

- Speaker 1: [00:19](#) Hello, my name is Jacob Avila of 5 minute sono, and I have with me a hopefully multiple recurring guest Peter Weimersheimer. Peter, how you doing man? Good, how are you? Awesome man. Hey, you sent a couple of cases to me. Um, and I wanted to talk about one today. It looks like it's some kind of an echo, but I was hoping you could walk me through it.
- Speaker 2: [00:40](#) Yeah, this was a actually a pediatric case. So this was a seven year old who brought by mom to the ED, had a, maybe a viral thing about two weeks earlier and got better and then it was getting just a little punky. They went to the pediatrician, and the pediatrician referred us and was really concerned about just having another recurrence of a viral syndrome, maybe get a little dehydrated, not great, not great intake and uh, you know, kind of an interesting case as you know, when you walk in the room and just looked a little gray. Just didn't look quite like a healthy kid, you know.
- Speaker 1: [01:19](#) Alright. So what ultrasound examination did you start with on this kid?
- Speaker 2: [01:25](#) Well, I actually started looking at, at his lungs, you know, kind of a question if you had a pneumonia because here you had a viral illness and now maybe he's now there's a secondary pneumonia. So I looked at his lungs and uh, initially was surprised that he really looked like he was in failure, had to b-line pattern in all his dependent fields, and then because of that just took a look at his heart and because something didn't make sense after that, clearly.
- Speaker 1: [01:51](#) Okay, so here are his echo views. And Peter, what are we looking at here?
- Speaker 2: [01:58](#) Well, so the first is the parasternal long. It's a nice seven year old heart except that there is a little bit of a pericardial effusion around. So at a minimum this, this young man has a pericarditis, right? And then if you look towards the left, the boy, they know towards the apex, there's something odd about how the myocardium is moving. So, so concerned that this is now not just a pericarditis, but a peri-myocarditis. Wow. The next views, the apical four chamber where you can see it definitely some more ventricular dysfunction towards the apex and ultimately wound up transferring this kid down to children's hospital down south for a possible ECMO and potential heart transplant as well. But the cases that I've had, these kids just crash really quickly, literally went from ultrasound on the chest to getting the pediatric intensive care unit involved to getting a phone call to our nearest children's hospital and getting, getting him in an

ambulance because they just, they, they decompensate really quickly. And so by the time that I saw him, he already had myocardial dysfunction, heart failure. And that can be a pretty rapid decline from that point.

Speaker 1:                    [03:08](#)                    Yeah, of course. Now it sounds like you kind of did this early on in the, you know, the patient's course in the ED. Um, was this ultrasound done before you had any labs back that showed any kind of abnormalities or anything like that?

Speaker 2:                    [03:21](#)                    What labs you ask, you know, this is the, this is the nice thing about point of care is you can go and say, boy, something bugs me. Get a couple pieces of information and frame your work and from that point on, for sure after that point, you know all the usual gobledogook and all the giblets everybody wants to talk about in the rounds, but ultimately the decision node was why is this kid look gray and what's the cause and as soon as we got that, there was no questioning of where the end-point is going to be. Right. In terms of management. Yeah. Awesome. Great case. Thanks for sharing, Peter. Oh yeah. Of course.