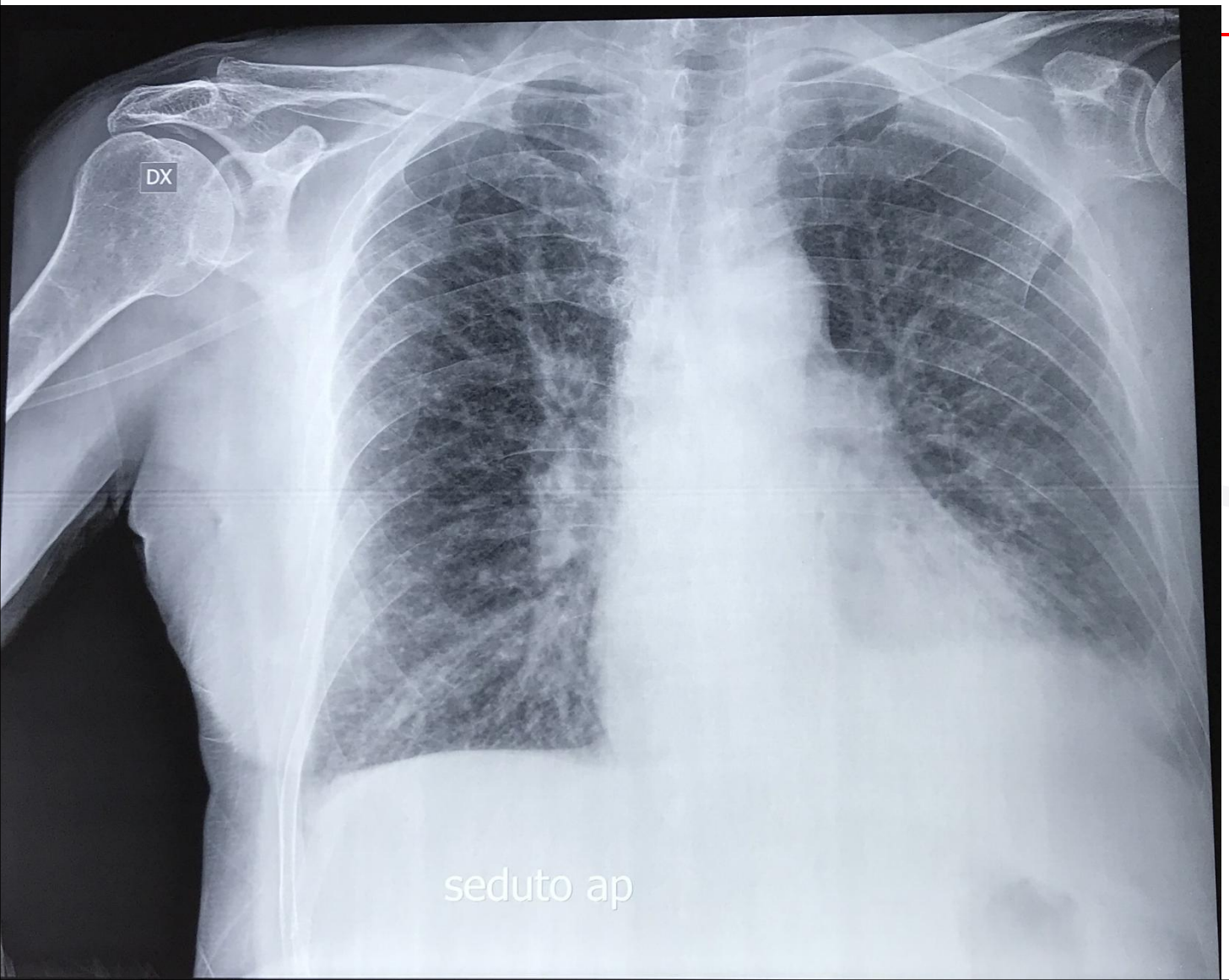


EMOGAS

- pH of 7.44;
- pCO2 30 mmHg;
- pO2 71 mmHg;
- HCO3- 20.4 mmol/L;
- Lactate 2,4 mmol/L;

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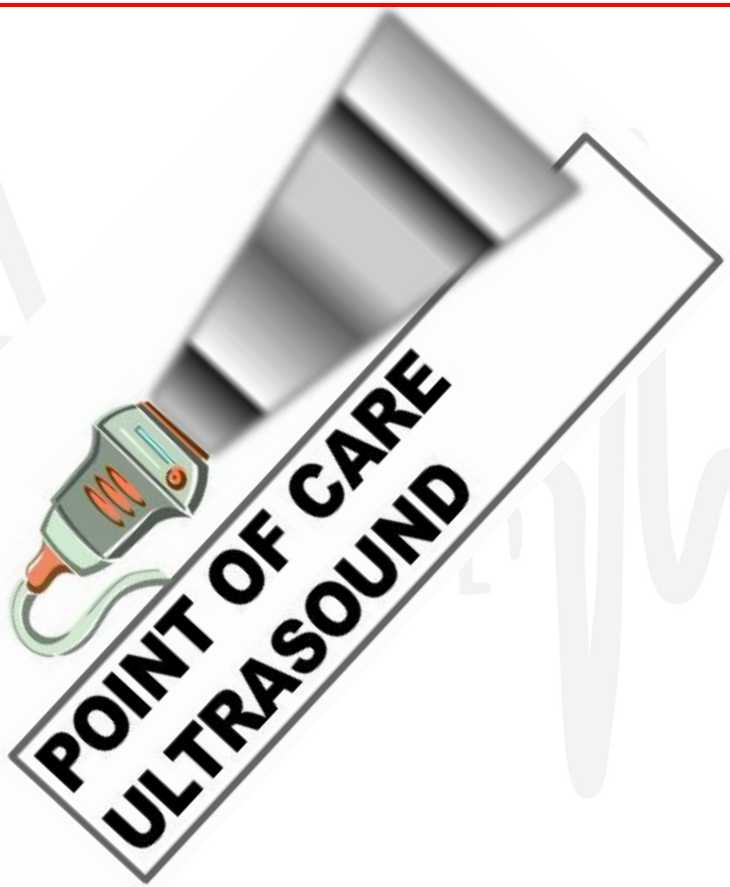


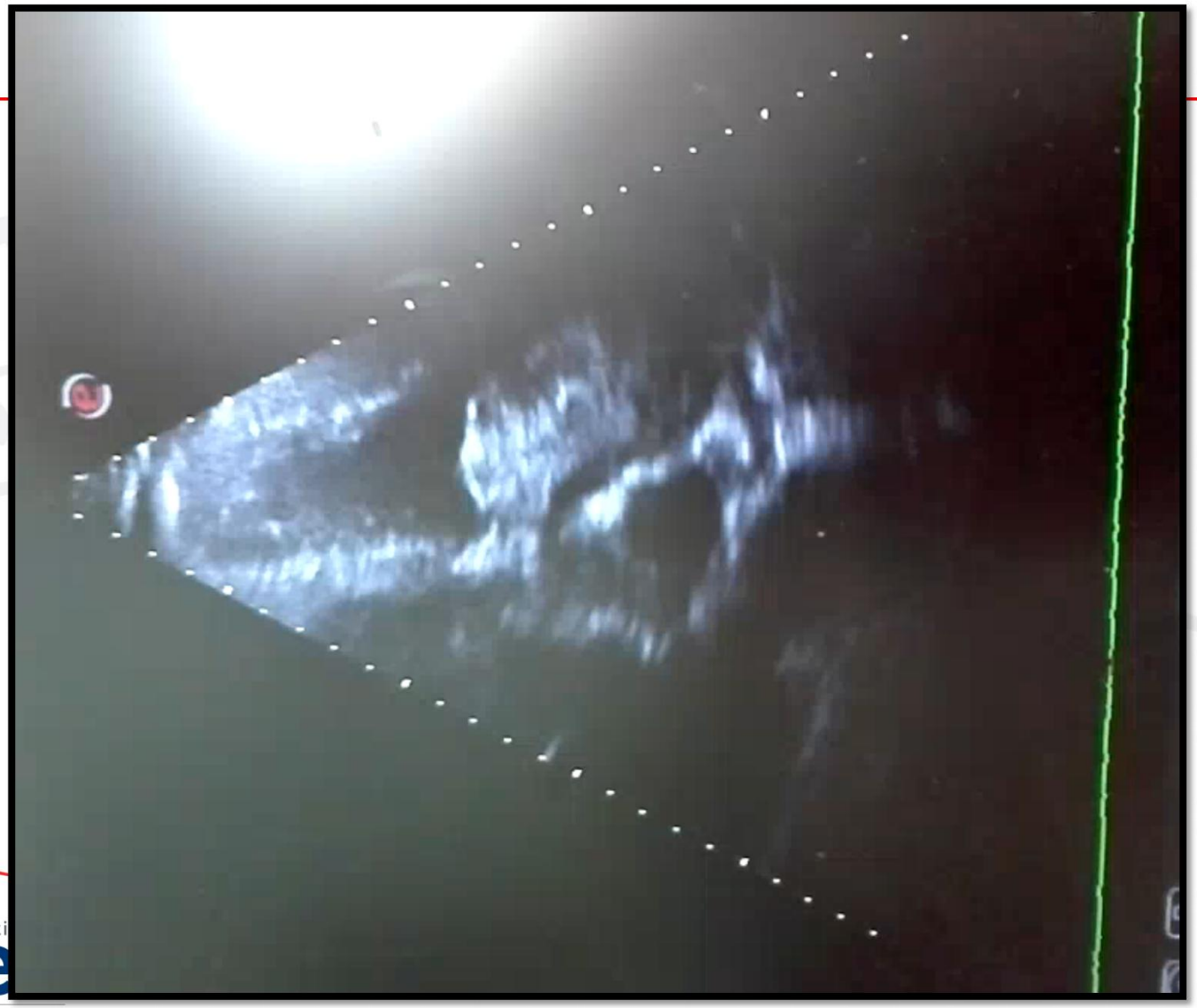

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The mass was excised and histological examination revealed high grade sarcoma with chondromatous differentiation.
The patient was then referred to oncologic center for further evaluation.

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## Annalisa 34 aa

## In PS per dispnea ingravescente da diversi giorni

- Blood Pressure 120/70 mmHg
- Heart rate (HR) 70 bpm, regular,
- Oxygen saturation was 95% (FiO2 21%)
- Respiratory rate was 22 breaths/min.

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- Chest auscultation revealed abolished vesicular murmur at the left lung base.
- Cardiovascular examination revealed a normal cardiac rhythm, no murmurs, normal peripheral pulses and no oedema.
- ECG showed sinus rhythm with normal AV conduction, normal axis and QT interval.
- Arterial blood gas analysis on room air revealed mild respiratory alkalosis with mild metabolic alkalosis, reduced partial pressure of oxygen (72 mm Hg),

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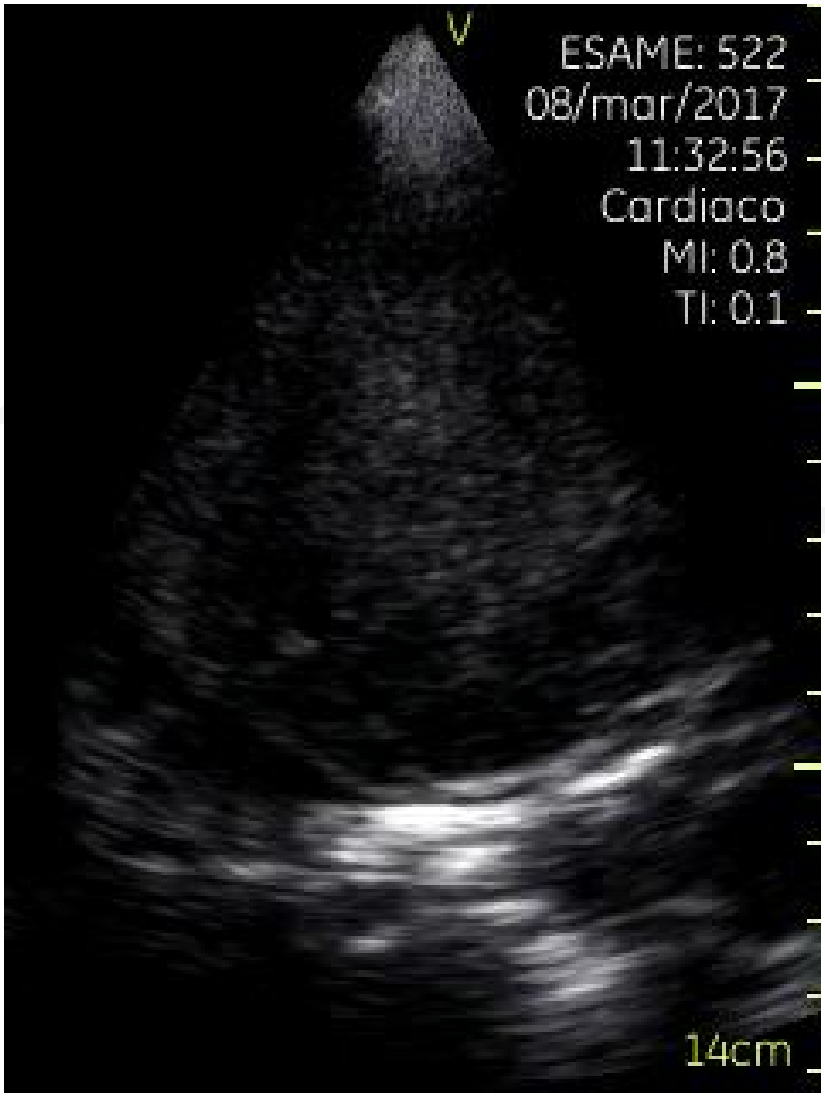

# Eco bed-side nel PS senza specialità

BRIEF REPORT AND CASE REPORT

CATEGORY: BRIEF REPORT AND CASE REPORT

## A mediastinal lymphoma detected by point-of-care ultrasound in a woman with worsening dyspnea. Hodgkin's Lymphoma: a case report

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Maria Viviana Carlino

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Print Emai

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**Table 1. Selected Applications of Point-of-Care Ultrasonography, According to Medical Specialty.***

| Specialty | Ultrasound Applications |
|---|---|
| Anesthesia | Guidance for vascular access, regional anesthesia, intraoperative monitoring of fluid status and cardiac function |
| Cardiology | Echocardiography, intracardiac assessment |
| Critical care medicine | Procedural guidance, pulmonary assessment, focused echocardiography |
| Dermatology | Assessment of skin lesions and tumors |
| Emergency medicine | FAST, focused emergency assessment, procedural guidance |
| Endocrinology and endocrine surgery | Assessment of thyroid and parathyroid, procedural guidance |
| General surgery | Ultrasonography of the breast, procedural guidance, intraoperative assessment |
| Gynecology | Assessment of cervix, uterus, and adnexa; procedural guidance |
| Obstetrics and maternal–fetal medicine | Assessment of pregnancy, detection of fetal abnormalities, procedural guidance |
| Neonatology | Cranial and pulmonary assessments |
| Nephrology | Vascular access for dialysis |
| Neurology | Transcranial Doppler, peripheral-nerve evaluation |
| Ophthalmology | Corneal and retinal assessment |
| Orthopedic surgery | Musculoskeletal applications |
| Otolaryngology | Assessment of thyroid, parathyroid, and neck masses; procedural guidance |
| Pediatrics | Assessment of bladder, procedural guidance |
| Pulmonary medicine | Transthoracic pulmonary assessment, endobronchial assessment, procedural guidance |
| Radiology and interventional radiology | Ultrasonography taken to the patient with interpretation at the bedside, procedural guidance |
| Rheumatology | Monitoring of synovitis, procedural guidance |
| Trauma surgery | FAST, procedural guidance |
| Urology | Renal, bladder, and prostate assessment; procedural guidance |
| Vascular surgery | Carotid, arterial, and venous assessment; procedural assessment |

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## Diagnostic performance of multi-organ ultrasound with pocket-sized device in the management of acute dyspnea

Alfonso Sforza[1,4†], Costantino Mancusi[1,2†], Maria Viviana Carlino[1,3], Agostino Buonauro[1], Marco Barozzi[4], Giuseppe Romano[4], Sossio Serra[4] and Giovanni de Simone[1,3*]

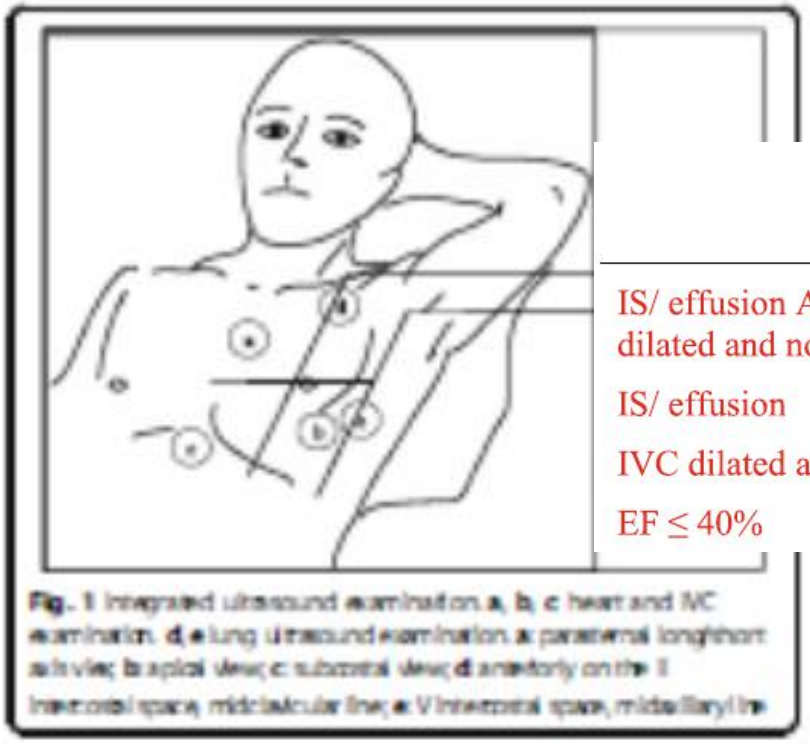


Fig. 1 Integrated ultrasound examination a, b, c heart and IVC examination. d, e Lung ultrasound examination a parasternal longitudinal view; b apical view; c subcostal view; d anteriorly on the 1 intercostal space, midclavicular line; e V intercostal space, midaxillary line

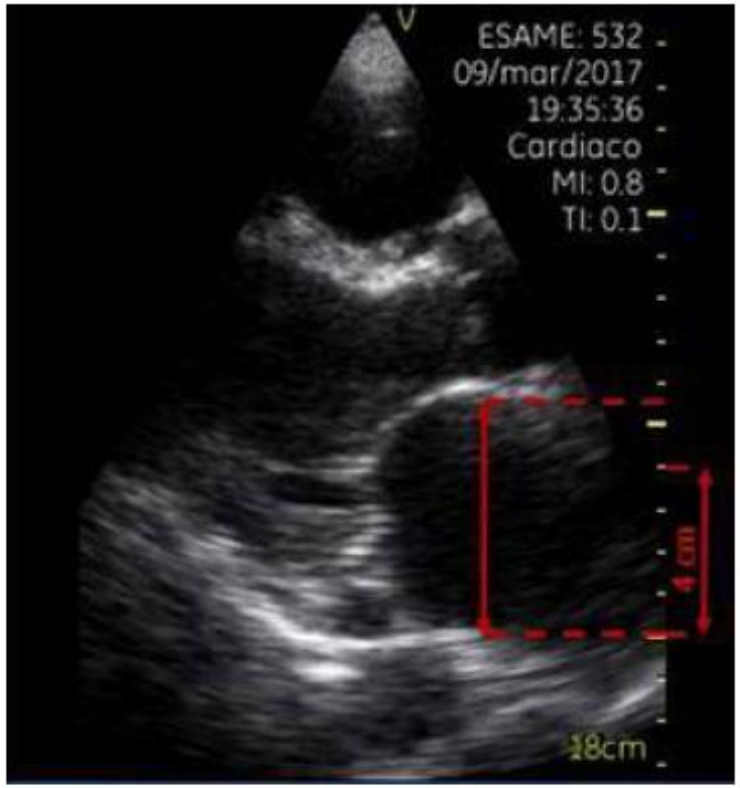
| Parameter | Area under curve (AUC) | 95% CI | p |
|---|---|---|---|
| IS/ effusion AND (EF ≤ 40% OR IVC dilated and not collapsing) | 0.894 | 0.787-0.958 | - |
| IS/ effusion | 0.859 | 0.744-0.935 | 0.39 |
| IVC dilated and not collapsing | 0.768 | 0.641-0.867 | 0.03 |
| EF ≤ 40% | 0.787 | 0.662-0.882 | 0.02 |

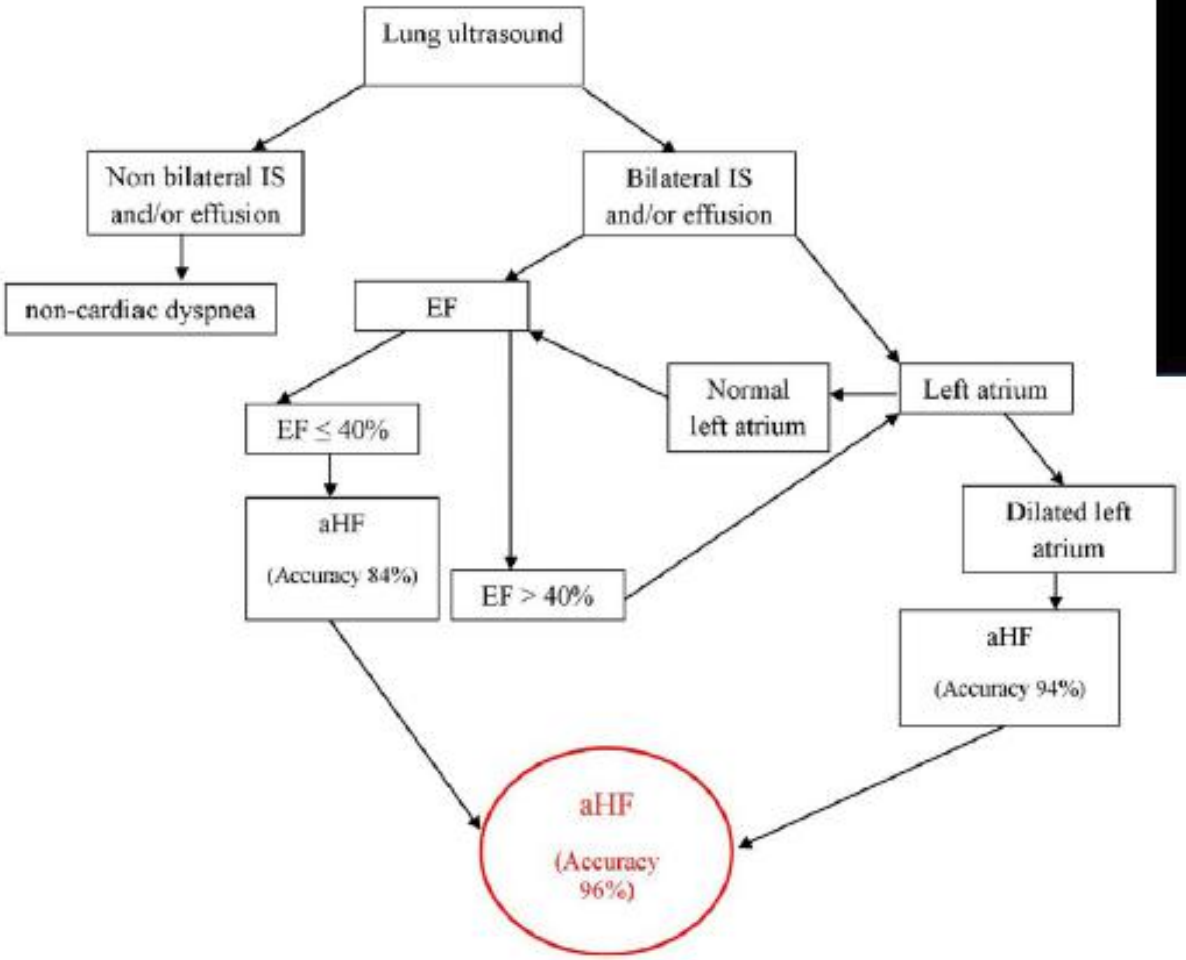
ORIGINAL INVESTIGATION

WILEY Echocardiography

# Assessment of left atrial size in addition to focused cardiopulmonary ultrasound improves diagnostic accuracy of acute heart failure in the Emergency Department

Maria Viviana Carlino MD[1,2] | Fiorella Paladino MD[2] | Alfonso Sforza MD[1,2] | Claudia Serra MD[2] | Filomena Liccardi MD[2] | Giovanni de Simone MD[1] | Costantino Mancusi MD[1]





| | Area under curve (AUC) | 95% CI | p |
|---|---|---|---|
| ilated | 0,968 | 0,912–0,993 | |
| | 0,911 | 0,838–0,959 | 0,0053 |
| | 0,841 | 0,754–0,906 | 0,0001 |
| | 0,756 | 0,638–0,852 | 0,0001 |
| | 0,753 | 0,634–0,849 | 0,0001 |

ID either dilated left atrium or EF ≤ 40% or both.
evices. CI: Confidence Interval, IS: interstitial
T pro BNP_Age: NT-pro-BNP adjusted for Age

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ORIGINAL ARTICLE

## Ultrasonography versus Computed Tomography for Suspected Nephrolithiasis


**CONCLUSIONS**

Initial ultrasonography was associated with lower cumulative radiation exposure than initial CT, without significant differences in high-risk diagnoses with complications, serious adverse events, pain scores, return emergency department visits, or hospitalizations. (Funded by the Agency for Healthcare Research and Quality; ClinicalTrials.gov number, NCT01451931.)


| | Point-of-Care Ultrasonography (N=908) | Radiology Ultrasonography (N=893) | Computed Tomography (N=958) | P Value |
|---|---|---|---|---|
| Accuracy for diagnosis of nephrolithiasis | | | | |
| Sensitivity — % (95% CI) | 85 (80–89) | 84 (79–89) | 86 (82–90) | 0.74 |
| Specificity — % (95% CI) | 50 (45–54) | 53 (49–57) | 53 (49–58) | 0.38 |

Our results do not suggest that patients should undergo only ultrasound imaging, but rather that ultrasonography should be used as the initial diagnostic imaging test, with further imaging studies performed at the discretion of the physician on the basis of clinical judgment. Some patients in each study group — but more in the ultrasonography groups — underwent additional imaging. However, most patients in the ultrasonography groups did not undergo CT, and still there was no increase in any category of serious adverse events among patients assigned to ultrasonography.

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European Heart Journal – Cardiovascular Imaging (2013) 1
doi:10.1093/ehjci/jet062

## Feasibility and reliability pocket-size echocardiogr by medical residents

Ole Christian Mjølstad[1,2*], Garrett Newto
Torbjørn Graven[3], Kyrre Skjetne[3], Jens O

**Table 3** Correlations of semi-quantitative classification of echocardiographic indices of pocket-size echocardiography and reference method

| | *n* total | *n* pathology | *R* | 95% CI |
|---|---|---|---|---|
| Global systolic function, left ventricle | 129 | 26 | 0.83 | 0.71–0.93 |
| Apparent regional dysfunction, left ventricle | 129 | 22 | 0.60 | 0.39–0.78 |
| Global systolic function, right ventricle | 115 | 10 | 0.44 | 0.10–0.72 |
| Size of left atrium | 117 | 68 | 0.61 | 0.48–0.72 |
| Aortic calcification and stenosis | 119 | 37 | 0.67 | 0.52–0.80 |
| Aortic regurgitation | 117 | 27 | 0.68 | 0.52–0.82 |
| Mitral regurgitation | 123 | 54 | 0.53 | 0.37–0.68 |
| Tricuspid regurgitation | 107 | 49 | 0.61 | 0.45–0.74 |
| Pericardial effusion | 131 | 4 | 0.86 | 0.57–1.00 |
| Pleural effusion | 151 | 20 | 0.83 | 0.67–0.94 |
| Abdominal aorta | 52 | 2 | 0.70 | 0.49–1.00 |
| Inferior vena cava[a] | 94 | | 0.45 | 0.24–0.62 |

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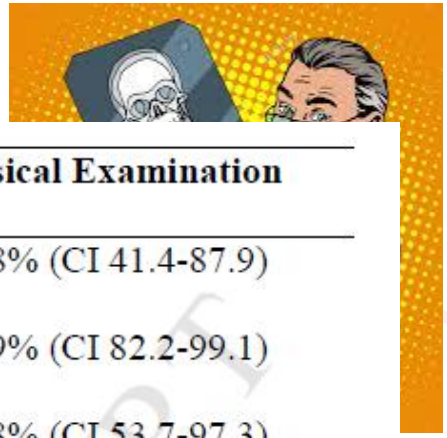
## Accepted Manuscript


Point-of-care ultrasound performed by a medical student compared to physical examination by vascular surgeons in the detection of abdominal aortic aneurysms

Trinh Mai, BSc, Michael Y. Woo, MD, CCFP (EM), RDMS, Kim Boles, CRVS, CRGS, FSC, Prasad Jetty, MD, FRCSC, MSc

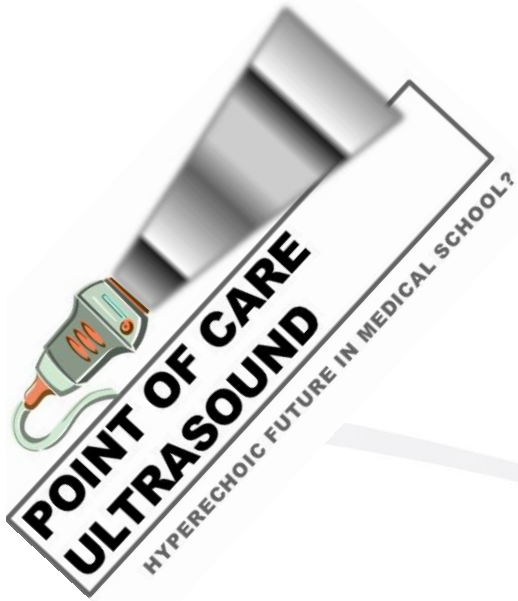
57 patients screening per aneurisma AA



| | POCUS | Physical Examination |
|---|---|---|
| **Sensitivity** | 93.8%[a] (CI 67.7-99.6) | 68.8% (CI 41.4-87.9) |
| **Specificity** | 100% (CI 89.3-100) | 93.9% (CI 82.2-99.1) |
| **Positive Predictive Value** | 100% (CI 74.6-100) | 81.8% (CI 53.7-97.3) |
| **Negative Predictive Value** | 97.6%[a] (CI 85.9-99.9) | 88.6% (CI 74.6-95.7) |

[a]Indeterminate classified as false negative

# Grazie per l'attenzione

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