

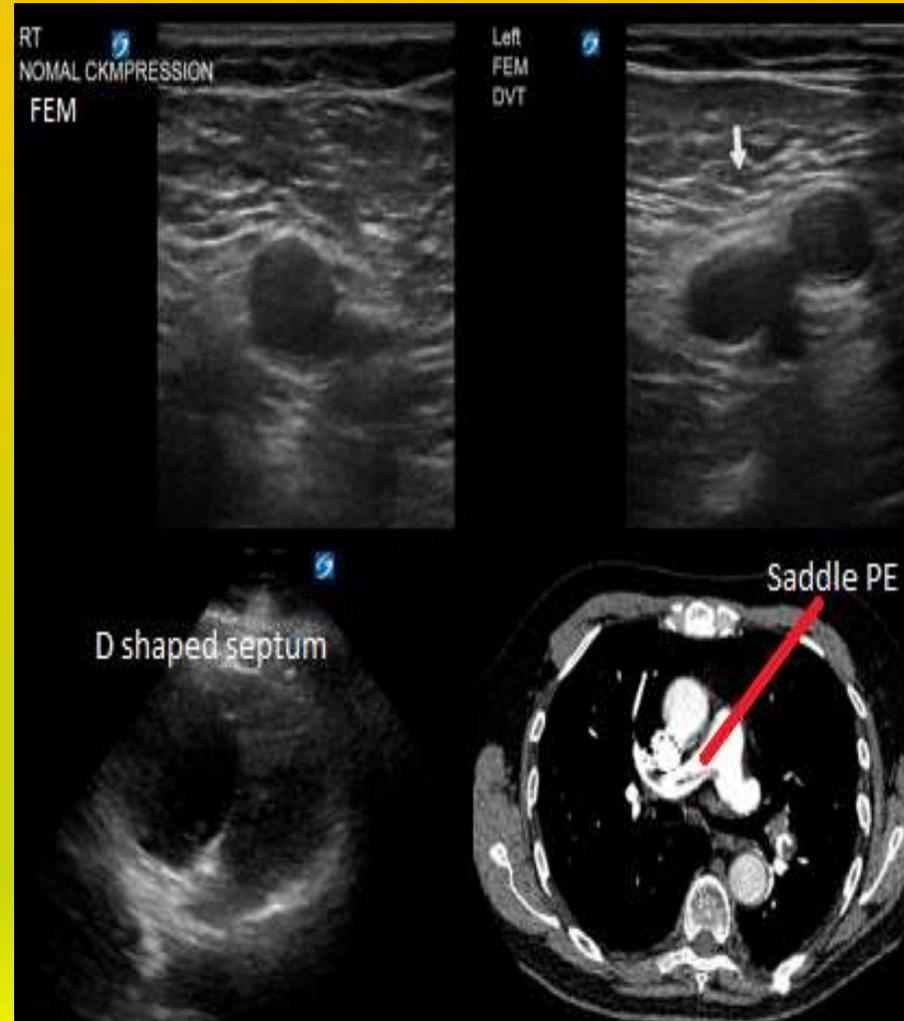
# POCUS IN PULMONARY EMBOLISM

*Dr Himanshu Gul Mirani, Specialty Doctor, A&E, QMC*

**Case Presentation:** A 71 yr old male presented to ED with c/o SOB and left leg pain. He was triaged to ED minors area. He had no past medical history of note. Clinical exam revealed focal chest crackles on the right and met low risk Wells score criteria for DVT. CXR was done by the initial treating physician which did not show any consolidation. Case was discussed with SpR, ED who did DVT compression study and cardiac evaluation for right heart strain.

**Management and Outcome:** Patient had a positive study for left sided DVT by compression test of the femoral vessels. Bedside echo revealed features of right heart strain with positive D sign and size of right ventricle comparable to the left. Patient was managed for PE with enoxaparin and **counselled for thrombolysis in case of hemodynamic instability.**

*Images showing positive DVT study on left leg; features of right heart strain on ECHO and Saddle PE confirmed on CTPA*



***Bedside echocardiography is a useful tool that can be incorporated into the algorithm of patients with a moderate to high pretest probability of pulmonary embolism'***

**Key learning points:** In the right clinical context, right heart strain is highly specific for PE and helps to expedite the care of the patient.

This patient eventually had CTPA **5 hrs later** which confirmed saddle thrombus with bilateral pulmonary thrombus burden.

Early identification of concerning factors of PE on POCUS lead to informed decision-making by the patient for thrombolysis and resuscitation, in case he became hemodynamically unstable.