

Coronary Artery Imaging

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I have no financial disclosures



Topic Roadmap



Equipment
Settings

Windows
&
Views



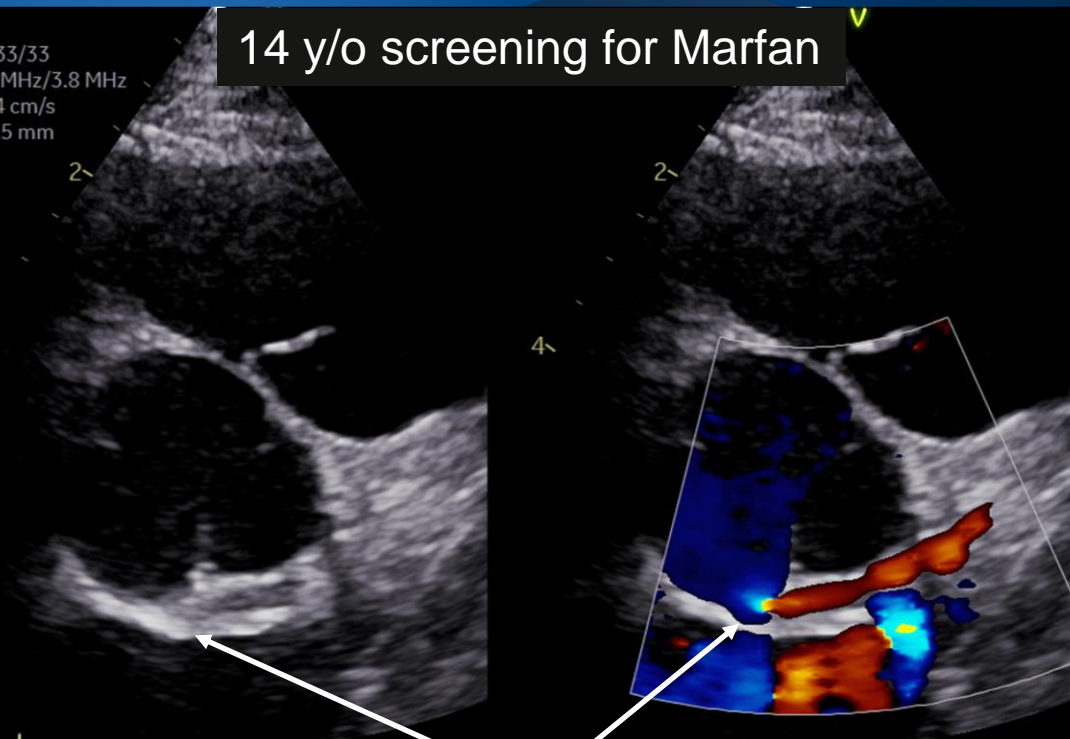
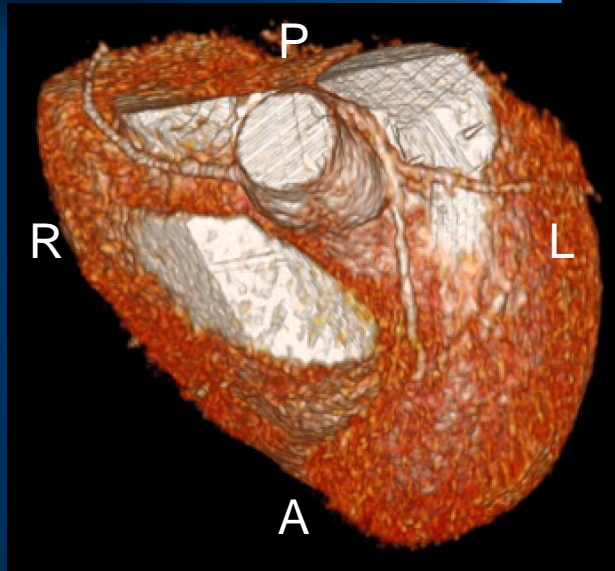
Why image coronaries in the young?

Risk of cardiac arrest and/or sudden death with anomalous origins or course

Chest pain w/ exertion
Syncope
~Abnormal ECG
Incidental finding

ACE
FPS: 33/33
f: 3.8 MHz/3.8 MHz
Rej: 4 cm/s
SV: 0.5 mm

14 y/o screening for Marfan



LMCA origin



Why image coronaries in the young?

Risk of cardiac arrest and/or sudden death with anomalous origins or course

Chest pain w/ exertion
Syncope
~Abnormal ECG
Incidental finding

Acquired CA disease in the young

Kawasaki
MIS-C

CHD repair that involves manipulation of the CA's

D-TGA
TOF
DORV
Ross/Konno
Valve-sparing aortic root replacement



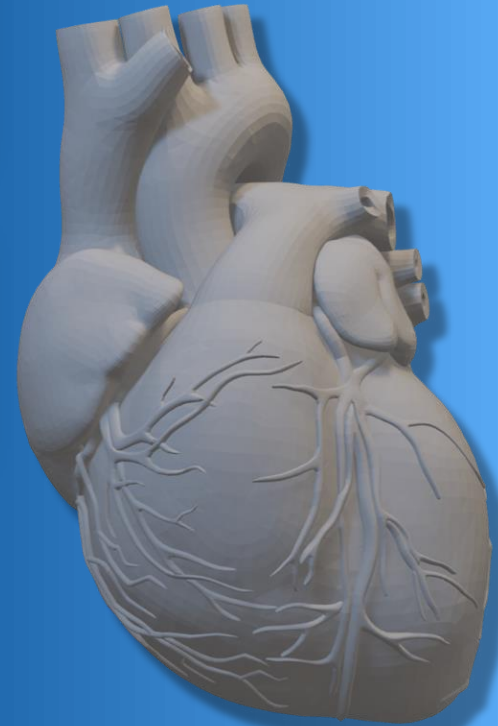
System settings are crucial to clear definition of CA origin and proximal course

Understanding the normal anatomy is key

Standard views do not provide adequate visualization of CA origin and course

CA's are superficial, bouncing with the surface of the heart. Cineloop is your friend!

Still images are not sufficient. They can be used in addition to, but not in place of, cineloop clips*



* I *will* be showing a lot of still frames in this presentation



A New Skill Set

Clear 2D imaging of the coronary artery origins and their proximal course takes a great deal of finesse

nope.

Equipment optimization *before* attempting to display the coronary arteries is one key to success

Use a coronary artery-specific preset (or make manual changes)

Displaying the 2D image of the arteries is crucial *prior* to color Doppler attempts





Equipment
Settings

2D Settings



Resolution

Axial - High frequency

Lateral – High scan line density

Frame rate

Decrease depth

Narrow sector width

Compression (~40)

Clear vessel boundaries

Gain

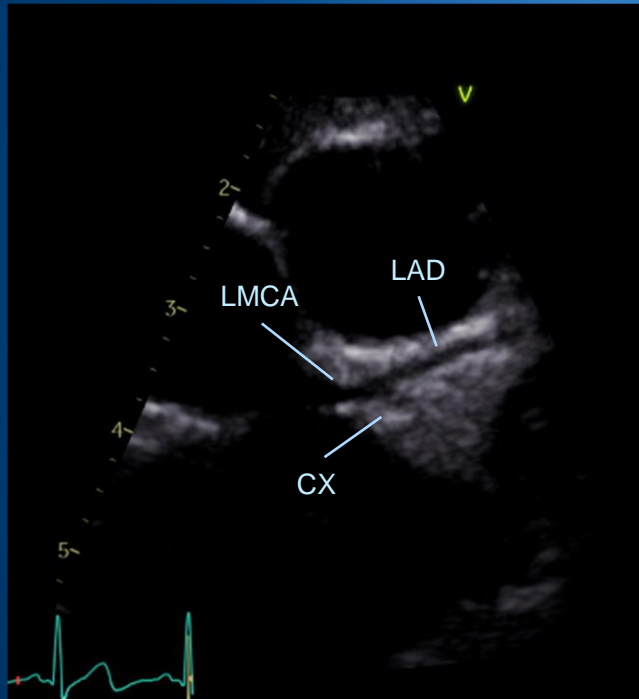
Clear up the lumen



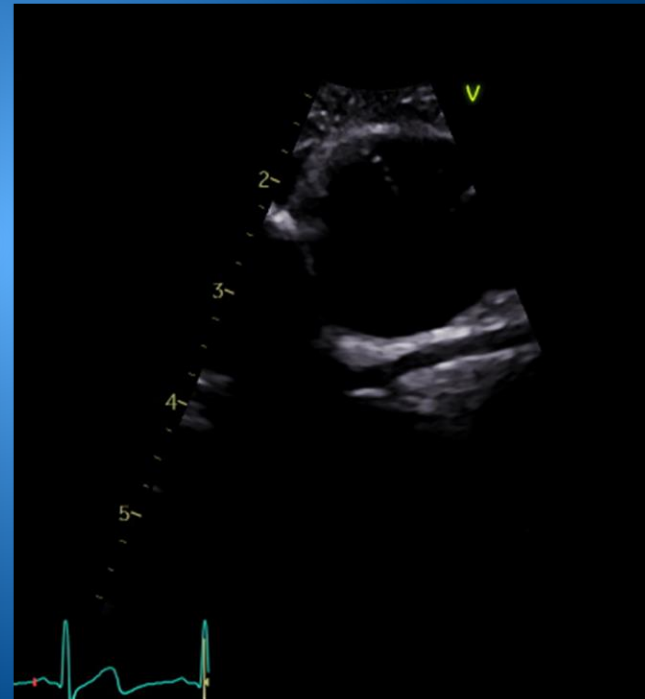
Axial Resolution - Imaging Frequency

LCA, 2 y/o

6 MHz transducer



12 MHz transducer

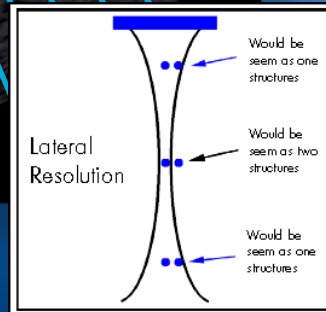
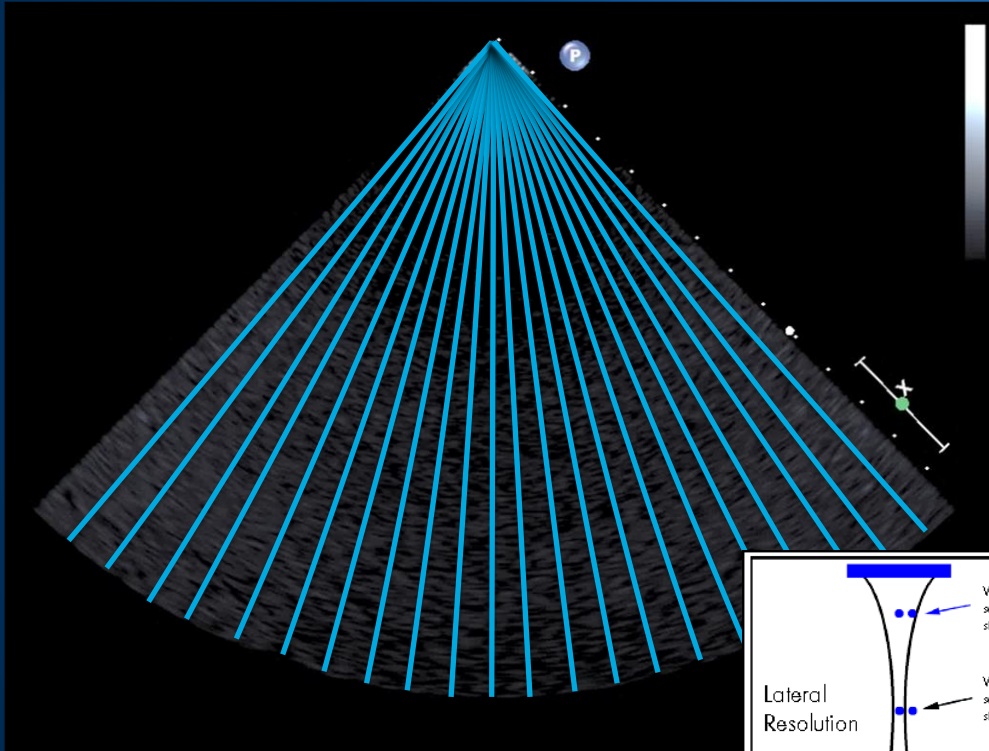


Don't drop dynamic range *too much*
when evaluating for KD

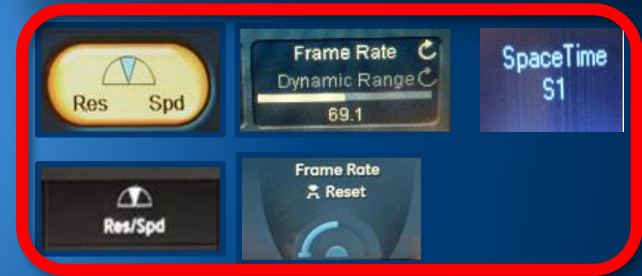


Kawasaki disease with giant aneurysms and LCA thrombus

Lateral Resolution



These controls are a balance, (or trade-off), between lateral resolution vs. temporal resolution



Instead,

- Decrease depth
- Narrow sector
- Use re-write zoom



Color Doppler Settings



Resolution

Increase frequency - Axial
Increase scan lines - Lateral



Write Priority
or
Tissue Priority



Frame rate

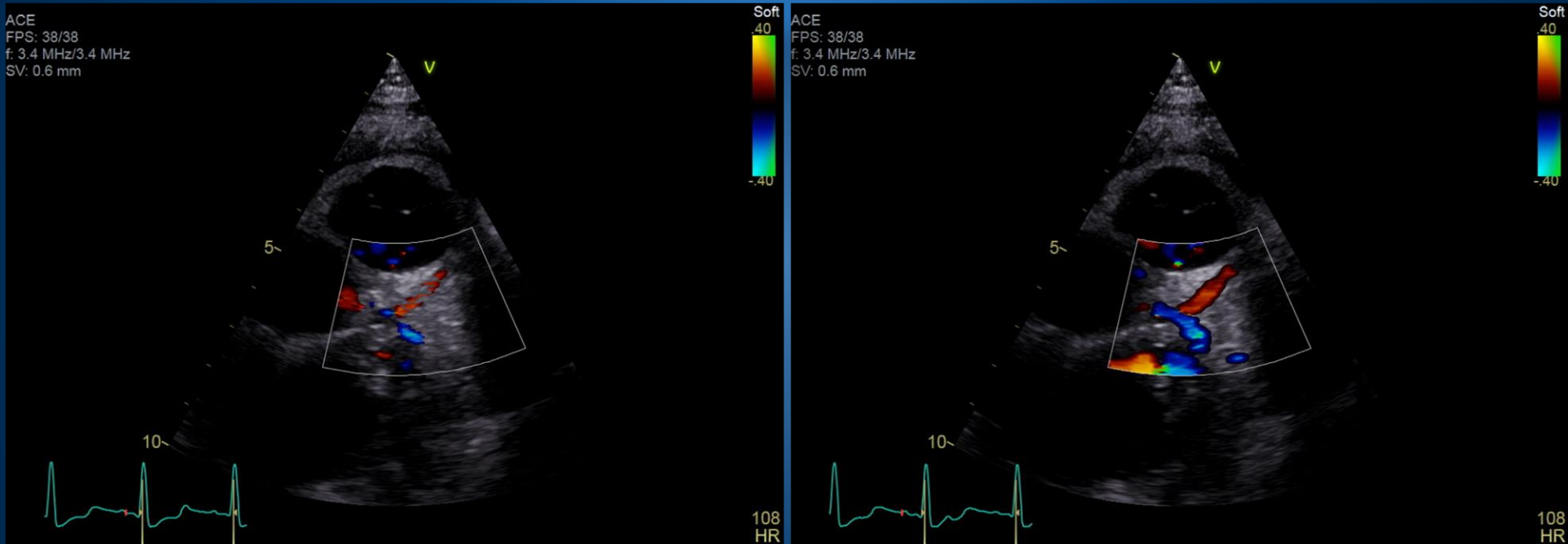
Decrease Depth
ROI size



Nyquist limit
Normal coronary artery
flow is very low velocity




Tissue vs. Color Priority





Okay, so *how* do you do it?





Windows
&
Views

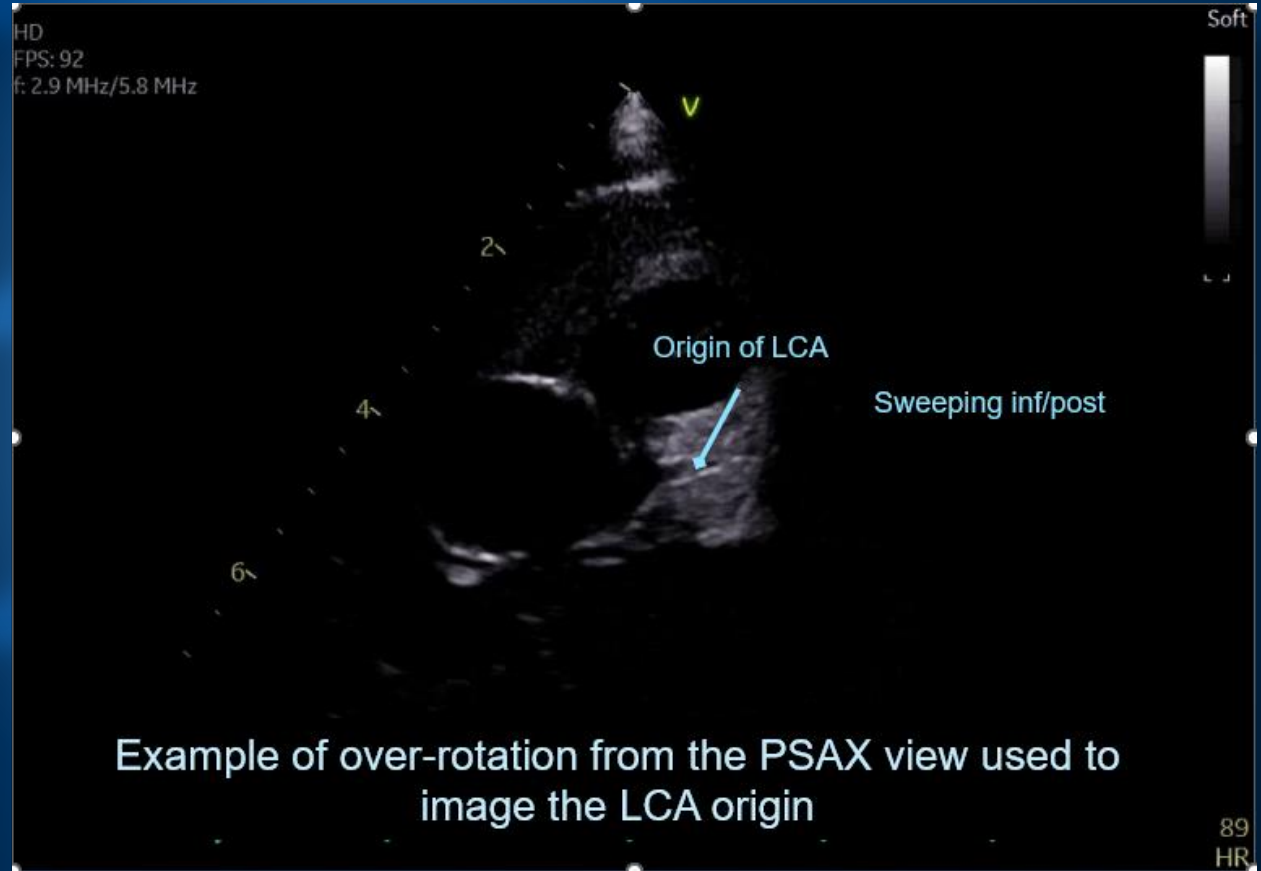


PSAX - Left Coronary Artery Origin

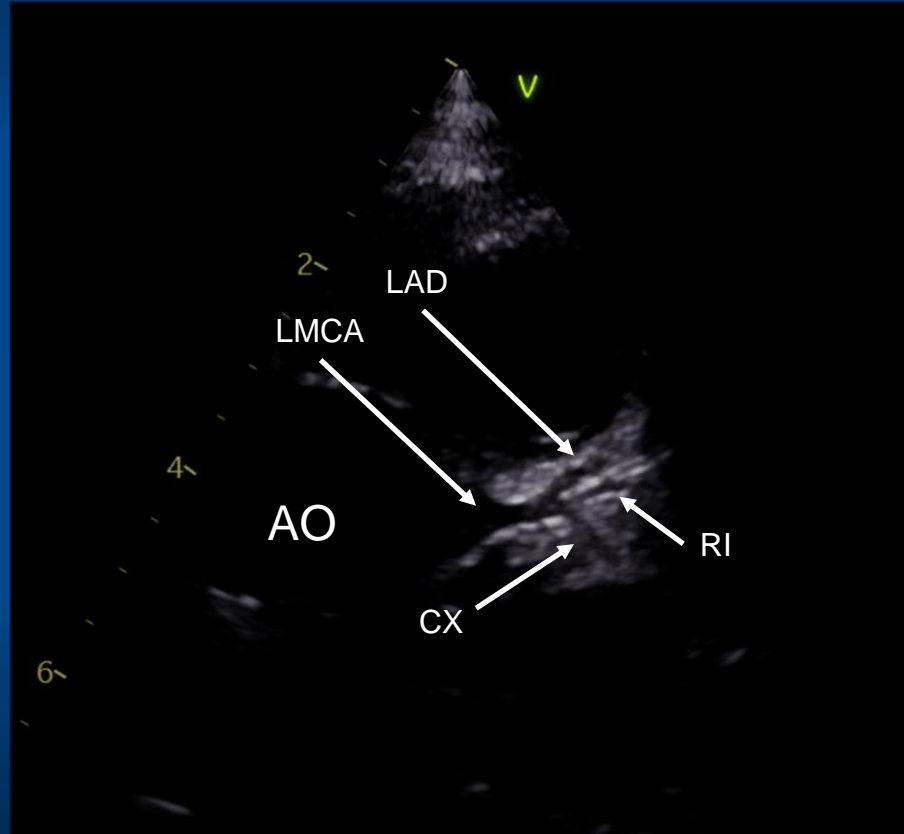
Best seen with over-rotation of the PSAX view (from the PLAX)

2D sweep to demonstrate the degree of over-rotation sometimes required

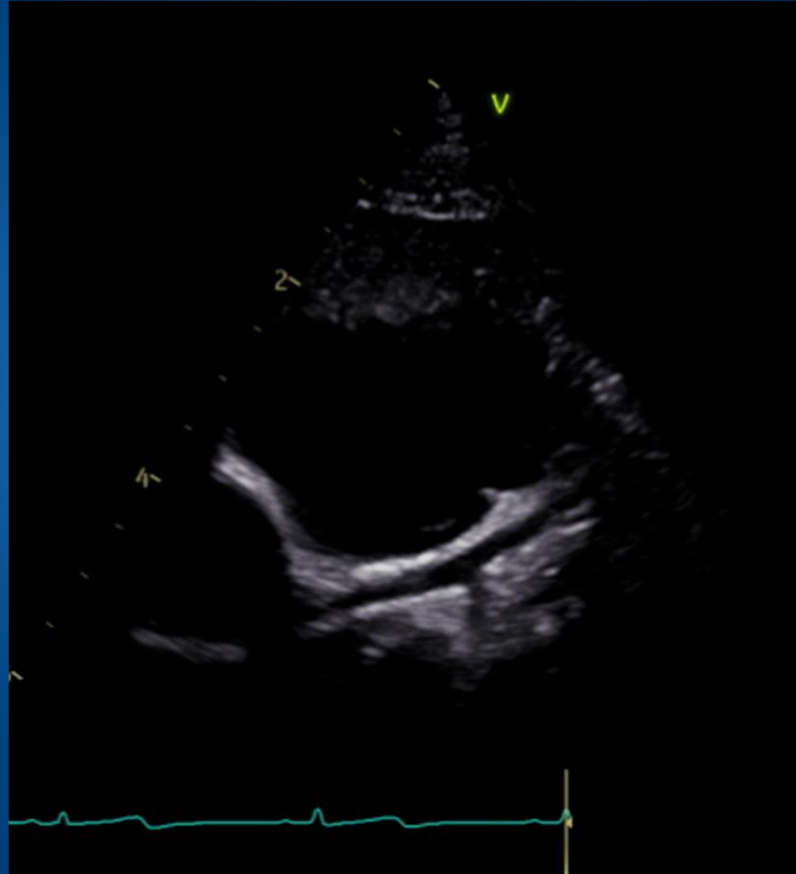
Nearly a reversed PLAX plane



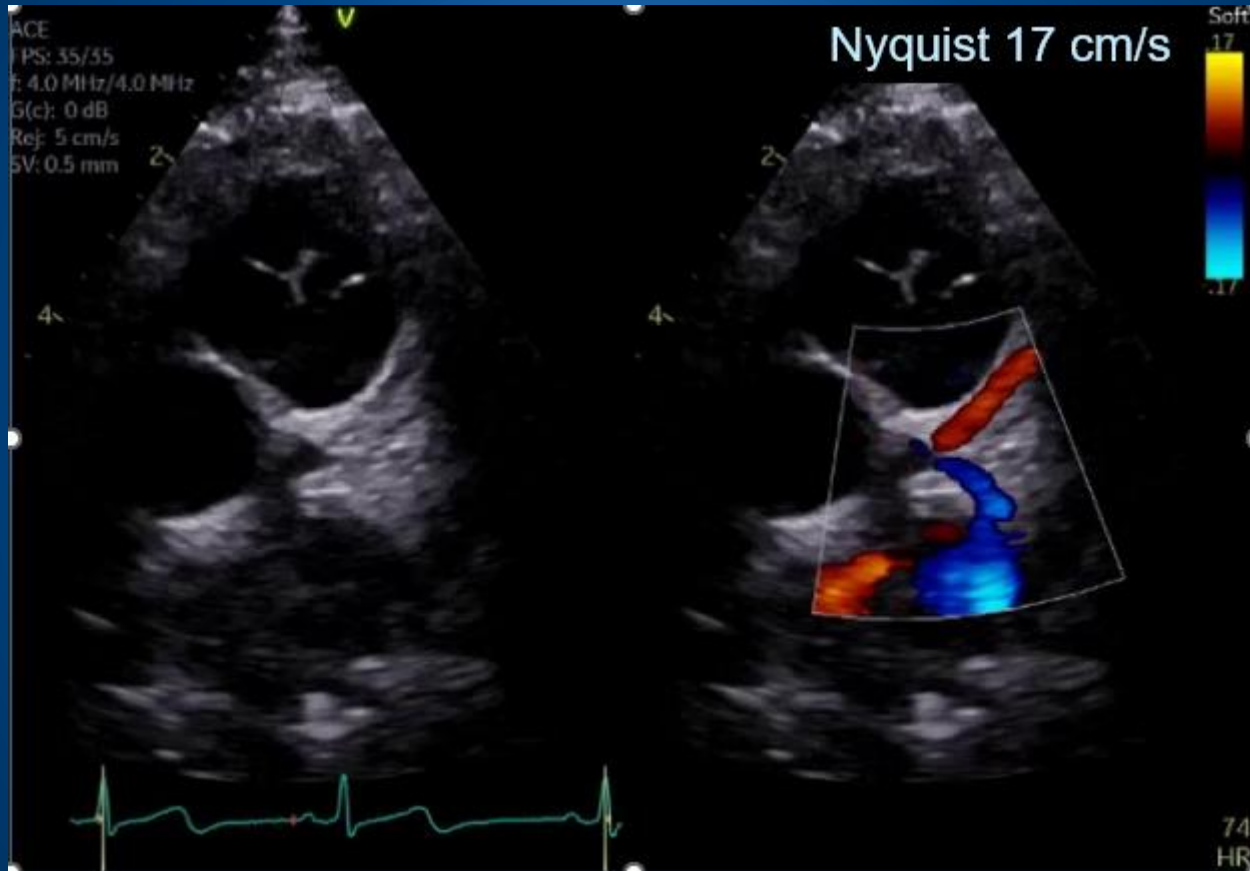
Left Coronary Artery Origin



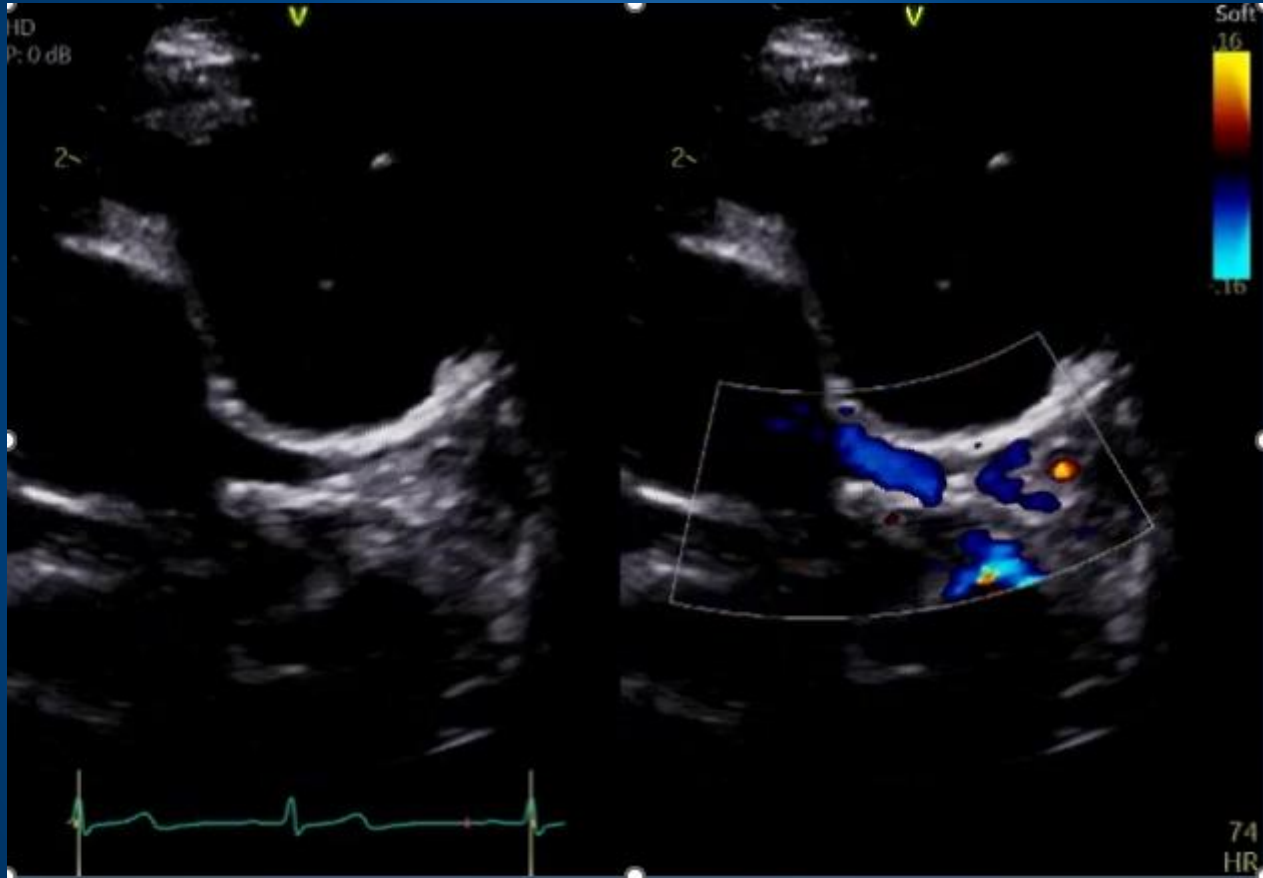
Left Coronary Artery - *Distal*



Left Coronary Artery Color Doppler



Left Coronary Artery Color Doppler



PLAX, RVOT – LCA bifurcation to LAD & CX



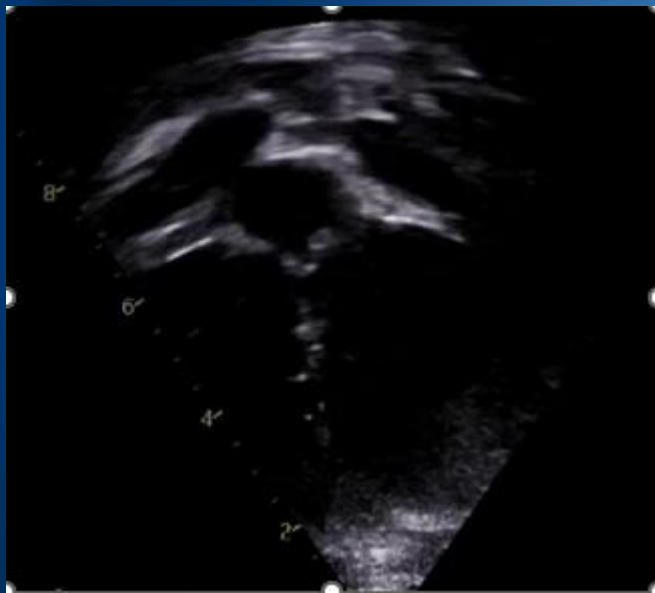
1.3 kg premie

4 y/o

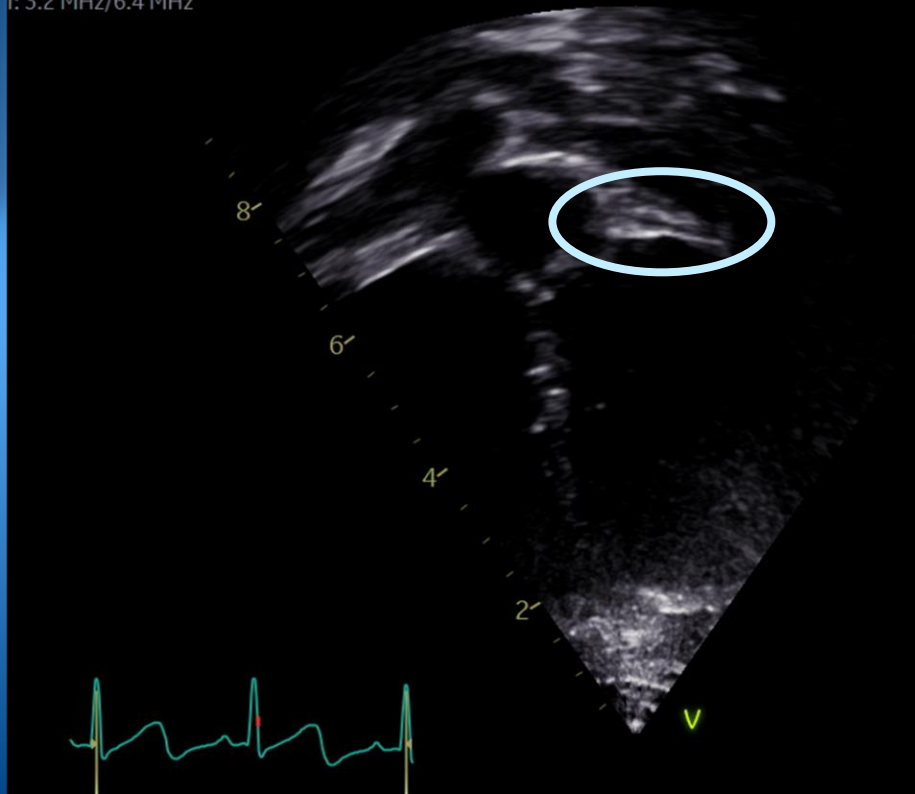


Circumflex Artery, Apical "5-Chamber" View

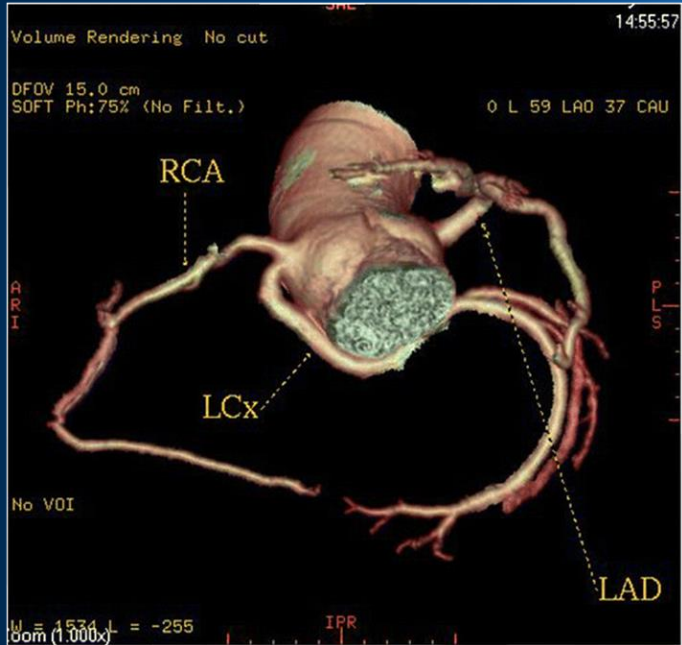
Circumflex artery in the anterior left AV groove from the apical "5 chamber" view



HD
FPS: 116
f: 3.2 MHz/6.4 MHz



Circumflex artery arising from the RCA – normal variant



BMC Cardiovascular Disorders

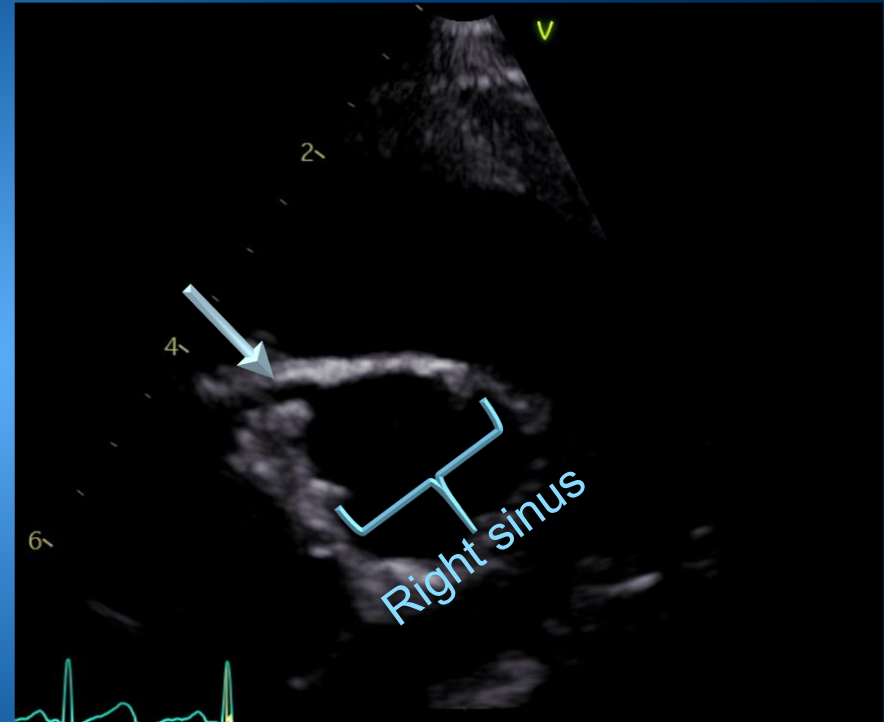
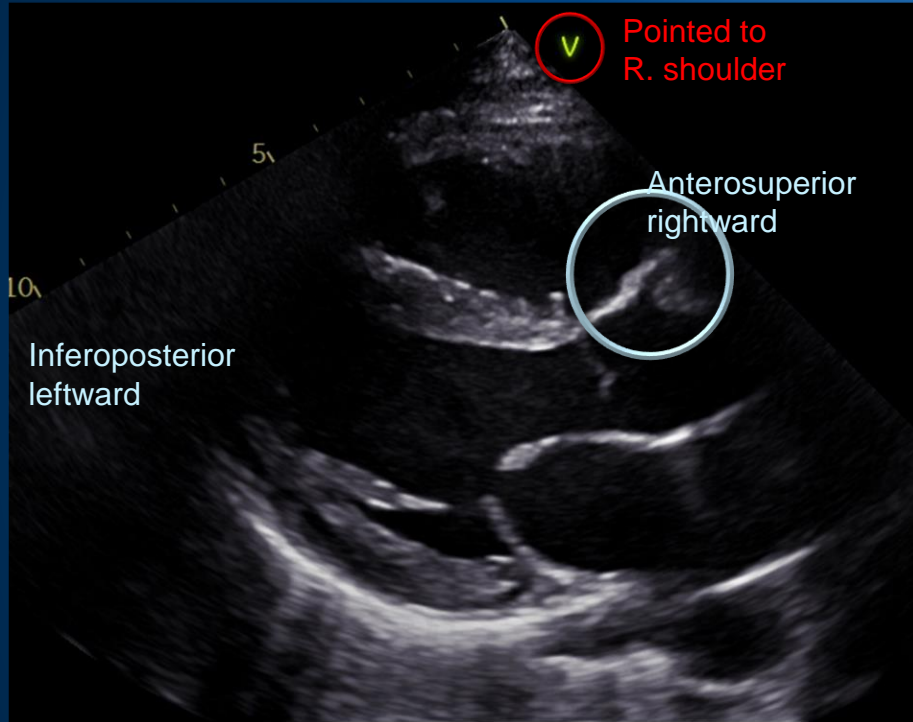
Apical 4-chamber view, just posterior to the aortic root



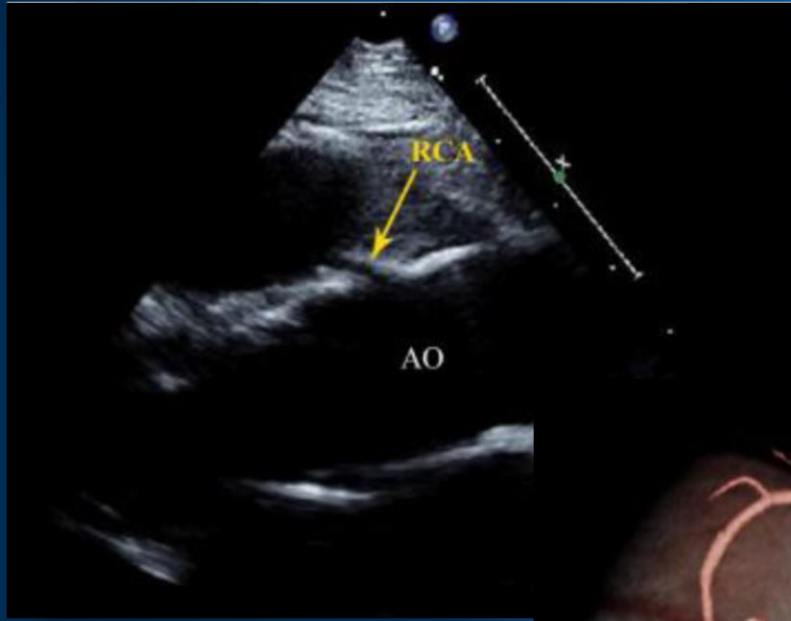
<https://heart.bmj.com/content/108/5/344>



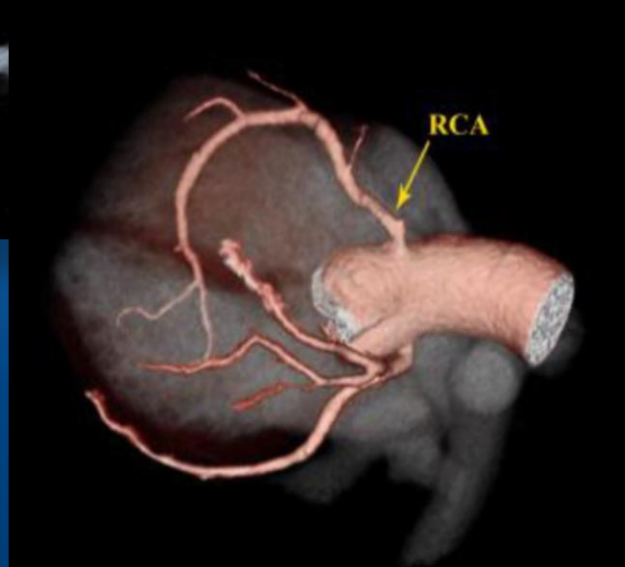
Right Coronary Artery Origin



High Take-off of the RCA – normal variant



<https://www.onlinejase.com>



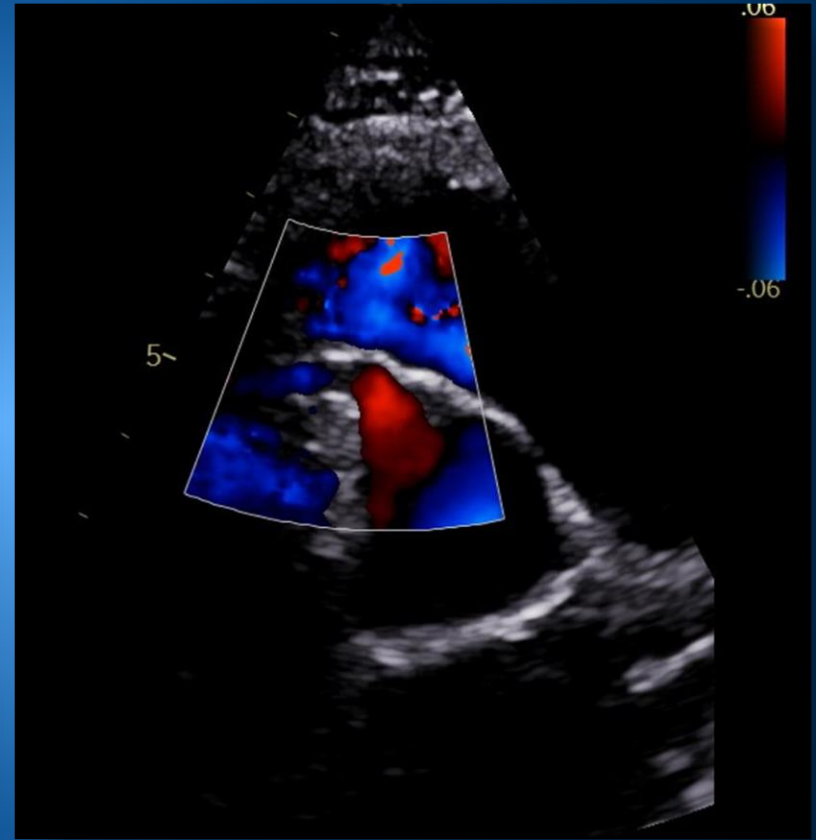
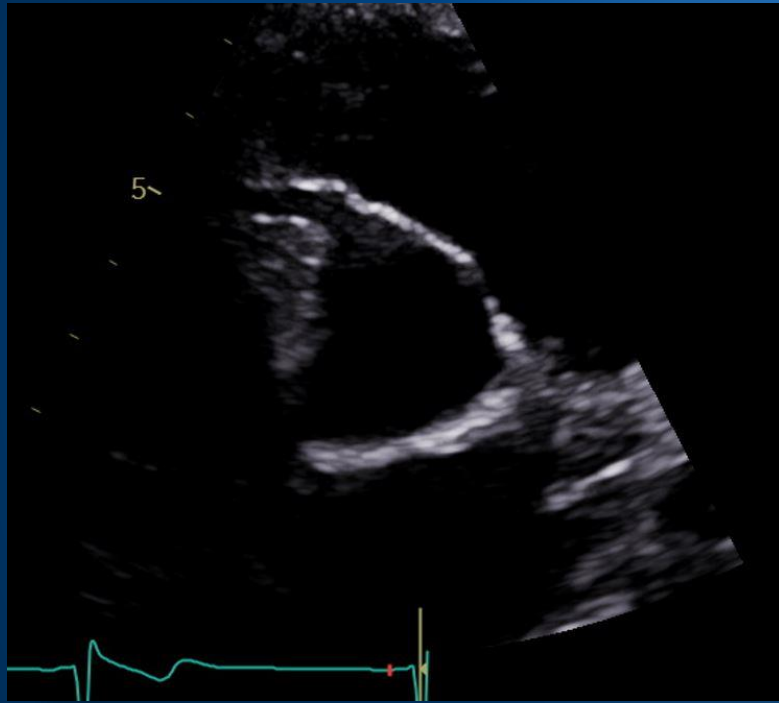
PLAX view, right coronary origin.

This view is helpful to define a superior origin of the RCA from the ascending aorta.

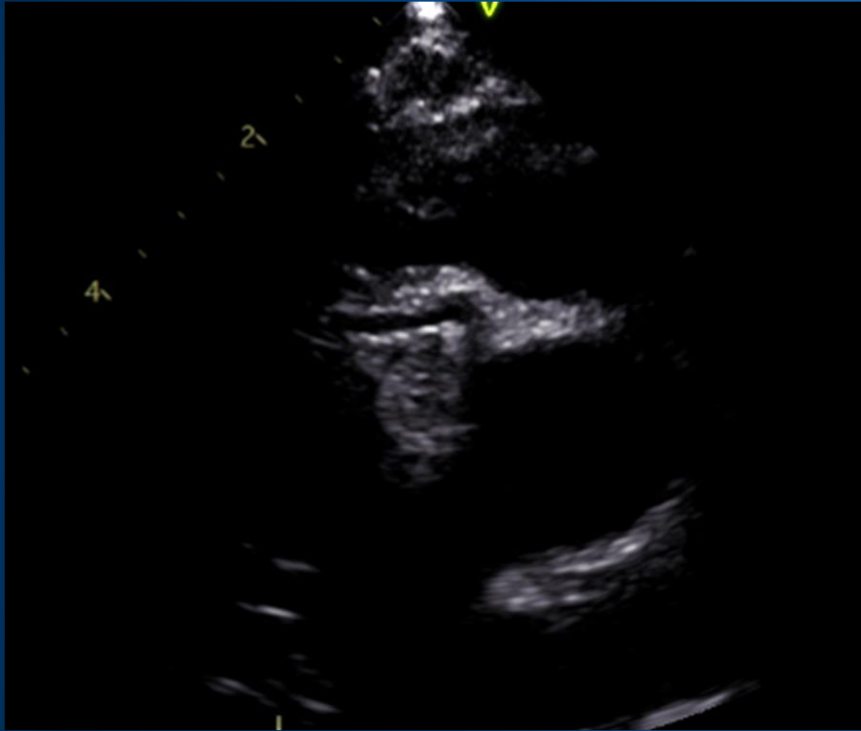
But will not accurately diagnose other abnormal origins, due to a lack of a right and left reference.



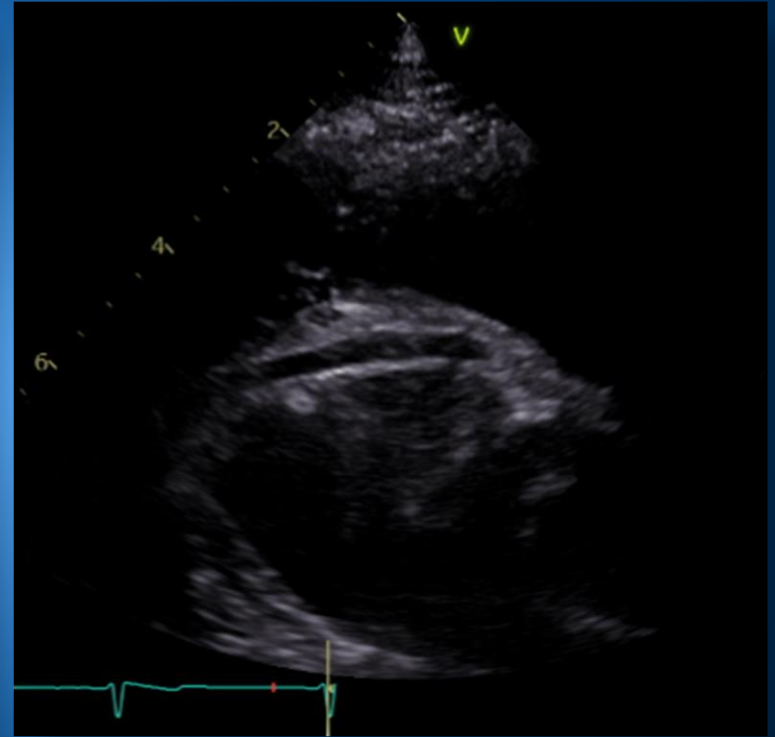
RCA Origin



RCA - Distal Anterior



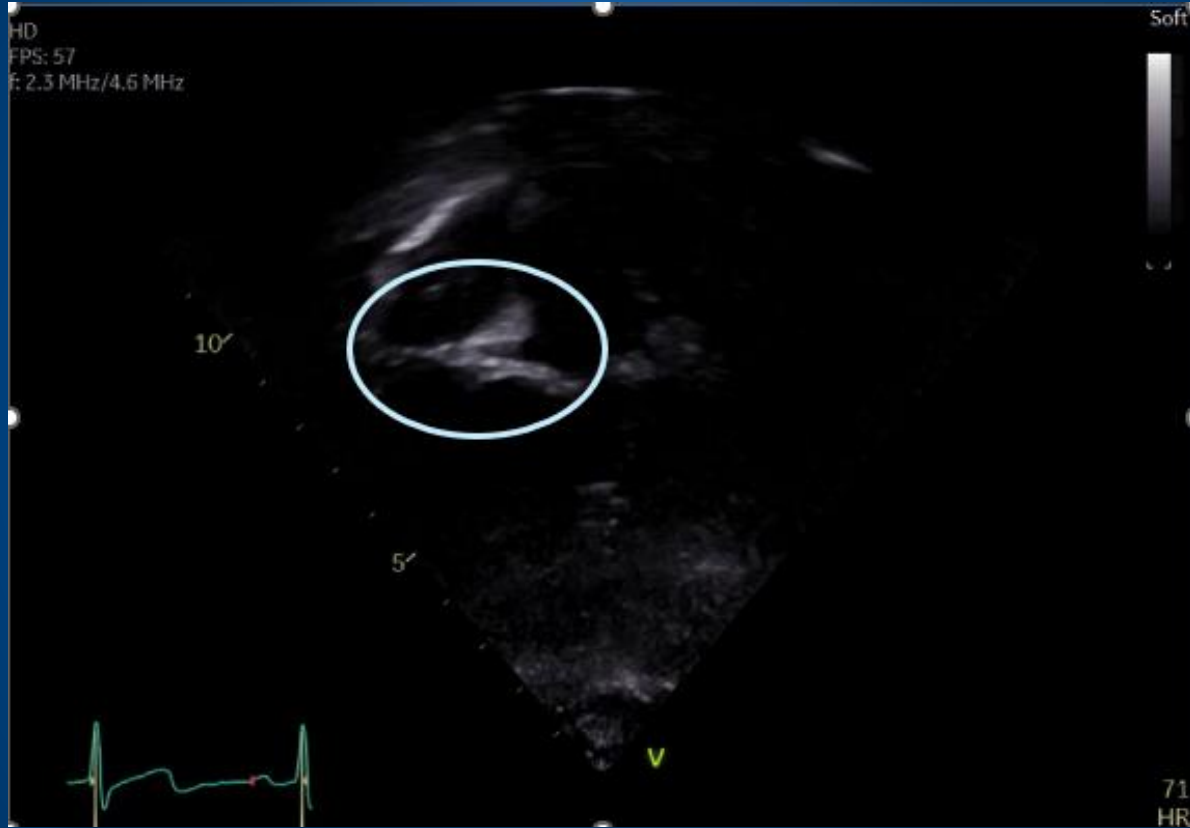
7 y/o



14 y/o



RCA - Distal Anterior, Apical Window



RCA in the *anterior* right AV groove



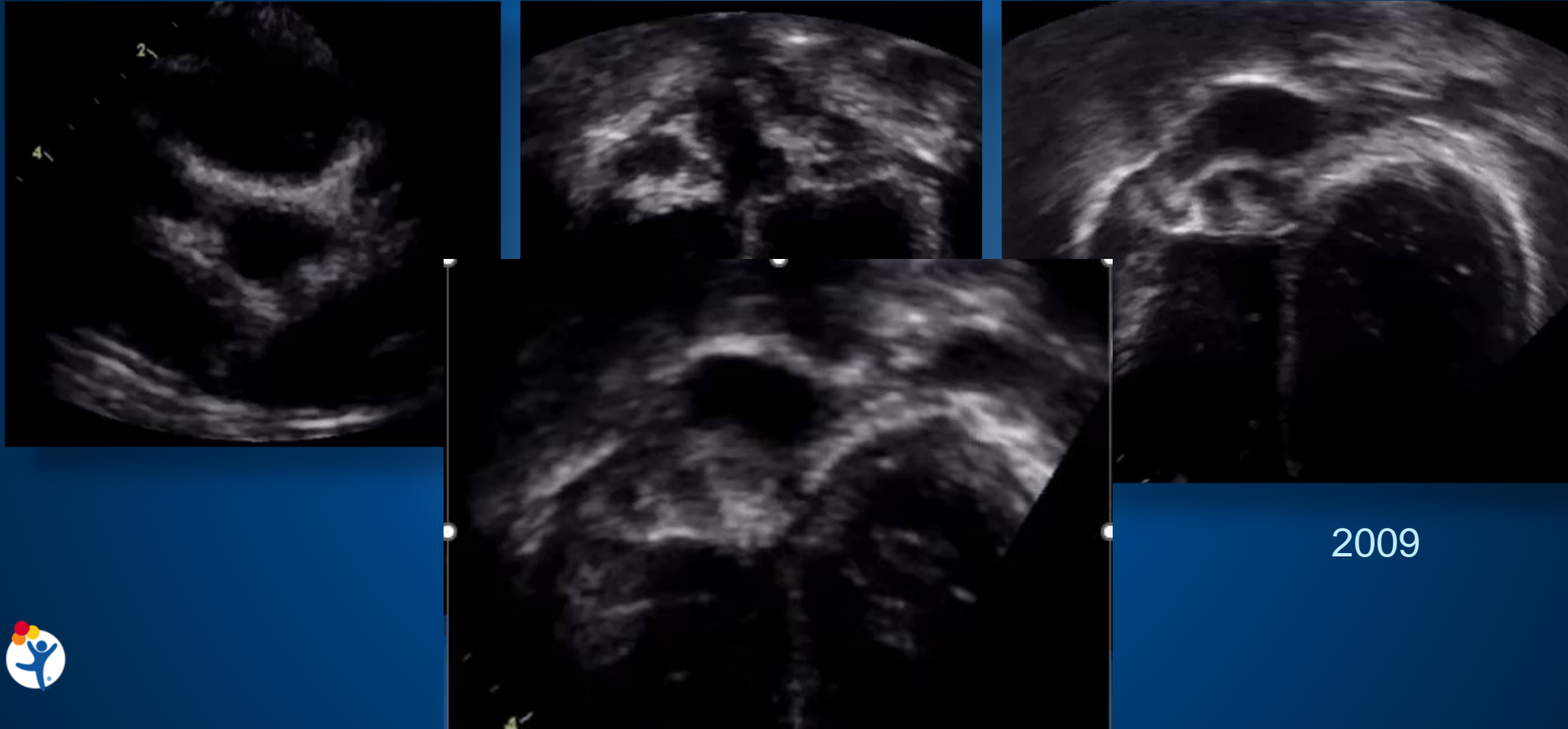
RCA - Distal Posterior, Apical Window



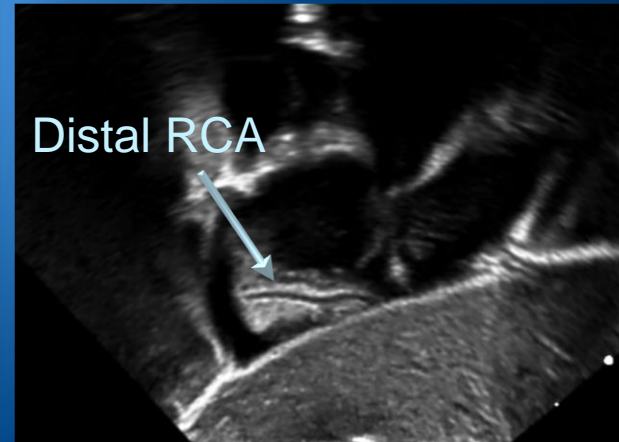
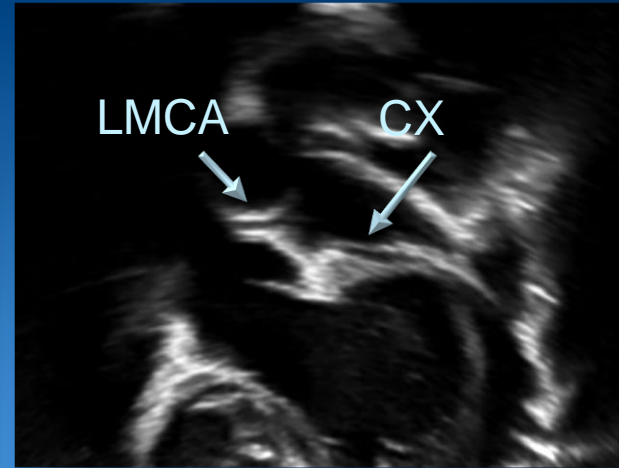
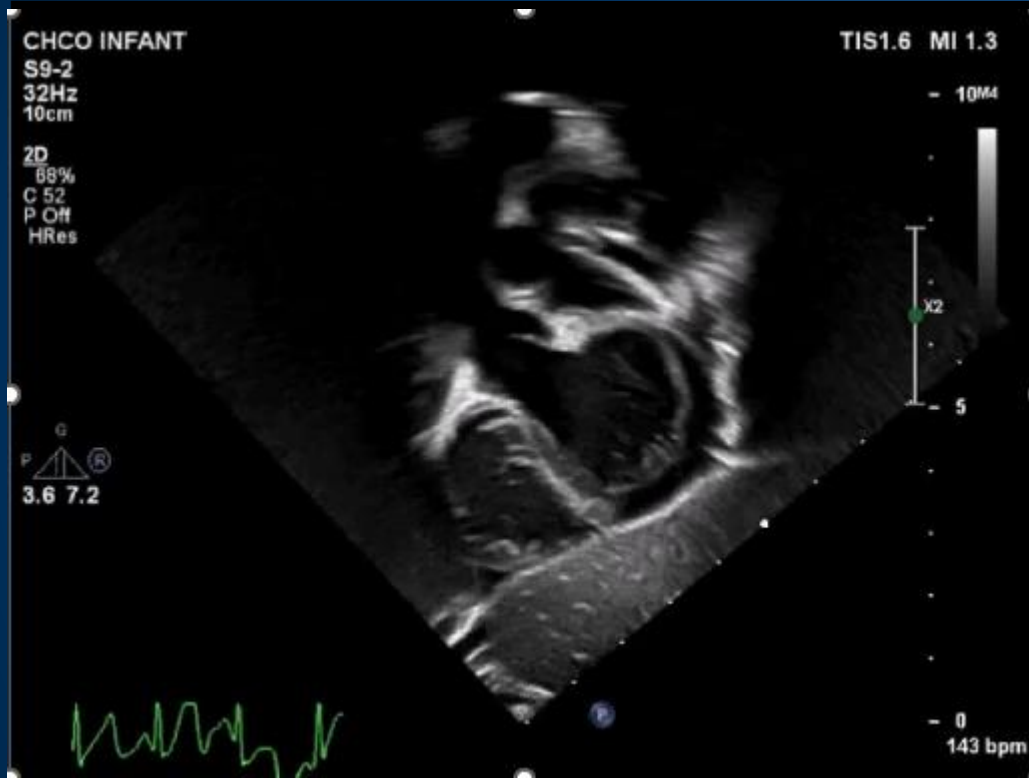
RCA in the *posterior* right AV groove



Kawasaki with giant aneurysms and *distal/posterior* RCA thrombus



Subcostal Sweep



Recommended Additional Resources

GUIDELINES AND STANDARDS

Recommendations for Multimodality Assessment of Congenital Coronary Anomalies: A Guide from the American Society of Echocardiography



Developed in Collaboration with the Society for Cardiovascular
Angiography and Interventions, Japanese Society of Echocardiography,
and Society for Cardiovascular Magnetic Resonance

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STATE-OF-THE-ART REVIEW ARTICLE

A Practical Guide to Pediatric Coronary Artery Imaging with Echocardiography

Lynne M. Brown, BA, RDCS (AE) (PE), FASE, C. Elise Duffy, MBBS, FRACP,
Carol Mitchell, PhD, RDMS, RDCS, RVT, RT(R), FASE, FSDMS, and
Luciana Young, MD, FACC, FASE, *Chicago, Illinois; and Madison, Wisconsin*



Direct Coronary artery
visualization
Health and Disease

Dr U P Singh MD DM
Prime Diagnostic Centre
Chandigarh, India

0:04 / 23:04

Pediatric Echo Scanning Tutorial Resource

Posted on our education platform.

<https://ce.childrenscolorado.org/> Search for: “Pediatric echo”

Currently available through 3/31/2026. No cost. No CEU’s.

scott.kirby@childrenscolorado.org



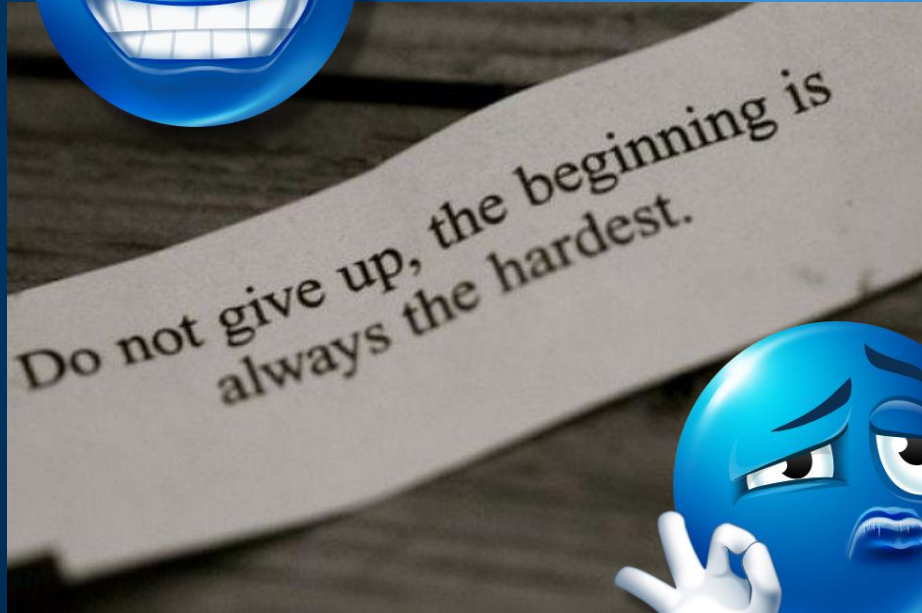
A screenshot of the website's header and main content area. The header includes the 'Continuing Education' logo, the Children's Hospital Colorado logo, a search bar with 'pediatric echo' entered, and social media icons for Facebook, Twitter, LinkedIn, and YouTube. Below the header is a navigation menu with 'Home', 'Catalog', 'Calendar', 'Resources', and 'Contact Us'. The main content area features a large heading: 'Welcome to Continuing Education at Children's Hospital Colorado' and a photograph of the hospital's modern building and surrounding green lawn.

A screenshot of a video player interface for the 'Pediatric Echo Scanning Tutorial'. The video shows a close-up of a child's chest being scanned with an echocardiogram probe. The player includes a progress bar at the bottom showing 19:02. On the right side, there is a technical data panel with the following information:

Tissue	
Filter - Zoom	1.0x
Frequency	5.6 MHz
Power	0 dB
Gain	7 dB
Compression	85 dB
Depth	0.4
Depth	8.2 cm

At the bottom right, there is a smaller inset window showing a different echocardiogram view. The video player also displays 'CHILDREN'S HOSPITAL COLORADO' and 'CHCO Training' in the top left corner of the video frame.

This isn't easy at first!



**IT DOESN'T
GET EASIER
YOU JUST
GET BETTER**



References

BMC Cardiovascular Disorders <https://bmccardiovascdisord.biomedcentral.com/articles/10.1186/s12872-015-0098-x>

<https://heart.bmj.com/content/108/5/344>

[https://www.onlinejase.com/article/S0894-7317\(15\)00009-7/fulltext#secsectitle0065](https://www.onlinejase.com/article/S0894-7317(15)00009-7/fulltext#secsectitle0065)

[Recommendations for Multimodality Assessment of Congenital Coronary Anomalies: A Guide from the American Society of Echocardiography \(asecho.org\)](#)

[A Practical Guide to Pediatric Coronary Artery Imaging with Echocardiography \(onlinejase.com\)](#)

<https://bluemoji.io/>

<https://www.bing.com/images/create>

Cleanpng.com

[Tips and tricks: Direct Coronary Visualization with Transthoracic Echo – YouTube](#)
https://youtu.be/9BplzuBJcal?si=OHnGNq2NirbHN_EI



FINISH

