

# ECHO INDIA 2019

Pre-Conference Workshop: 7<sup>th</sup> November, 2019

## ASSEMBLY IN RABINDRANATH TAGORE HALL

Venue: ITC Royal Bengal, Kolkata

8:30 am – 8:40 am: Assembly, Welcome & Orientation of Venue: Arunangshu Ganguly - Organizing Secretary, Echo India 2019.

8:40 am – 09:00 am: Welcome & Orientation of Course: Sameer Shrivastava – President, IAE & Soumitra Kumar - Scientific Chairman, Echo India 2019.

**PATTERN OF ALL SESSIONS:** (a) Introduction of topic (b) How to acquire (c) How to measure (d) How to analyze and interpret (e) How to report and conclude (f) we show a case and you interpret (g) recorded case demonstration in sessions where applicable

Time	Rabindranath Tagore Hall	C V Raman Hall	Mother Teresa Hall	Amartya Sen Hall
09:15 am - 10:30 am	<p><b>Science of performing an ideal Echo &amp; Doppler study: Back to Basics</b></p> <ol style="list-style-type: none"> <li>1. Role of controls on the echo machine &amp; their setting</li> <li>2. What are various ideal echocardiographic 2D views and their echo-anatomic correlation</li> <li>3. Minimum standard recording of a complete echo study</li> </ol> <p><b>3A:</b> Artifacts – how to recognize &amp; how to eliminate</p> <ol style="list-style-type: none"> <li>4. Basics of clinical Doppler</li> <li>5. How to optimize ideal Spectral Doppler and Color Flow mapping</li> <li>6. Nyquist limit simplified. When to choose PW and CW Doppler</li> </ol> <p>The usual mistakes made and their solution</p> <ol style="list-style-type: none"> <li>7. Reporting format – minimum requirements</li> </ol> <p><i>Rahul Mehrotra (Delhi)</i> <i>Hardeep Grewal (Gurgaon)</i></p> <p><b>EXPERT CRITIQUE</b> <i>Dipankar Datta (Kolkata)</i> <i>Abhijit Chatterjee (Kolkata)</i></p>	<p><b>Science of performing an ideal Echo &amp; Doppler study: Back to Basics</b></p> <ol style="list-style-type: none"> <li>1. Role of controls on the Echo machine &amp; their setting</li> <li>2. What are various ideal echocardiographic 2D views and their echo-anatomic correlation</li> <li>3. Minimum standard recording of a complete echo study</li> </ol> <p><b>3A:</b> Artifacts – how to recognize &amp; how to eliminate</p> <ol style="list-style-type: none"> <li>4. Basics of clinical Doppler</li> <li>5. How to optimize ideal Spectral Doppler and Color Flow mapping</li> <li>6. Nyquist limit simplified. When to choose PW and CW Doppler</li> </ol> <p>The usual mistakes made and their solution</p> <ol style="list-style-type: none"> <li>7. Reporting format – minimum requirements</li> </ol> <p><i>Aniruddha De (Kolkata)</i> <i>Rajat Subhra Ghose (Kolkata)</i></p> <p><b>EXPERT CRITIQUE</b> <i>V Amuthan (Madurai)</i></p>	<p><b>Science of performing an ideal Echo &amp; Doppler study: Back to Basics</b></p> <ol style="list-style-type: none"> <li>1. Role of controls on the Echo machine &amp; their setting</li> <li>2. What are various ideal echocardiographic 2D views and their echo-anatomic correlation</li> <li>3. Minimum standard recording of a complete echo study</li> </ol> <p><b>3A:</b> Artifacts – how to recognize &amp; how to eliminate</p> <ol style="list-style-type: none"> <li>4. Basics of clinical Doppler</li> <li>5. How to optimize ideal Spectral Doppler and Color Flow mapping</li> <li>6. Nyquist limit simplified. When to choose PW and CW Doppler</li> </ol> <p>The usual mistakes made and their solution</p> <ol style="list-style-type: none"> <li>7. Reporting format – minimum requirements</li> </ol> <p><i>Nitin Burkule (Mumbai)</i> <i>Rishikesh Shah (Mumbai)</i></p> <p><b>EXPERT CRITIQUE</b> <i>Fabiola Sozzi (Italy)</i> <i>Nandita Chakraborty (Kolkata)</i></p>	<p><b>Science of performing an ideal Echo &amp; Doppler study: Back to Basics</b></p> <ol style="list-style-type: none"> <li>1. Role of controls on the Echo machine &amp; their setting</li> <li>2. What are various ideal echocardiographic 2D views and their echo-anatomic correlation</li> <li>3. Minimum standard recording of a complete echo study</li> </ol> <p><b>3A:</b> Artifacts – how to recognize &amp; how to eliminate</p> <ol style="list-style-type: none"> <li>4. Basics of clinical Doppler</li> <li>5. How to optimize ideal Spectral Doppler and Color Flow mapping</li> <li>6. Nyquist limit simplified. When to choose PW and CW Doppler</li> </ol> <p>The usual mistakes made and their solution</p> <ol style="list-style-type: none"> <li>7. Reporting format – minimum requirements</li> </ol> <p><i>U P Singh (Chandigarh)</i> <i>Gaurav Kapoor (Amritsar)</i></p> <p><b>EXPERT CRITIQUE</b> <i>Sankar Mitra (Kolkata)</i> <i>K Raghu (Hyderabad)</i></p>
10:30 am -10:45 am	<b>TEA BREAK</b>			

<p><b>10:45 am -12:00 pm</b></p>	<p><b>Pulmonary hemodynamics in clinical practice</b></p> <ol style="list-style-type: none"> <li>1. RA pressure <ul style="list-style-type: none"> <li>• IVC method</li> <li>• Hepatic vein flow reversals</li> <li>• Tricuspid valve Doppler</li> </ul> </li> <li>2. Pulmonary artery peak and mean pressures 2-D Semiquantitative &amp; Doppler quantitative methods How do I measure in cases of VSD, PDA, PA diastolic pressure by PR jet?</li> <li>3. How do I measure RA volume, tricuspid and pulmonary annulus</li> <li>4. RV functions in daily practice like RVFAC, TAPSE, RV-TDI</li> </ol> <p><i>S K Parashar (Noida)</i> <i>Shahana Zaman (Bangladesh)</i> <i>Mohammadullah Firoz (Bangladesh)</i></p> <p><b>EXPERT CRITIQUE</b> <i>G Vijayaraghavan (Trivandrum)</i></p>	<p><b>Pulmonary hemodynamics in clinical practice</b></p> <ol style="list-style-type: none"> <li>1. RA pressure <ul style="list-style-type: none"> <li>• IVC method</li> <li>• Hepatic vein flow reversals</li> <li>• Tricuspid valve Doppler</li> </ul> </li> <li>2. Pulmonary artery peak and mean pressures 2-D Semiquantitative &amp; Doppler quantitative methods How do I measure in cases of VSD, PDA, PA diastolic pressure by PR jet?</li> <li>3. How do I measure RA volume, tricuspid and pulmonary annulus</li> <li>4. RV functions in daily practice like RVFAC, TAPSE, RV-TDI</li> </ol> <p><i>Rohit Tandon (Ludhiana)</i> <i>Sunil Bohra (Bengaluru)</i></p> <p><b>EXPERT CRITIQUE</b> <i>Mani Vannan (USA)</i></p>	<p><b>Pulmonary hemodynamics in clinical practice</b></p> <ol style="list-style-type: none"> <li>1. RA pressure <ul style="list-style-type: none"> <li>• IVC method</li> <li>• Hepatic vein flow reversals</li> <li>• Tricuspid valve Doppler</li> </ul> </li> <li>2. Pulmonary artery peak and mean pressures 2-D Semiquantitative &amp; Doppler quantitative methods How do I measure in cases of VSD, PDA, PA diastolic pressure by PR jet?</li> <li>3. How do I measure RA volume, tricuspid and pulmonary annulus</li> <li>4. RV functions in daily practice like RVFAC, TAPSE, RV-TDI</li> </ol> <p><i>Simmi Manocha (Delhi)</i> <i>Debika Chatterjee (Kolkata)</i></p> <p><b>EXPERT CRITIQUE</b> <i>R J Manjuran (Kochi)</i></p>	<p><b>Pulmonary hemodynamics in clinical practice</b></p> <ol style="list-style-type: none"> <li>1. RA pressure <ul style="list-style-type: none"> <li>• IVC method</li> <li>• Hepatic vein flow reversals</li> <li>• Tricuspid valve Doppler</li> </ul> </li> <li>2. Pulmonary artery peak and mean pressures 2-D Semiquantitative &amp; Doppler quantitative methods How do I measure in cases of VSD, PDA, PA diastolic pressure by PR jet?</li> <li>3. How do I measure RA volume, tricuspid and pulmonary annulus</li> <li>4. RV functions in daily practice like RVFAC, TAPSE, RV-TDI</li> </ol> <p><i>Rekha Mishra (Delhi)</i> <i>Sabina Hashem (Bangladesh)</i></p> <p><b>EXPERT CRITIQUE</b> <i>S Shanmugasundaram (Chennai)</i></p>
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<p>12:15 pm – 01:30 pm</p>	<p><b>3D Echo 360 Degrees</b></p> <ol style="list-style-type: none"> <li>1. Basic concepts of optimizing a 3-D image, demonstration of cropping modalities &amp; controls</li> <li>2. Left ventricular Tomographic views: Biplane, Triplane &amp; Multiplane</li> <li>3. L V 3-D Volume calculation Step by Step: Gold standard of EF</li> <li>4. 3-D evaluation of tricuspid valve</li> <li>5. 3-D Evaluation of mitral valve</li> <li>6. 3-D Evaluation of aortic valve</li> </ol> <p><i>R Alagesan (Chennai)</i> <i>S R Veeramani (Madurai)</i></p> <p><b>EXPERT CRITIQUE</b> <i>Raj Janardhanan (USA)</i></p>	<p><b>3D Echo 360 Degrees</b></p> <ol style="list-style-type: none"> <li>1. Basic concepts of optimizing a 3-D image, demonstration of cropping modalities &amp; controls</li> <li>2. Left ventricular Tomographic views: Biplane, Triplane &amp; Multiplane</li> <li>3. L V 3-D Volume calculation Step by Step: Gold standard of EF</li> <li>4. 3-D evaluation of tricuspid valve</li> <li>5. 3-D Evaluation of mitral valve</li> <li>6. 3-D Evaluation of aortic valve</li> </ol> <p><i>K K Kapur (Delhi)</i> <i>Vinayak Agrawal (Gurugram)</i></p> <p><b>EXPERT CRITIQUE</b> <i>K Chandrasekaran (USA)</i></p>	<p><b>Congenital heart Disease</b></p> <ol style="list-style-type: none"> <li>1. What all I want to know about ASD and device suitability</li> <li>2. What all I should see in a child with VSD</li> <li>3. Complex cyanotic heart disease: A simplified clinical, radiological and ECG approach to narrow down differential diagnosis</li> <li>4. Case demonstration of congenital mitral valve abnormalities</li> </ol> <p><i>K Siva Kumar (Chennai)</i> <i>Ritchie Solomon (Chennai)</i></p> <p><b>EXPERT CRITIQUES</b> <i>Sonia El Saiedi (Egypt)</i> <i>I B Vijayalakshmi (Bangalore)</i></p>	<p><b>Congenital heart Disease</b></p> <ol style="list-style-type: none"> <li>1. What all I want to know about ASD and device suitability</li> <li>2. What all I should see in a child with VSD</li> <li>3. Complex cyanotic heart disease: A simplified clinical, radiological and ECG approach to narrow down differential diagnosis</li> <li>4. Case demonstration of congenital mitral valve abnormalities</li> </ol> <p><i>Smita Mishra ( Delhi )</i> <i>Saji Philip ( Mannar )</i> <i>BRJ Kannan (Madurai)</i></p> <p><b>EXPERT CRITIQUES</b> <i>Hala Almarsafawy (Egypt)</i> <i>Achyut Sarkar (Kolkata)</i></p>
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01:30 pm –  
02:30 pm

## LUNCH

02:30 pm -  
03:45 pm

### Myocardial Strain imaging:

- 1.What is strain?
- 2.How to perform speckle –tracking echo & assure quality
- 3.How to interpret & caveats
- 4.Clinical Applications
- 5.Is there a value of Bulls Eye Plot?
- 6.Limitations & solutions

*V Amuthan (Madurai)*  
*Manish Bansal (Gurugram)*

**EXPERT CRITIQUE**  
*Erwan Donal (France)*  
*Nitin Burkule (Mumbai)*

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*Rakesh Gupta (Delhi)*  
*V Vatchsala Sree (Vellore)*

**EXPERT CRITIQUE**  
*Mani Vannan (USA)*

### Myocardial Strain imaging:

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*R Manivasagam (Trichy)*  
*Shantanu Sengupta (Nagpur)*

**EXPERT CRITIQUE**  
*Krasimira Hristova (Bulgaria)*

### Cardiac MRI: Application in day to day practice (Basic & Advanced Integrated)

- CMR in Ischemic heart disease – (20 mins) *Vijaya Bhaskar Nori (Hyderabad)*
- CMR in Non-Ischemic Cardiomyopathy – (20 mins) *Rajesh Kannan (Kochi)*
- CMR in Cardiac Masses – (20 mins) *Bhavin Jankharia (Mumbai)*

**EXPERT CRITIQUE**  
*Bhavin Jankharia (Mumbai)*  
(Questions – 15mins)

03:45 pm -  
04:05 pm

## TEA BREAK

<p><b>04:15 pm - 05:30 pm</b></p>	<p><b>Prosthetic valve</b>  <b>1.</b> Introduction to types of prosthetic valves  <b>2.</b> How does their hemodynamics differ from native valve – concept of EROA  <b>3.</b> Echo - anatomic demonstration of certain types of prosthetic valves  <b>4.</b> Normal vs abnormal prosthetic valve &amp; gradients  <b>5.</b> Stepwise approach when the gradient is high / increasing in follow up  <b>6.</b> Pannus, thrombus. How to differentiate  <b>7.</b> How to report a prosthetic valve case  <b>8.</b> Recorded studies of dysfunctional prosthetic valve. What is the abnormality</p> <p><i>Rishikesh Shah (Mumbai)</i>  <i>Ashok Garg (Jaipur)</i></p> <p><b>EXPERT CRITIQUE</b>  <i>Sameer Shrivastava (Delhi)</i></p>	<p><b>Prosthetic valve</b>  <b>1.</b> Introduction to types of prosthetic valves  <b>2.</b> How does their hemodynamics differ from native valve – concept of EROA  <b>3.</b> Echo - anatomic demonstration of various types of prosthetic valves  <b>4.</b> Normal vs abnormal prosthetic valve &amp; gradients  <b>5.</b> Stepwise approach when the gradient is high / increasing in follow up  <b>6.</b> Pannus, thrombus. How to differentiate  <b>7.</b> How to report a prosthetic valve case  <b>8.</b> Recorded studies of dysfunctional prosthetic valve. What is the abnormality</p> <p><i>C K Ponde (Mumbai)</i>  <i>Mohsin Ansari (Mumbai)</i></p> <p><b>EXPERT CRITIQUE</b>  <i>R R Kasliwal (Gurugram)</i></p>	<p><b>Prosthetic valve</b>  <b>1.</b> Introduction to types of prosthetic valves  <b>2.</b> How does their hemodynamics differ from native valve – concept of EROA  <b>3.</b> Echo - anatomic demonstration of various types of prosthetic valves  <b>4.</b> Normal vs abnormal prosthetic valve &amp; gradients  <b>5.</b> Stepwise approach when the gradient is high / increasing in follow up  <b>6.</b> Pannus, thrombus. How to differentiate  <b>7.</b> How to report a prosthetic valve case  <b>8.</b> Recorded studies of dysfunctional prosthetic valve. What is the abnormality</p> <p><i>Satish Govind (Bengaluru)</i>  <i>Atul Karande (Indore)</i></p> <p><b>EXPERT CRITIQUE</b>  <i>S K Parashar(Delhi)</i></p>	<p><b>Cardiac CT: Applications in Clinical Practice (Basic &amp; Advanced Integrated)</b></p> <ul style="list-style-type: none"> <li>• Cardiac CT in chronic stable angina – (20 mins) <b>Vijaya Bhaskar Nori (Hyderabad)</b></li> <li>• CCT in stents and CABG – (15 mins) <b>Bhavin Jankharia (Mumbai)</b></li> <li>• Role of CCT in emergency department – (20 mins) <b>Vijaya Bhaskar Nori (Hyderabad)</b></li> <li>• Role of CT FFR in Coronary artery-disease – (15 mins) <b>Bhavin Jankharia (Mumbai)</b></li> </ul> <p><b>EXPERT CRITIQUE</b>  <i>Y Chandrashekhar (USA)</i>  <i>Rajesh Kannan (Kochi)</i></p>

6:15 pm onwards

## IAE EXECUTIVE COMMITTEE MEETING