CMR Stress Testing and Ischemic Heart

Disease

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Disease

November 16th 2017 from 1pm - November 17th 2017 to 6pm

This workshop offers dedicated, state-of-the-art training in CMR stress testing and ischemic heart disease. Practical aspects are at the core of both lectures and hands-on training sessions which include live clinical cases at the scanner and extensive case reviews on dedicated workstations.

The course is designed for Cardiologist/Radiologist It will give you in depth insight into the principles and clinical practice of CMR Stress Testing- Ischemic Heart Disease and Cardiac Mapping. The course will be carried out on Philips equipment.

PROGRAMME OVERVIEW:

course director: PD Dr. Rolf Gebker

Thursday		
13.00 – 13.10	Introduction/welcome	
13.10 – 13.30	Coronary anatomy vs. functional imaging	
13.30 – 13.50	Clinical indications for CMR stress tests	
13.50 – 14.10	CMR stress testing methods: dobutamine vs. adenosine	
14.10 – 14.30	Coffee break	
14.30 – 15.00	MR physics relevant to CMR stress perfusion imaging	
15.00 – 15.20	How to do CMR anatomy and function	
15.20 – 15.40	How to do CMR perfusion	
15.40 – 16.00	How to do late gadolinium enhancement imaging	
16.00 – 16.15	Coffee break	
16.15 – 16.45	Workstation post-processing tutorial (volumes, perfusion, LGE)	
16.15 – 16.45	HANDS-ON SESSION Clinical Case reviews on dedicated workstations	
Friday		
08.30 - 09.00	CMR coronary angiography - an update	
08.30 - 09.00 09.00 - 09.30	CMR coronary angiography - an update Myocardial viability: LGE, low dose dobuta	mine, acute infarction
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09.00 - 09.30	Myocardial viability: LGE, low dose dobuta Stress perfusion analysis - absolute quantif	·
09.00 - 09.30 09.30 - 10.00	Myocardial viability: LGE, low dose dobuta Stress perfusion analysis - absolute quantif visual assessment	·
09.00 - 09.30 09.30 - 10.00 10.00 - 10.30	Myocardial viability: LGE, low dose dobuta Stress perfusion analysis - absolute quantif visual assessment Coffee break HANDS-ON SESSIONS Group A	ication vs. semi-quantitative vs. HANDS-ON SESSIONS Group B
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