

ECHO INDIA 2019

Pre-Conference Workshop: 7th November, 2019

ASSEMBLY IN HALL A

Venue: ITC Royal Bengal, Kolkata.

8.30 AM – 8.40AM: Assembly, Welcome & Orientation of venue: Arunangshu Ganguly, Organizing Secretary

8.40 am - 09.00 AM: Welcome & Orientation of course: Sameer Shrivastava, President IAE & Soumitra Kumar, Scientific Chair.

PATTERN OF ALL SESSIONS: (a) Introduction of topic (b) How to acquire (c) How to measure (d) How to analyse 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	Hall A	Hall B	Hall C	Hall D	
09.15 AM - 10.30 AM	<p>Science of performing an ideal Echo & Doppler study: Back to Basics</p> <ol style="list-style-type: none">1. Role of controls on the echo machine & their setting2. What are various ideal echocardiographic 2D views and their echo-anatomic correlation3. Minimum standard recording of a complete echo study <p>3A: Artifacts – how to recognize & how to eliminate</p> <ol style="list-style-type: none">4. Basics of clinical Doppler5. How to optimize ideal Spectral Doppler and Color Flow mapping6. Nyquist limit simplified. When to choose PW and CW Doppler <p>The usual mistakes made and their solution</p> <ol style="list-style-type: none">7. Reporting format – minimum requirements	<p>Science of performing an ideal Echo & Doppler: Back to Basics</p> <ol style="list-style-type: none">1. Role of controls on the Echo machine & their setting2. What are various ideal echocardiographic 2D views and their echo-anatomic correlation3. Minimum standard recording of a complete echo study <p>3A: Artifacts – how to recognize & how to eliminate</p> <ol style="list-style-type: none">4. Basics of clinical Doppler5. How to optimize ideal Spectral Doppler and Color Flow mapping6. Nyquist limit simplified. When to choose PW and CW Doppler <p>The usual mistakes made and their solution</p> <ol style="list-style-type: none">7. Reporting format – minimum requirements	<p>Science of performing an ideal Echo & Doppler: Back to Basics</p> <ol style="list-style-type: none">1. Role of controls on the Echo machine & their setting2. What are various ideal echocardiographic 2D views and their echo-anatomic correlation3. Minimum standard recording of a complete echo study <p>3A: Artifacts – how to recognize & how to eliminate</p> <ol style="list-style-type: none">4. Basics of clinical Doppler5. How to optimize ideal Spectral Doppler and Color Flow mapping6. Nyquist limit simplified. When to choose PW and CW Doppler <p>The usual mistakes made and their solution</p> <ol style="list-style-type: none">7. Reporting format – minimum requirements	<p>Science of performing an ideal Echo & Doppler: Back to Basics</p> <ol style="list-style-type: none">1. Role of controls on the Echo machine & their setting2. What are various ideal echocardiographic 2D views and their echo-anatomic correlation3. Minimum standard recording of a complete echo study <p>3A: Artifacts – how to recognize & how to eliminate</p> <ol style="list-style-type: none">4. Basics of clinical Doppler5. How to optimize ideal Spectral Doppler and Color Flow mapping6. Nyquist limit simplified. When to choose PW and CW Doppler <p>The usual mistakes made and their solution</p> <ol style="list-style-type: none">7. Reporting format – minimum requirements	
10.30 AM - 10.45 AM	TEA BREAK				

<p>10.45 AM - 12.00 PM</p>	<p>Pulmonary hemodynamics in clinical practice</p> <p>1. RA pressure</p> <ul style="list-style-type: none"> • IVC method • Hepatic vein flow reversals • Tricuspid valve Doppler <p>2. Pulmonary artery peak and mean pressures 2-D Semiquantitative & Doppler quantitative methods How do I measure RV pressure in cases of VSD, PDA, PA diastolic pressure by PR jet</p> <p>3 How do I measure RA volume, tricuspid and pulmonary annulus</p> <p>4.RV functions in daily practice like RVFAC, TAPSE, RV-TDI</p>	<p>Pulmonary hemodynamics in clinical practice</p> <p>1. RA pressure</p> <ul style="list-style-type: none"> • IVC method • Hepatic vein flow reversals • Tricuspid valve Doppler <p>2. Pulmonary artery peak and mean pressures 2-D Semiquantitative & Doppler quantitative methods • How do I measure in cases of VSD, PDA, PA diastolic pressure by PR jet</p> <p>3.How do I measure RA, tricuspid and pulmonary annulus</p> <p>4.RV functions in daily practice like RVFAC, TAPSE, RV-TDI</p>	<p>Pulmonary hemodynamics in clinical practice</p> <p>1. RA pressure</p> <ul style="list-style-type: none"> • IVC method • Hepatic vein flow reversals • Tricuspid valve Doppler <p>2. Pulmonary artery peak and mean pressures 2-D Semiquantitative & Doppler quantitative methods How do I measure in cases of VSD, PDA, PA diastolic pressure by PR jet</p> <p>3.How do I measure RA, tricuspid and pulmonary annulus</p> <p>4.RV functions in daily practice like RVFAC, TAPSE, RV-TDI</p>	<p>Pulmonary hemodynamics in clinical practice</p> <p>1. RA pressure</p> <ul style="list-style-type: none"> • IVC method • Hepatic vein flow reversals • Tricuspid valve Doppler <p>2. Pulmonary artery peak and mean pressures 2-D Semiquantitative & Doppler quantitative methods • How do I measure in cases of VSD, PDA, PA diastolic pressure by PR jet</p> <p>• How do I measure RA, tricuspid and pulmonary annulus</p> <p>• RV functions in daily practice like RVFAC, TAPSE, RV-TDI</p>	
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<p>12.15 PM – 1.30 PM</p>	<p>3D Echo 360 Degrees</p> <ol style="list-style-type: none"> 1. Basic concepts of optimizing a 3D image, demonstration of cropping modalities & controls 2. Left ventricular Tomographic views: Biplane, Triplane & Multiplane 3. L V 3D Volume calculation Step by Step: Gold standard of EF 4. 3-D evaluation of tricuspid valve 5. 3D Evaluation of mitral valve 6. 3-D Evaluation of aortic valve 	<p>3D Echo 360 Degrees:</p> <ol style="list-style-type: none"> 1. Basic concepts of optimizing a 3D image, demonstration of cropping modalities & controls 2. Left ventricular Tomographic views: Biplane, Triplane & Multiplane 3. L V 3D Volume calculation Step by Step: Gold standard of EF 4. 3-D evaluation of tricuspid valve 5. 3D Evaluation of mitral valve 6. 3-D Evaluation of aortic valve 	<p>Congenital heart Disease</p> <ol style="list-style-type: none"> 1.What all i want to know about ASD and device suitability 2.What all i should see in a child with VSD 3.Complex cyanotic heart disease : A simplified clinical, radiological and ECG approach to narrow down differential diagnosis 4.Case demonstration of congenital mitral valve abnormalities 	<p>Congenital heart Disease</p> <ol style="list-style-type: none"> 1.What all i want to know about ASD and device suitability 2.What all i should see in a child with VSD 3.Complex cyanotic heart disease : A simplified clinical, radiological and ECG approach to narrow down differential diagnosis 4.Case demonstration of congenital mitral valve abnormalities 	
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01.30 PM - 02.30 PM	LUNCH				
02.30 PM - 03.45 PM	Myocardial Strain imaging: <ul style="list-style-type: none"> • What is strain. • How to perform speckle –tracking 	Myocardial Strain imaging: <ul style="list-style-type: none"> • What is strain. • How to perform speckle –tracking 	Myocardial Strain imaging: <ul style="list-style-type: none"> • What is strain. • How to perform speckle –tracking echo & assure quality 	Cardiac MRI: Application in day to day practice (Basic & Advanced Integrated)	

	<p>echo & assure quality</p> <ul style="list-style-type: none"> • How to interpret & caveats • Clinical Applications • Is there a value of Bulls Eye Plot • Limitations & solutions 	<p>echo & assure quality</p> <ul style="list-style-type: none"> • How to interpret & caveats • Clinical Applications • Is there a value of Bulls Eye Plot • Limitations & solutions 	<ul style="list-style-type: none"> • How to interpret & caveats • Clinical Applications • Is there a value of Bulls Eye Plot • Limitations & solutions 		
3.45 PM - 04.05 PM	TEA BREAK				
4.15 PM - 5.30 PM	<p>Prosthetic valve</p> <ol style="list-style-type: none"> 1. Introduction to types of prosthetic valves 2. How does their hemodynamics differ from native valve – concept of EROA 3. Echo - anatomic demonstration of certain types of prosthetic valves 4. Normal vs abnormal prosthetic valve & gradients 5. Stepwise approach when the gradient is high / or increasing in follow up 6 Pannus, thrombus . How to differentiate 7. How to report a prosthetic valve case 8. Recorded studies of dysfunctional prosthetic valve. What is the abnormality 	<p>Prosthetic valve</p> <ol style="list-style-type: none"> 1. Introduction to types of prosthetic valves 2. How does their hemodynamics differ from native valve – concept of EROA 3. Echo - anatomic demonstration of various types of prosthetic valves 4.. Normal vs abnormal prosthetic valve & gradients 5. Stepwise approach when the gradient is high / increasing in follow up 6 Pannus, thrombus. How to differentiate 7. How to report a prosthetic valve case 8. Recorded studies of dysfunctional prosthetic valve. What is the abnormality 	<p>Prosthetic valve</p> <ol style="list-style-type: none"> 1. Introduction to types of prosthetic valves 2. How does their hemodynamics differ from native valve – concept of EROA 3. Echo - anatomic demonstration of various types of prosthetic valves 4.. Normal vs abnormal prosthetic valve & gradients 5. Stepwise approach when the gradient is high / increasing in follow up 6 Pannus, thrombus. How to differentiate 7. How to report a prosthetic valve case 8. Recorded studies of dysfunctional prosthetic valve. What is the abnormality 	<p>Cardiac CT: Applications in Clinical Practice (Basic & Advanced Integrated)</p>	

6.30 PM onwards

IAE EXECUTIVE COMMITTEE MEETING: