

Talls cardíacs bàsics

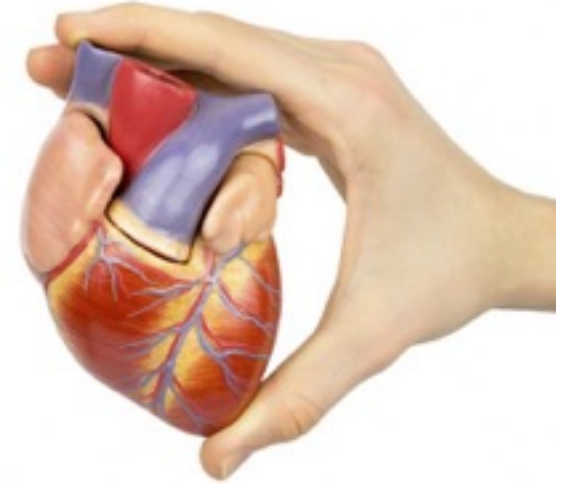
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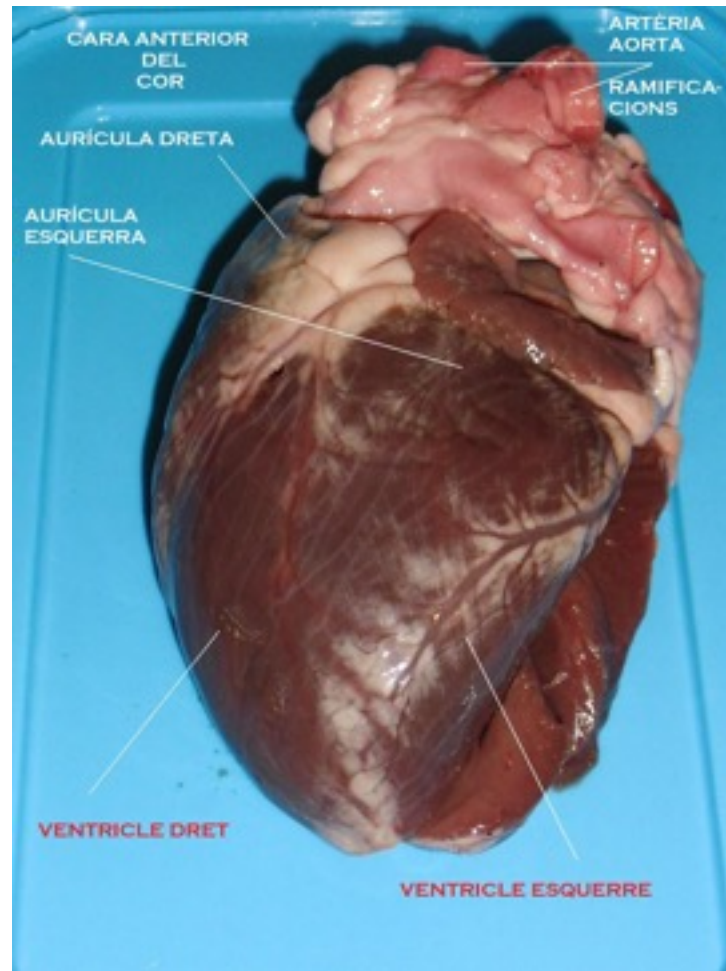
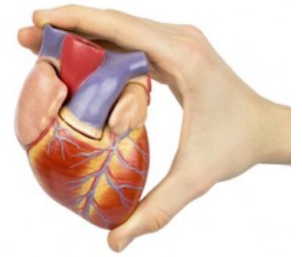
Calen 3 coses:



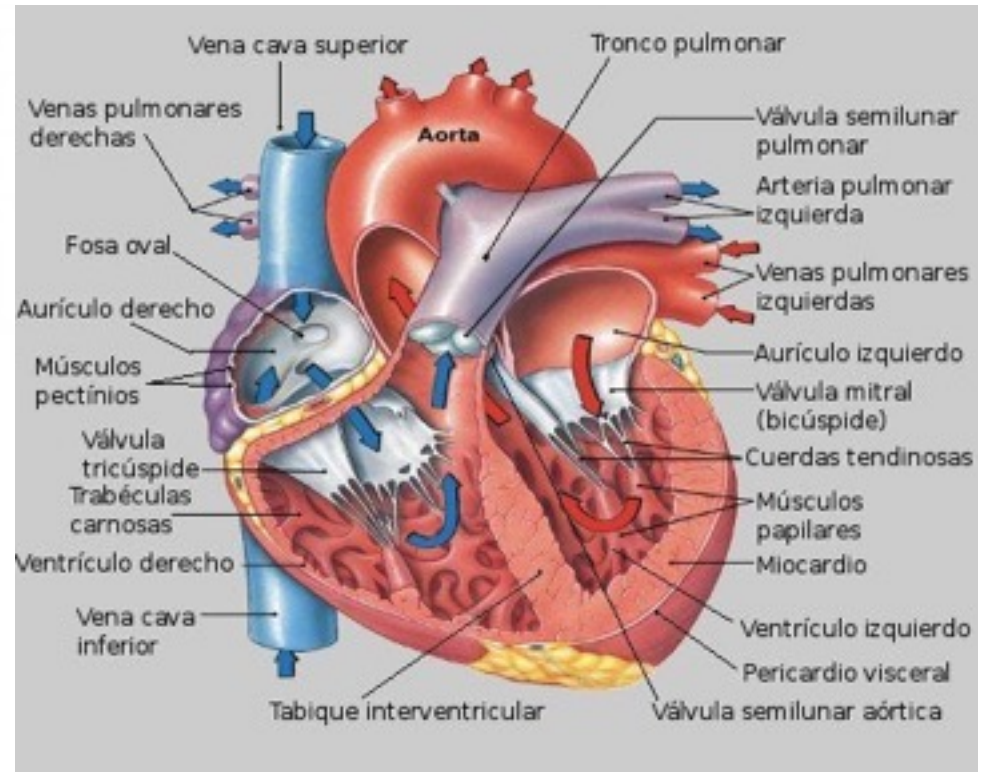
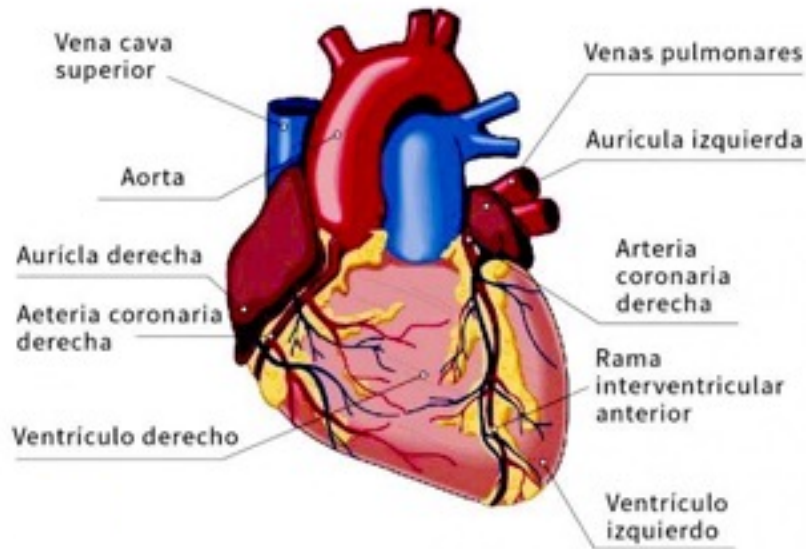
1. Anatomia
2. Orientació
3. Finestra



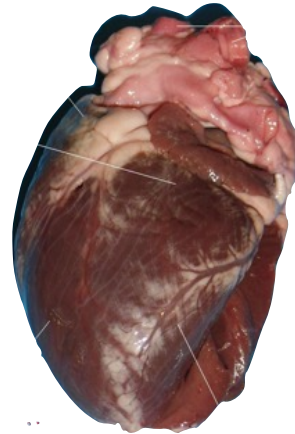
1. Anatomia



1. Anatomía



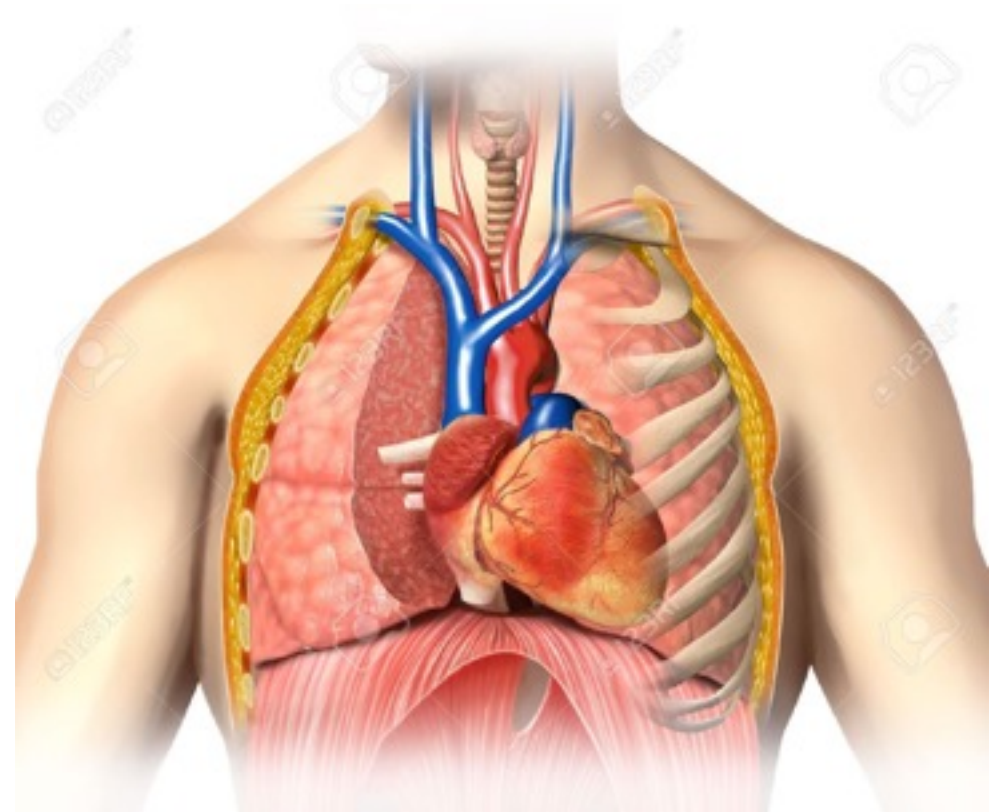
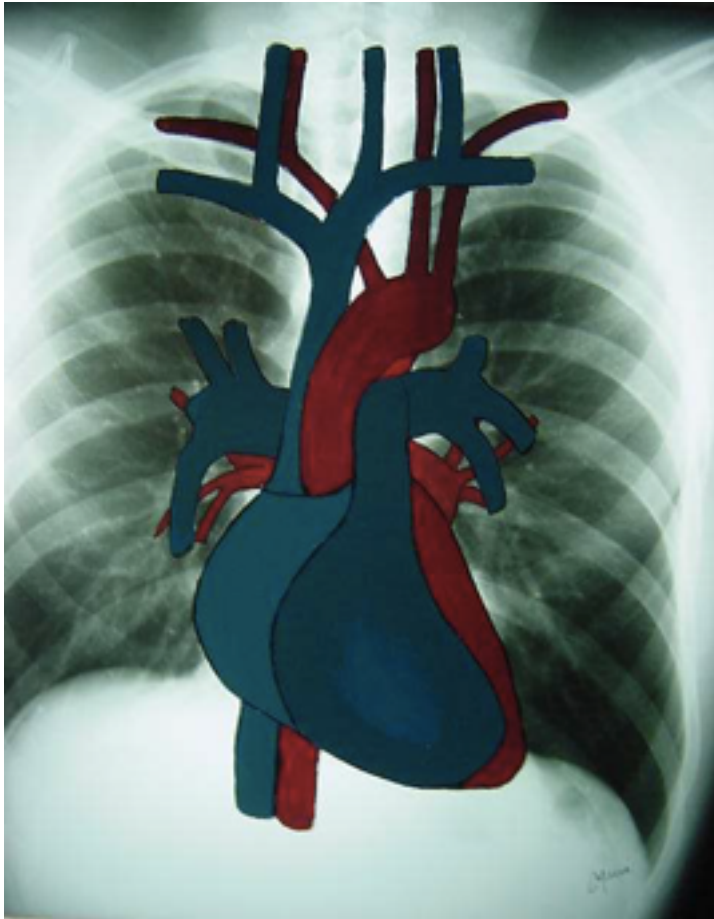
2. Orientació



Com està situat el cor ?



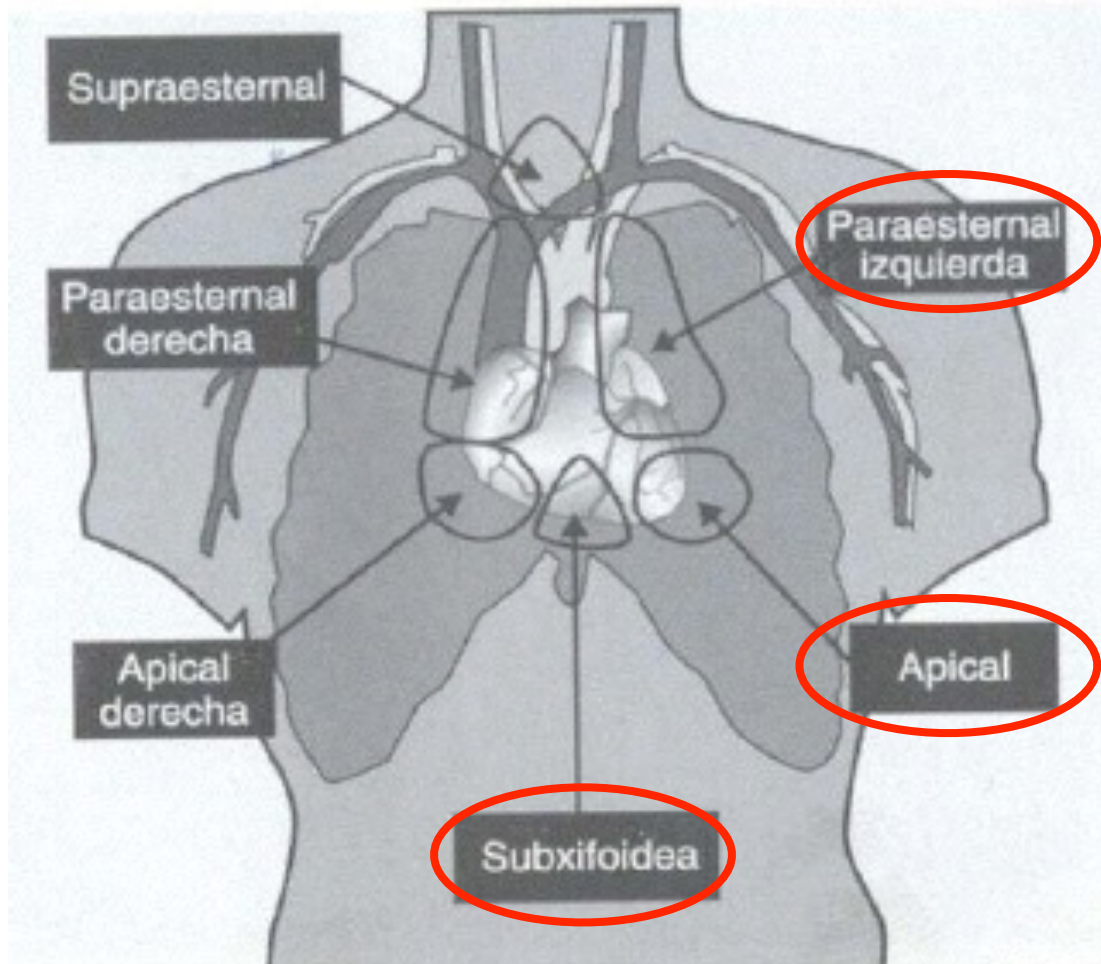
2. Orientació



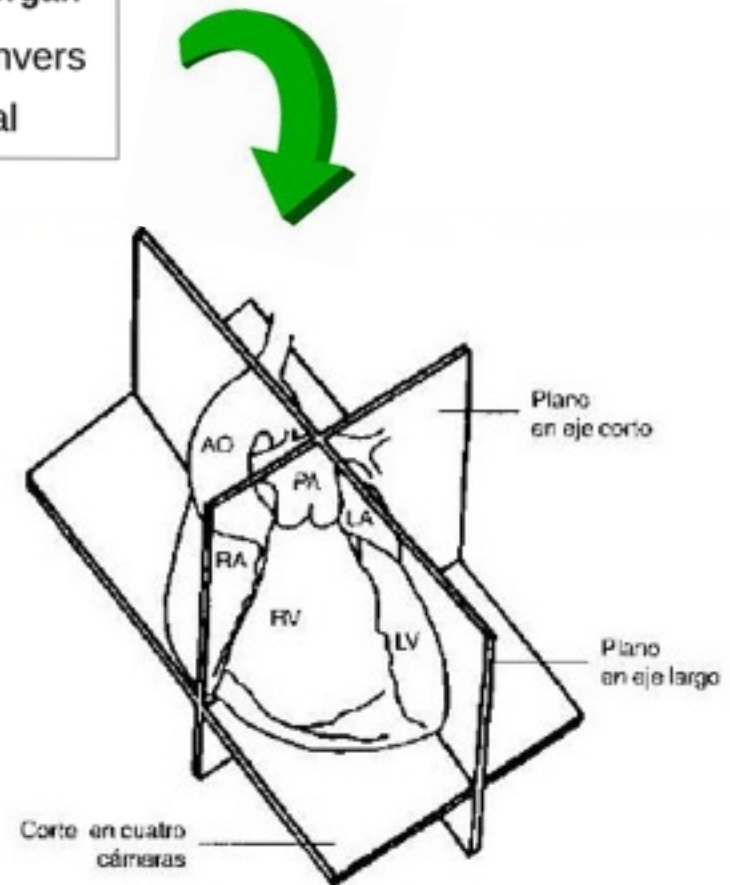
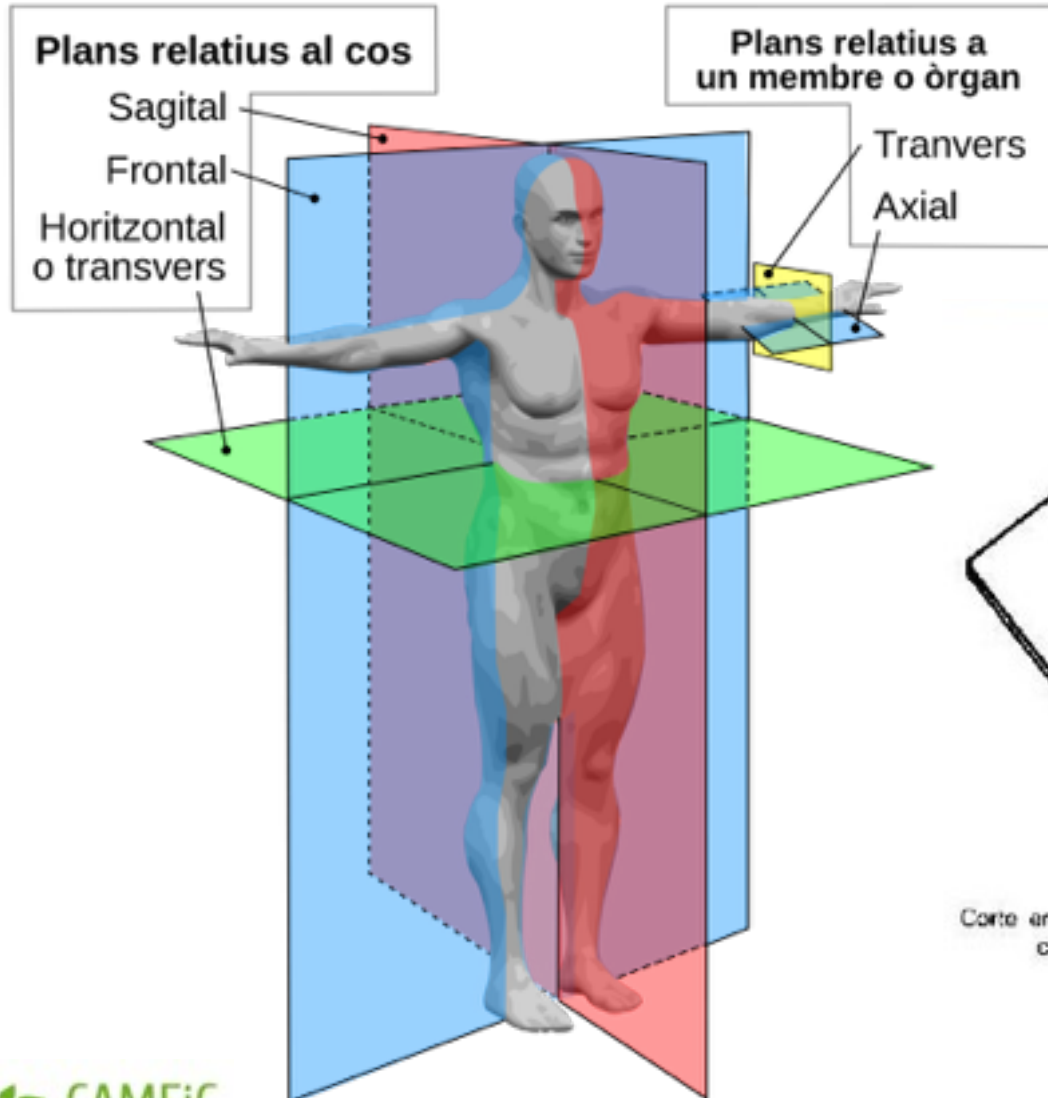
3. Finestra



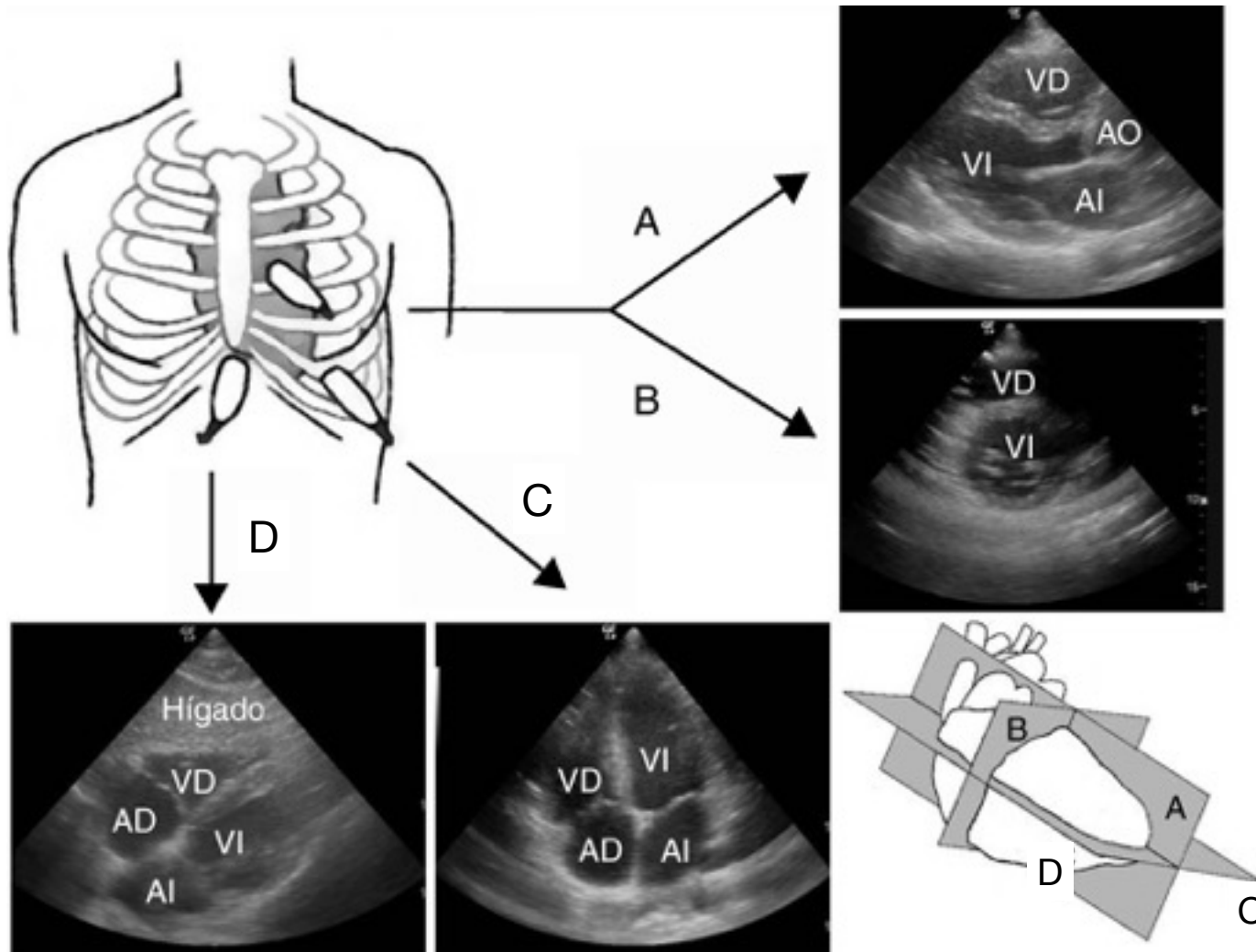
3. Finestra



3. Finestra



3. Finestra



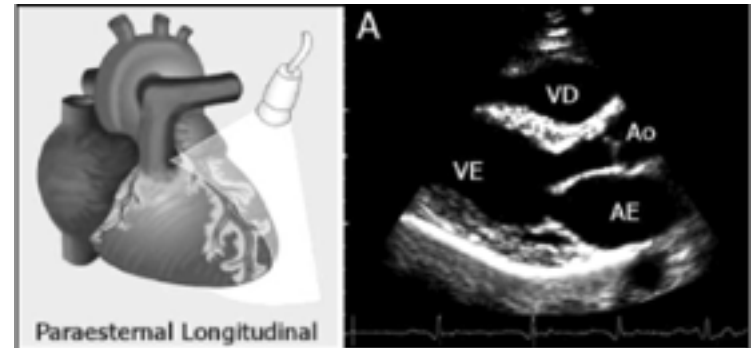
Talls cardíacs bàsics



Let's
Go!

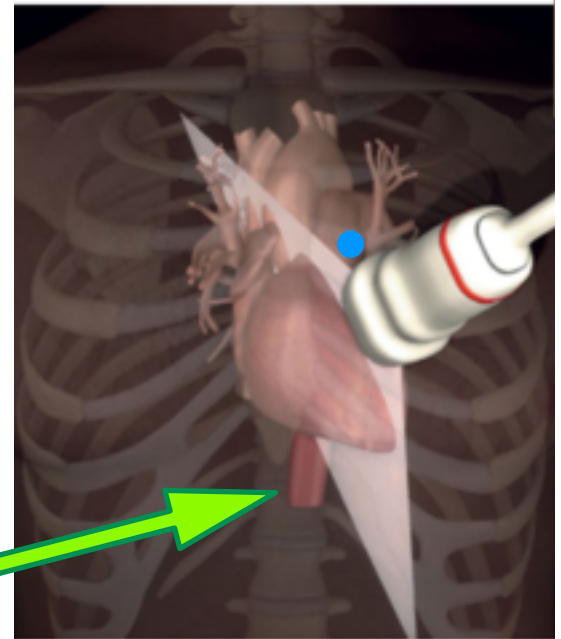
A. Paraesternal esquerre longitudinal

- **Paraesternal esquerre (long o transv)**
- Podem valorar:
 - pericardi (ant/post)
 - funció VE
 - septum i paret post
 - botó aòrtic
 - lesions valvulars (Ao/Mi)
 - relació VD/VE

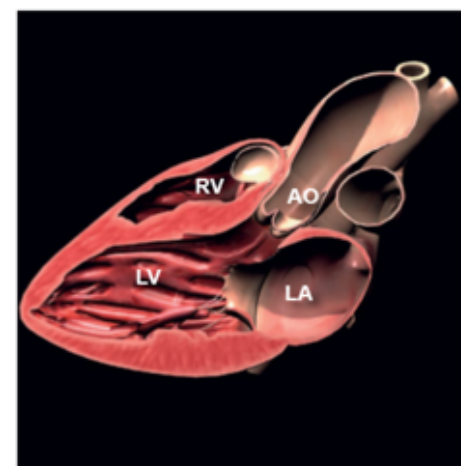
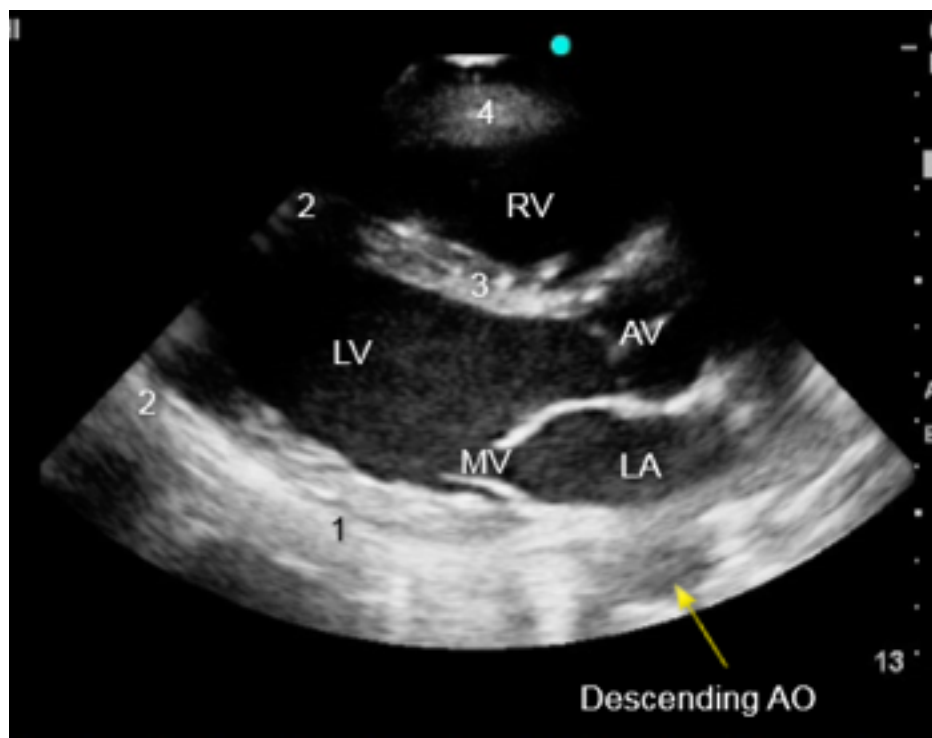
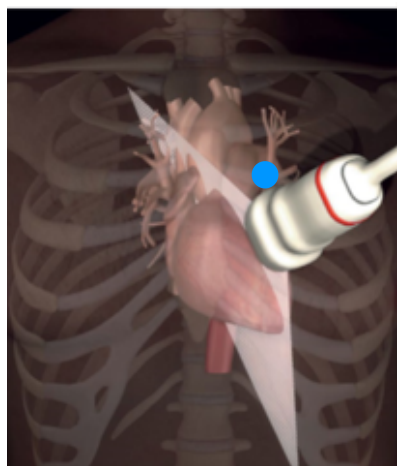


A. Paraesternal esquerre longitudinal

- Com posem el transductor:
 - 3^o/4^o espai intercostal
 - a prop de l'esternon
 - marca apuntant a l'espatlla dreta
 - profunditat suficient per veure Aorta descendent

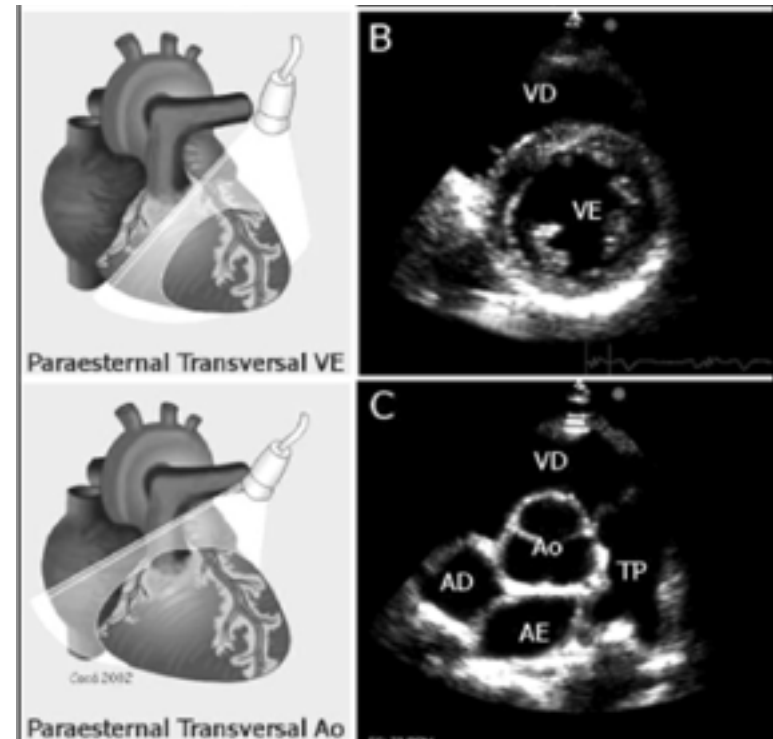


A. Paraesternal esquerre longitudinal



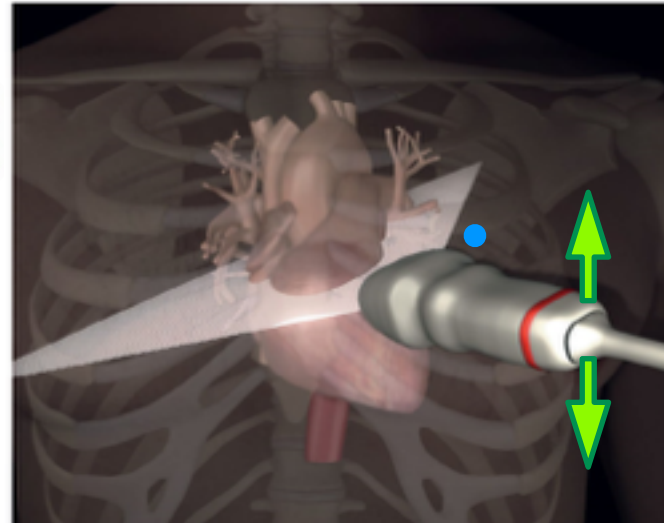
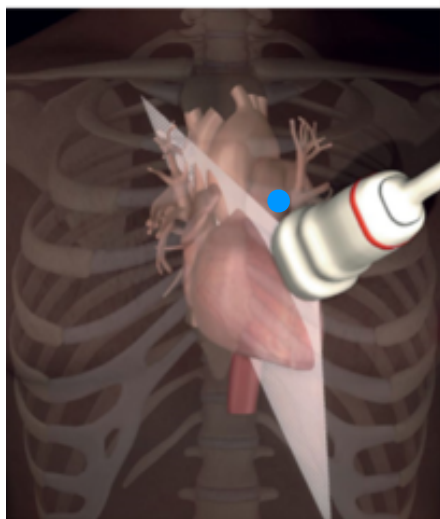
B. Paraesternal esquerre transversal

- B-1. Músculs papil·lars
- B-2. Vàlvula Mitral
- B-3. Vàlvula Aòrtica



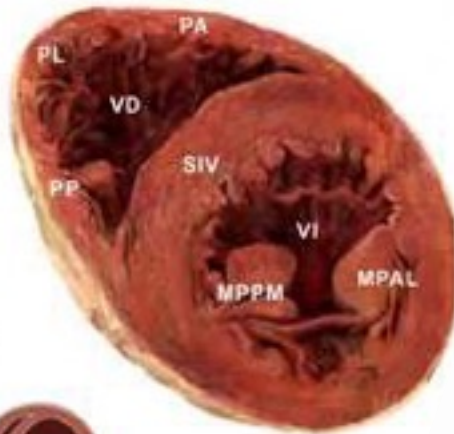
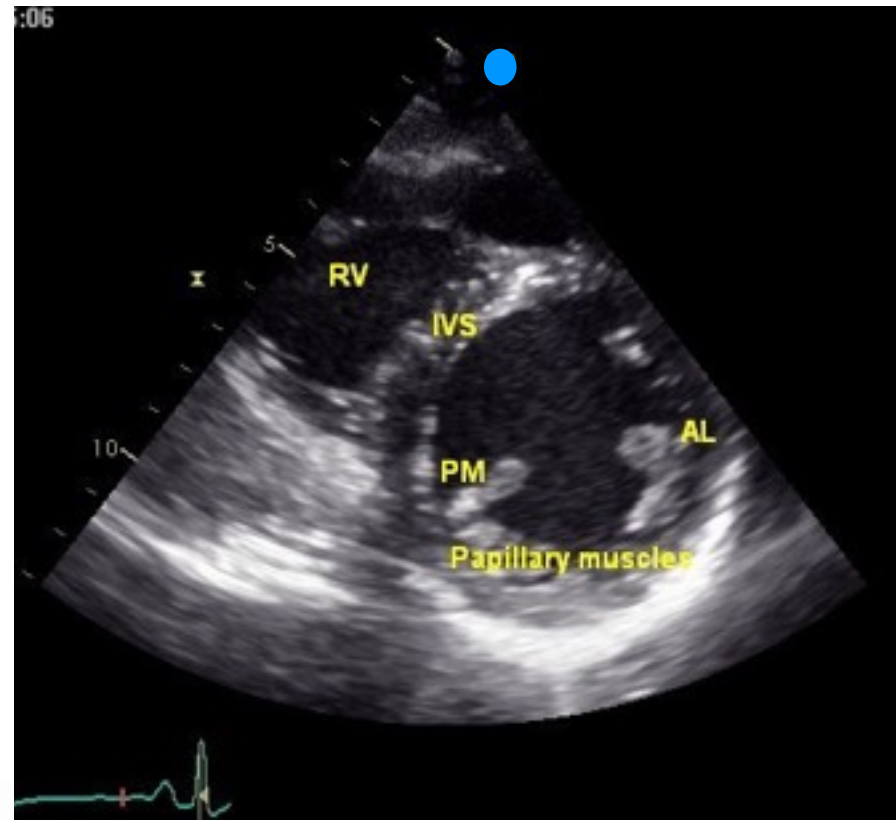
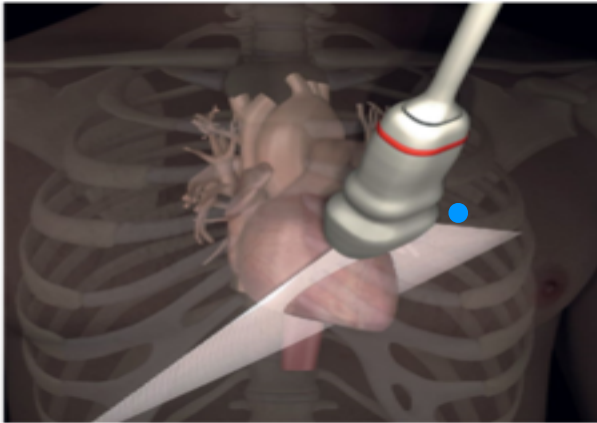
B. Paraesternal esquerre transversal

- Com posem el transductor:
 - desde la posició del tall longitudinal girem 90°
 - marca de l'espatlla D cap a l'espatlla E
 - bascular per fer els 4 talls (B1-B2-B3-B4)



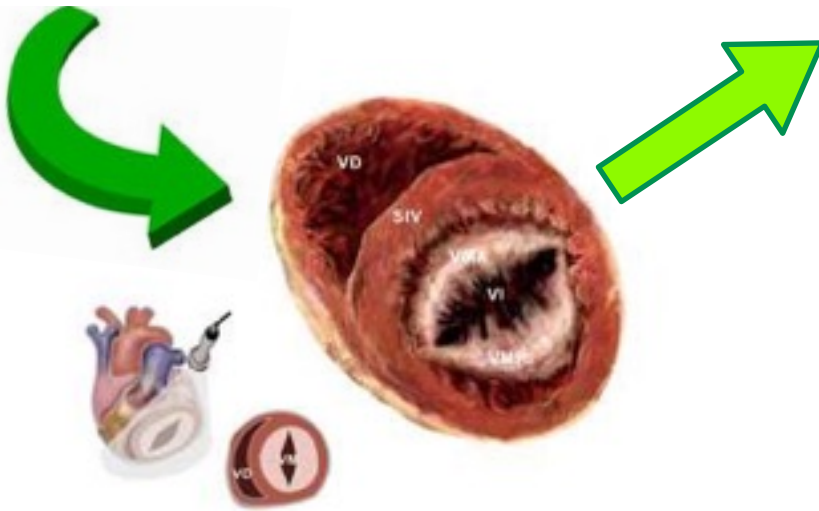
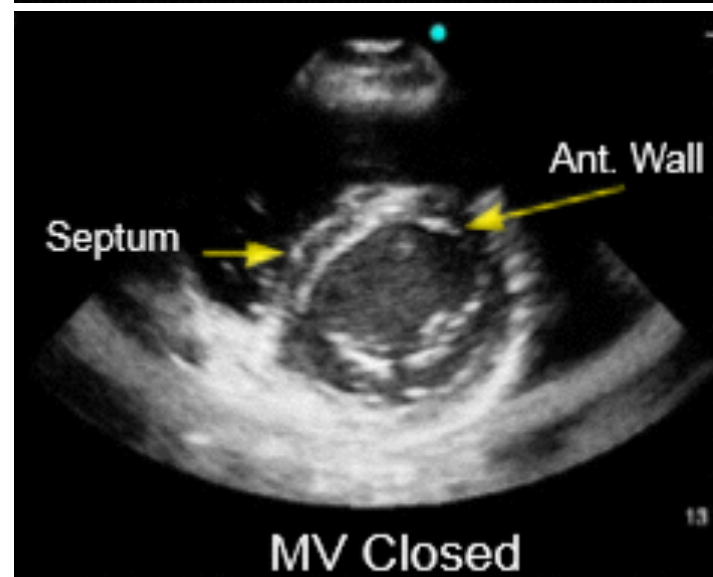
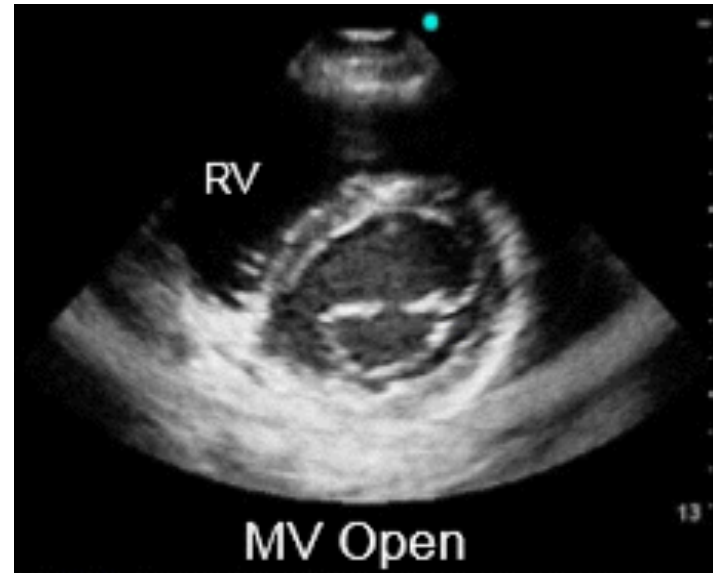
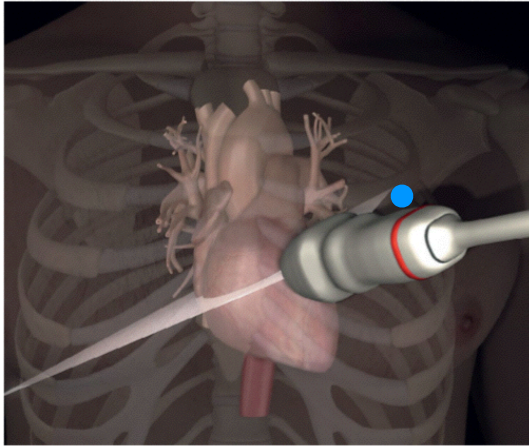
B. Paraesternal esquerre transversal

- B-1. Músculs papil·lars



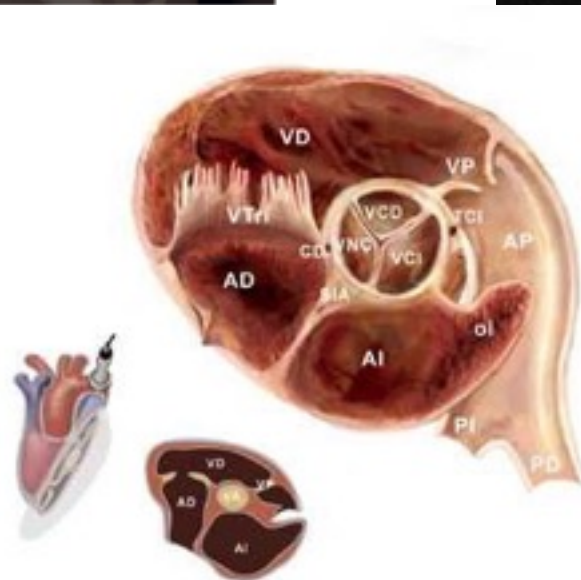
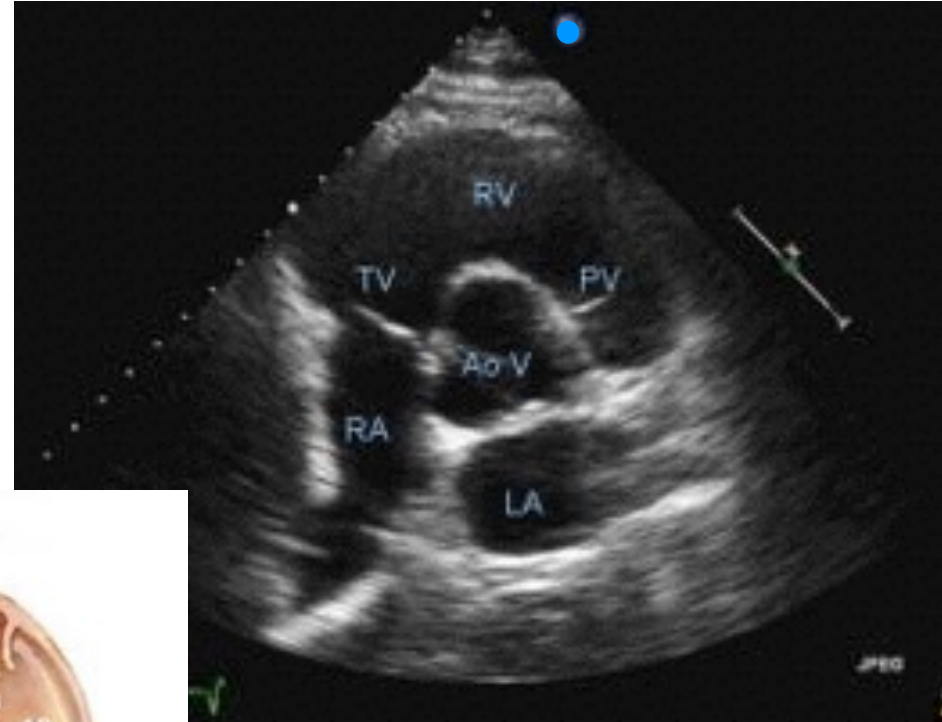
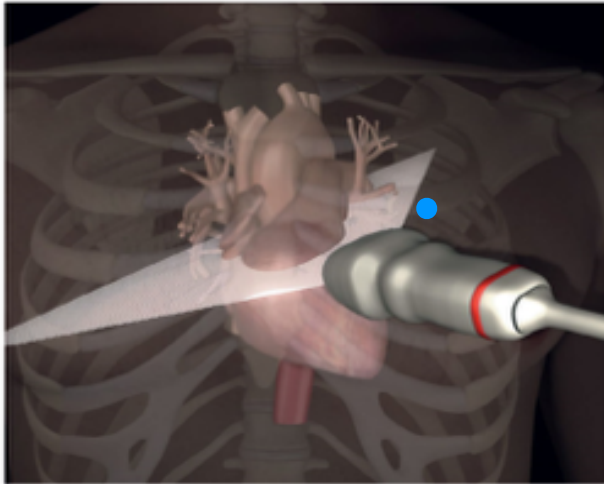
B. Paraesternal esquerre transversal

- B-2. Vàlvula Mitral



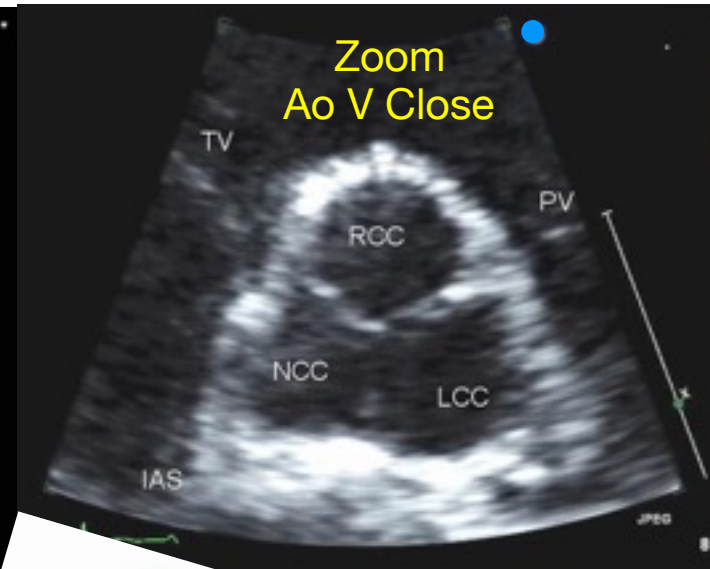
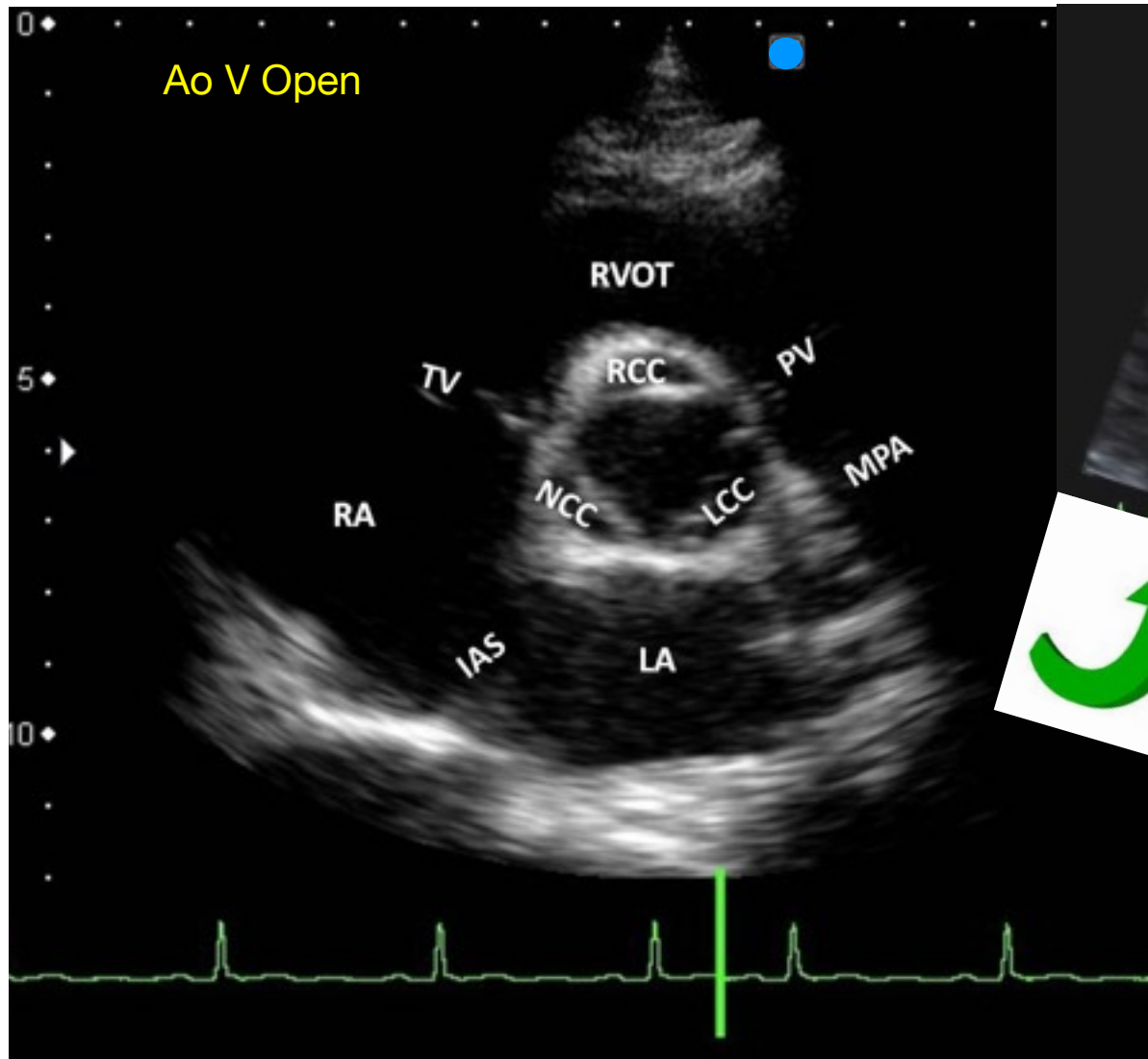
B. Paraesternal esquerre transversal

- B-3. Vàlvula Aòrtica



B. Paraesternal esquerre transversal

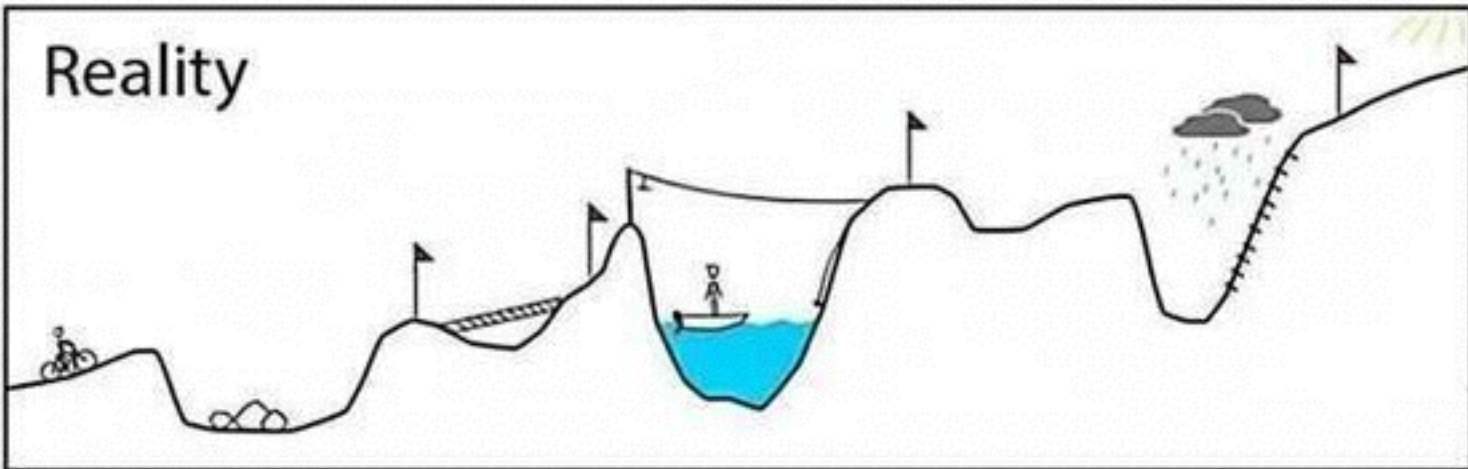
- B-3. Vàlvula Aòrtica



Your plan

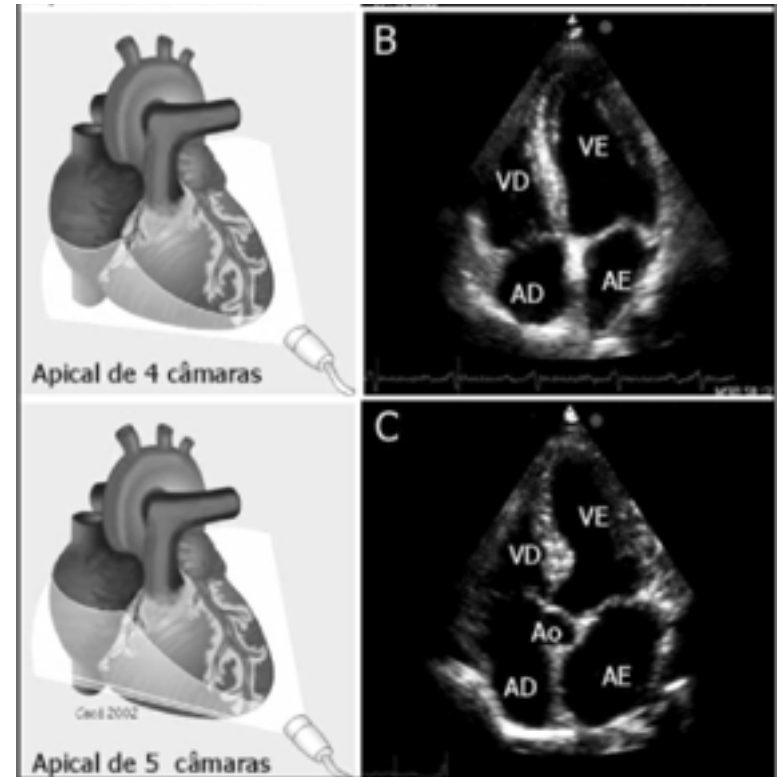


Reality



C. Apical

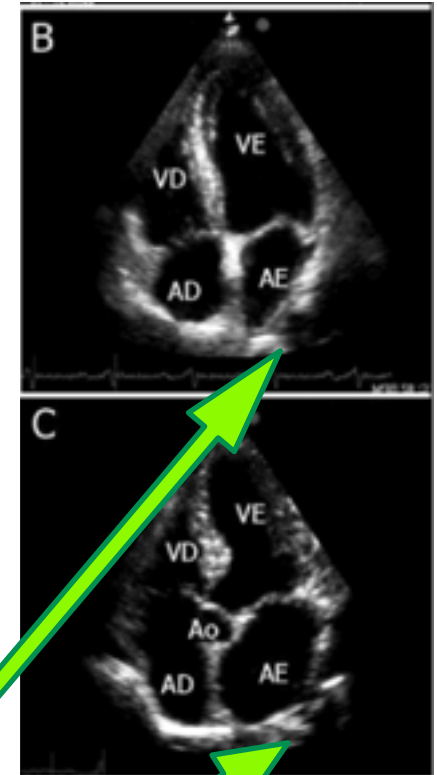
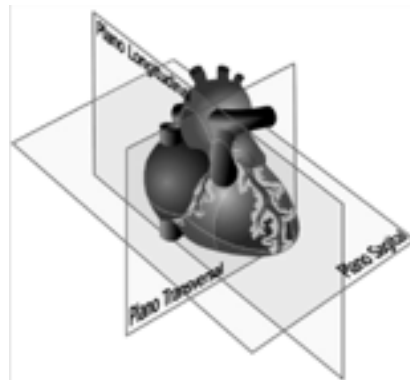
- C-1. Apical 4 càmares
- C-2. Apical 5 càmares



C. Apical

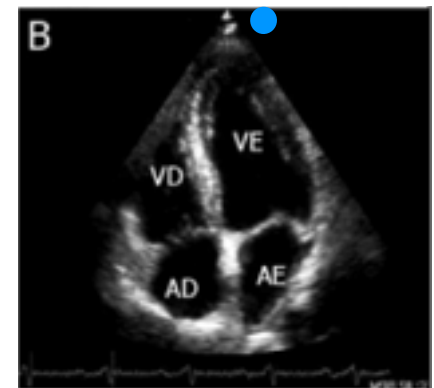
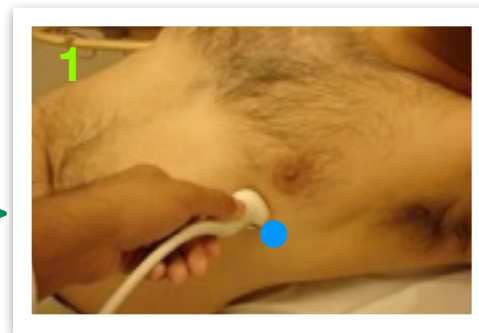
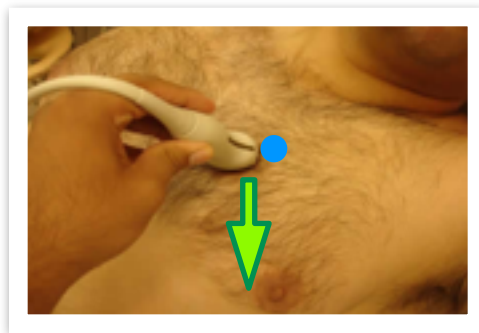
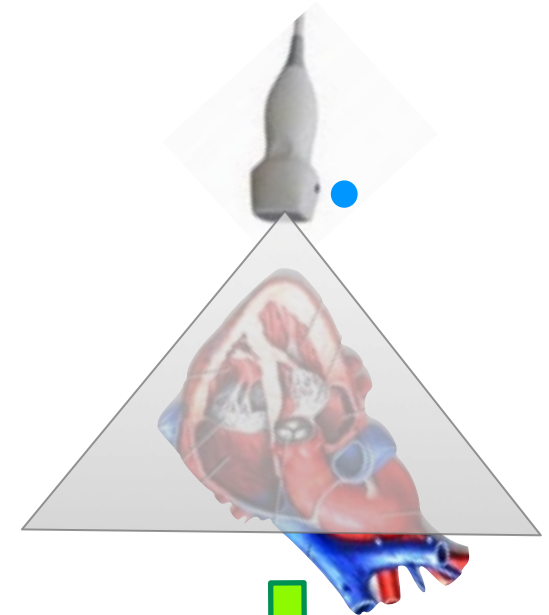
- Podem valorar:

- pericardi
- funció del VE
- relació VD/VE
- masses intracardíaques
- lesions valvulars (Mi-Ao-Tri)
- A vegades es pot veure Ao descendent



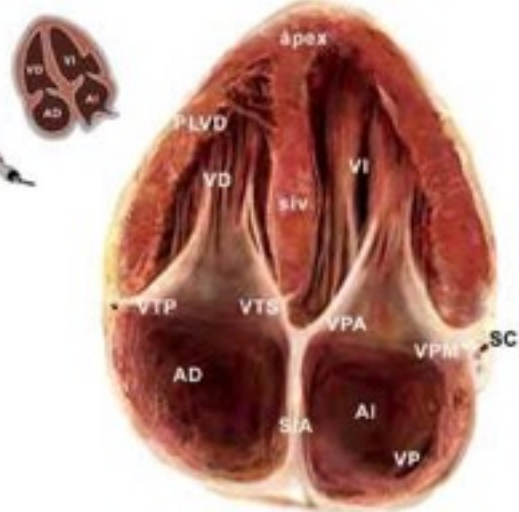
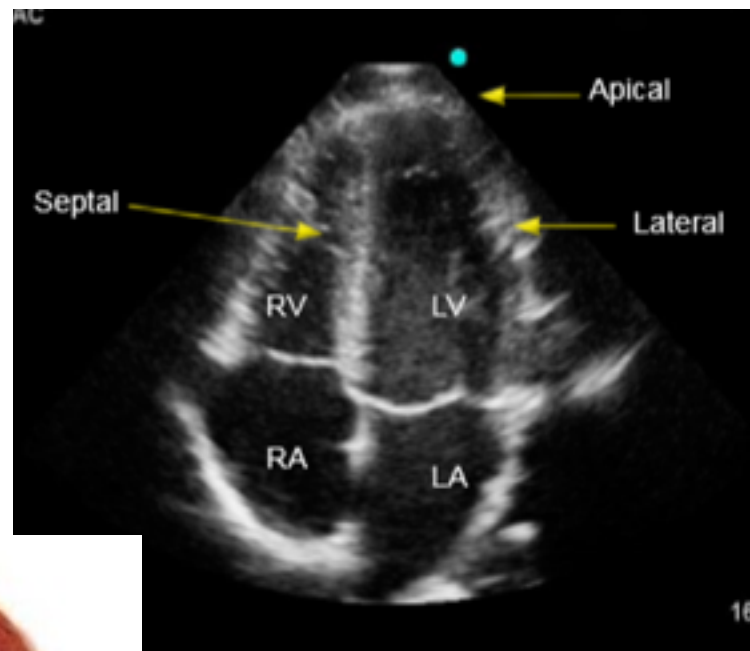
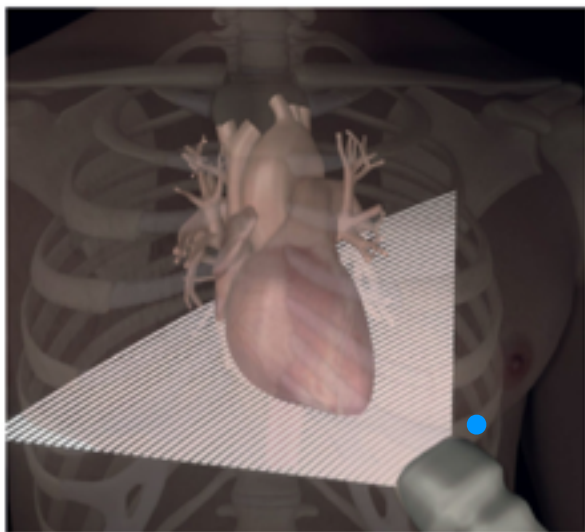
C. Apical

- Com posem el transductor (4C/5C):
 - àpex del cor
 - on palpem el batec
 - marca apuntant espatlla E
 - també: de paraesternal E transv, sense girar el transductor, l'arrastrem en direcció al mugró fins a l'àpex del cor.



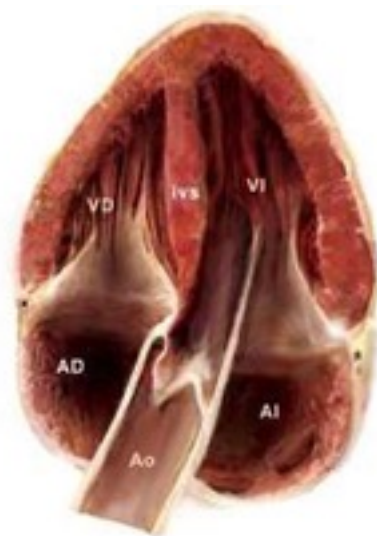
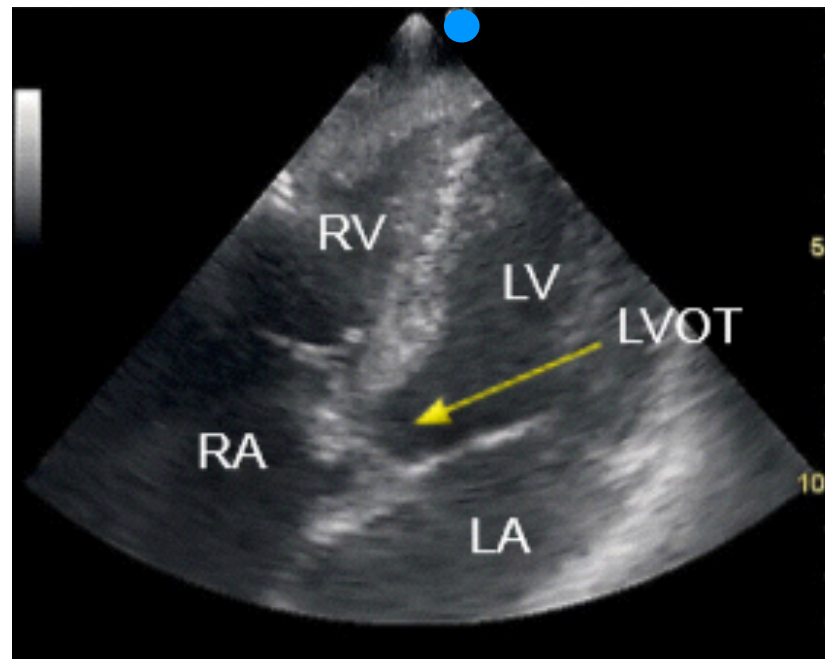
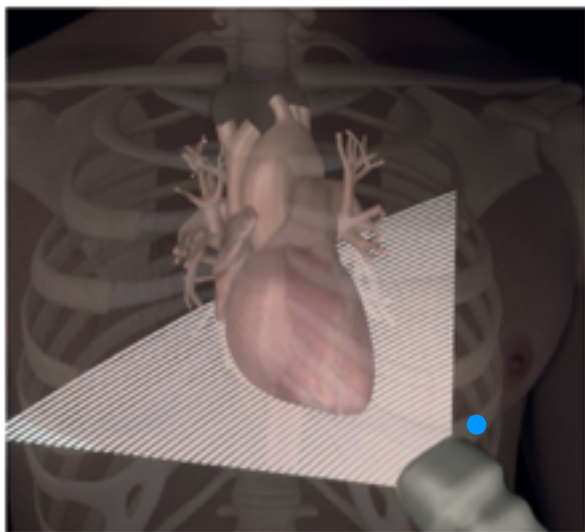
C. Apical

- C-1. Apical 4 càmares



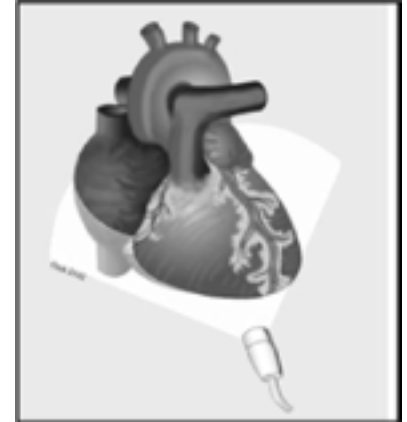
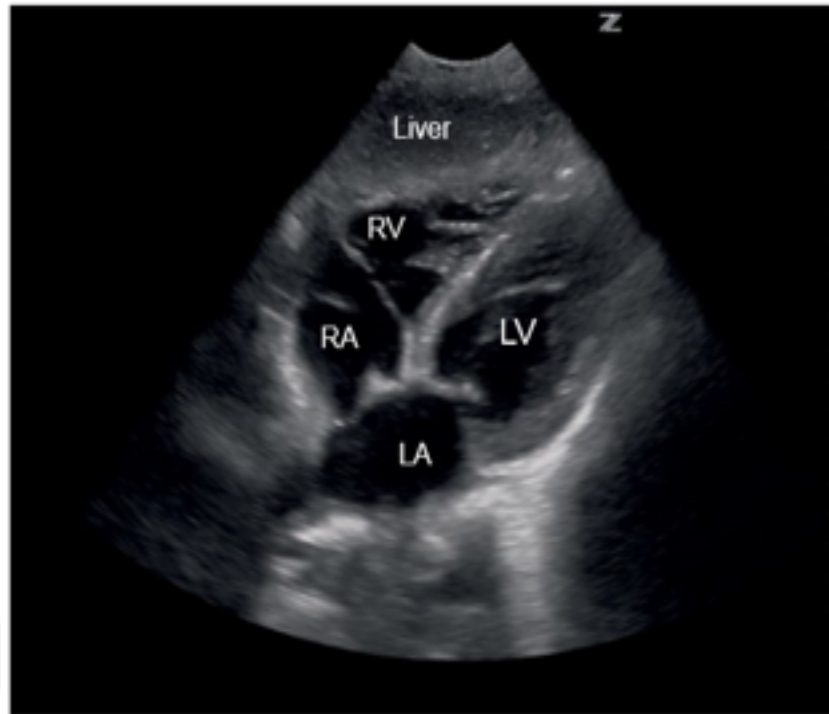
C. Apical

- C-2. Apical 5 càmares



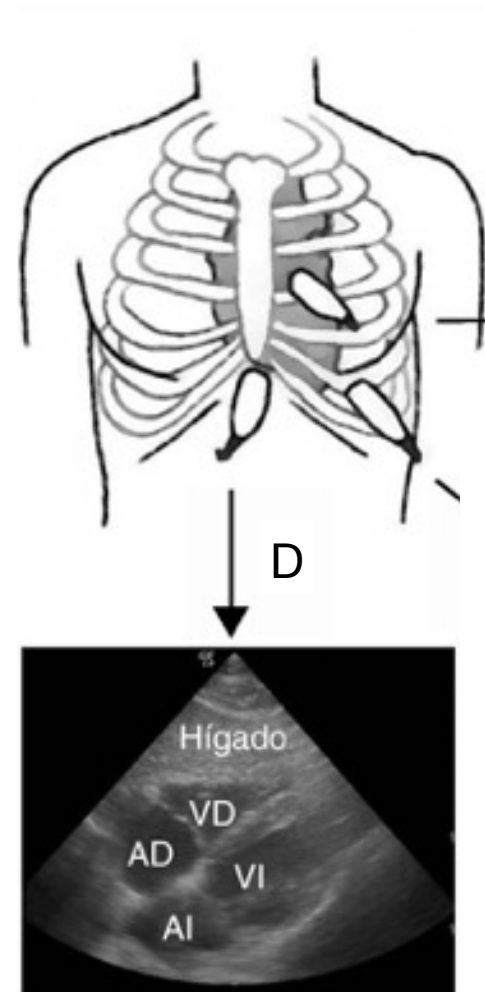
D. Subcostal

- D-1. Subcostal de 4 càmares



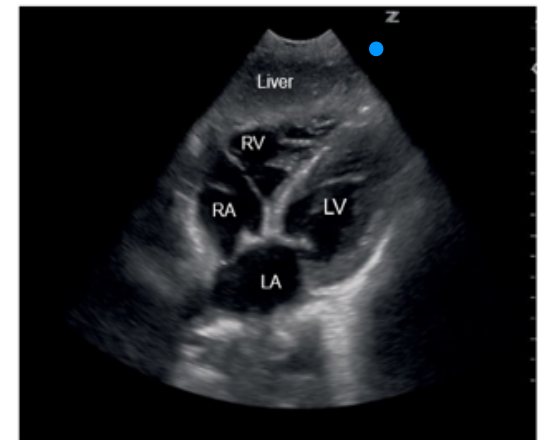
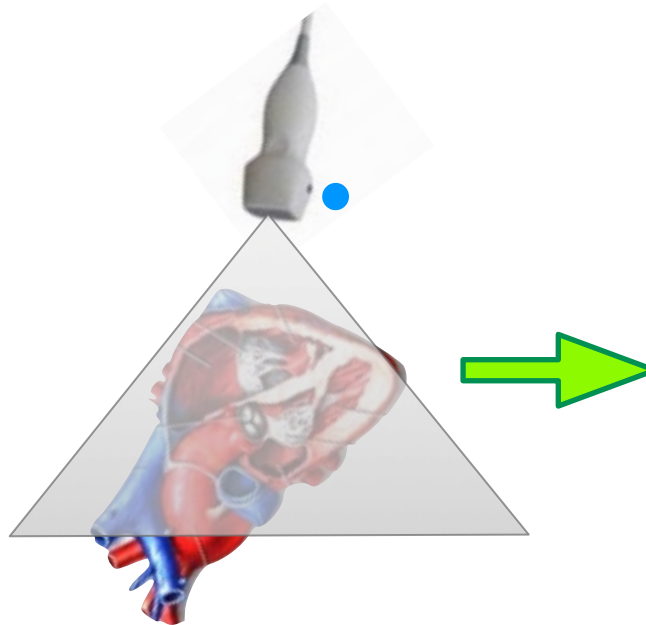
D. Subcostal

- Podem valorar:
 - pericardi
 - funció del VE
 - relació VD/VE
 - lesions valvulars
 - Vena Cava Inferior



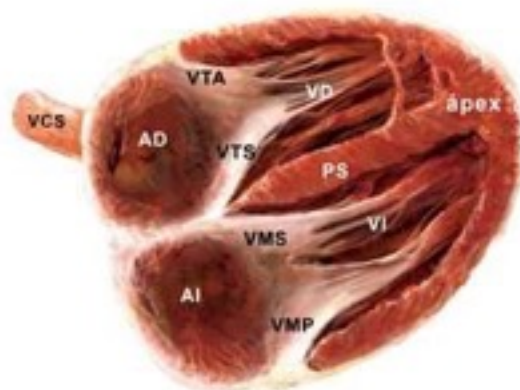
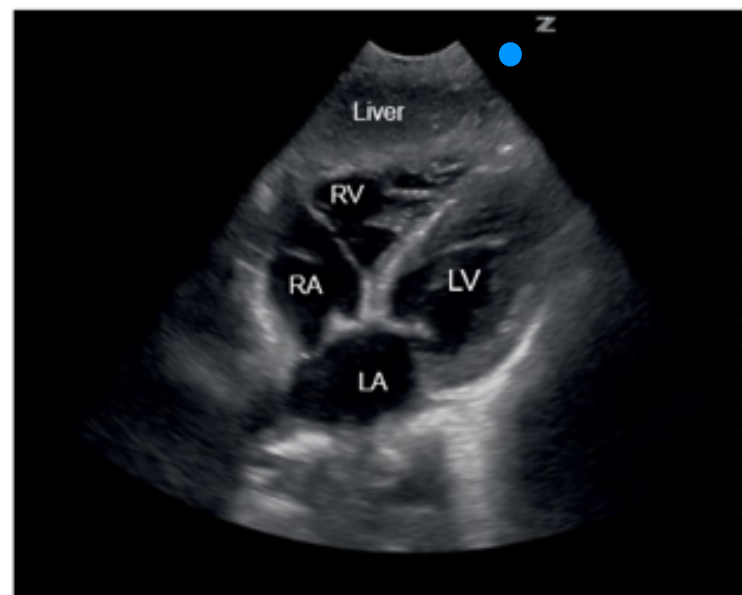
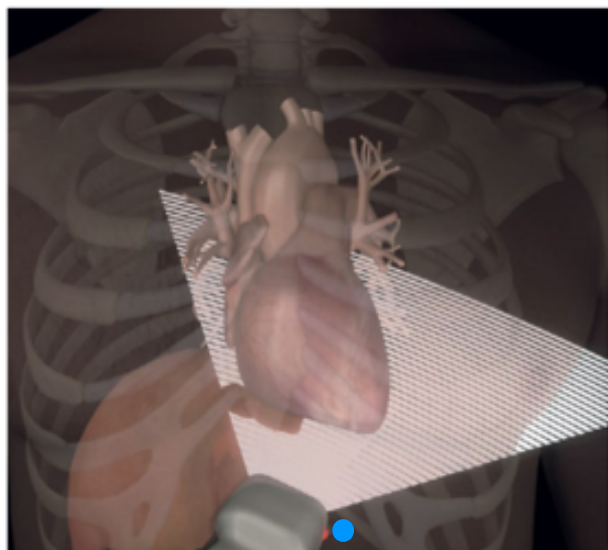
D. Subcostal

- Com posem el transductor:
 - en transversal a zona subxifoidea
 - apuntant cap a espatlla E
 - amb la marca a l'esquerre del pacient

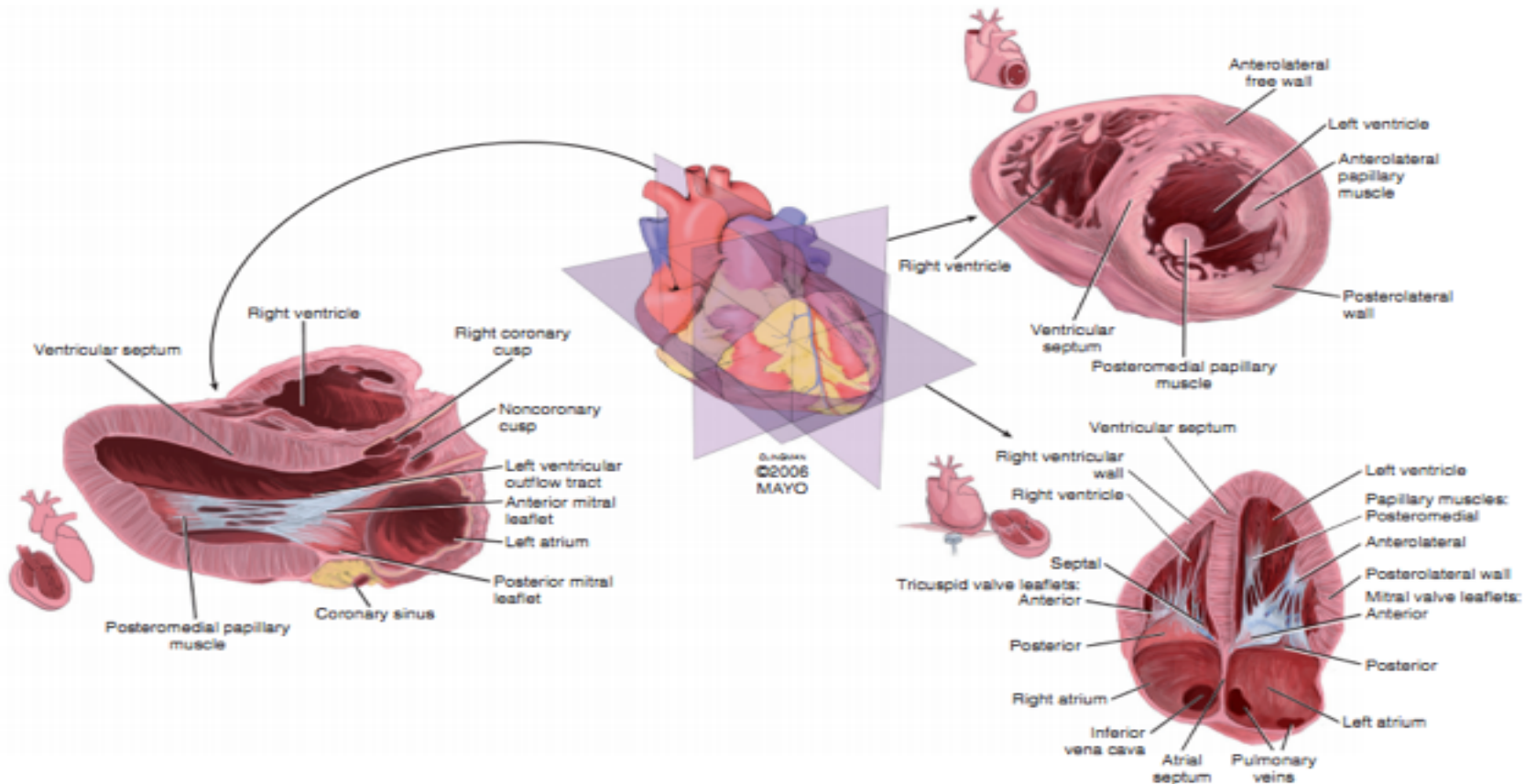


D. Subcostal

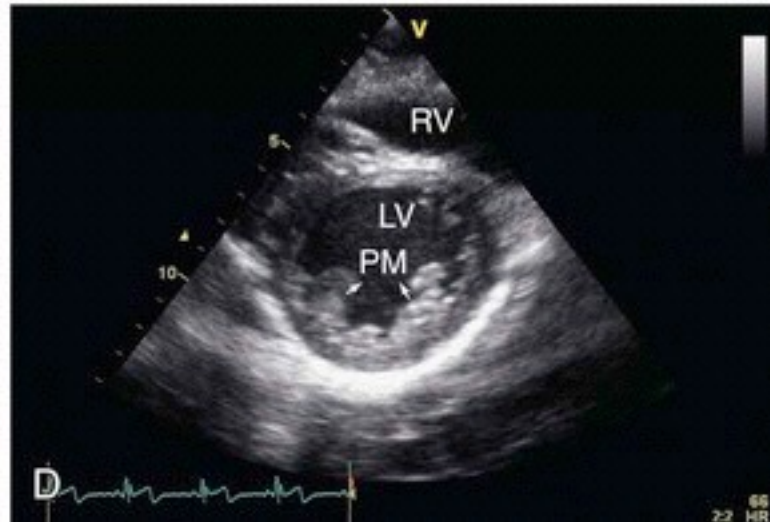
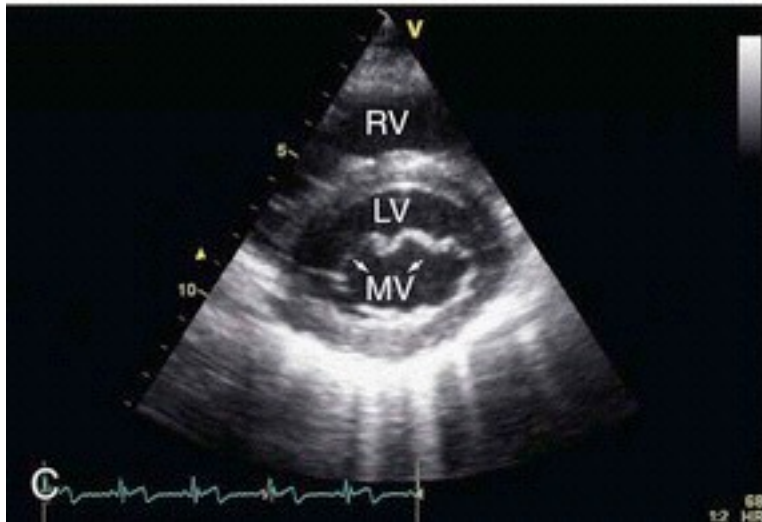
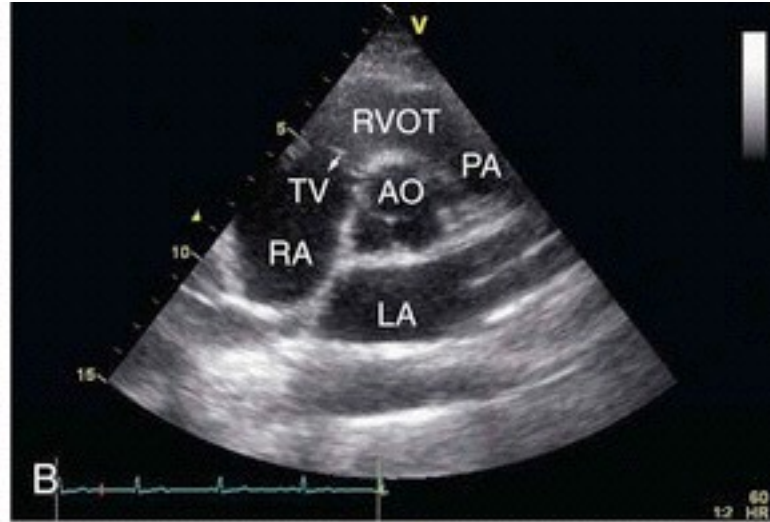
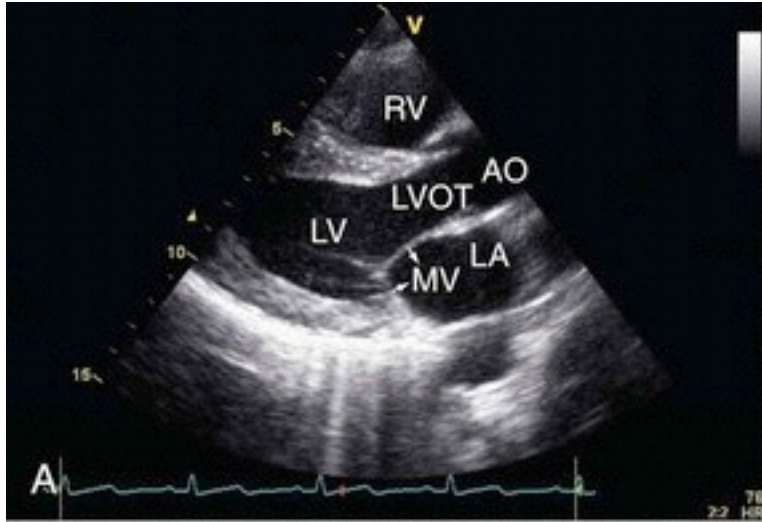
- D-1. Subcostal de 4 càmares



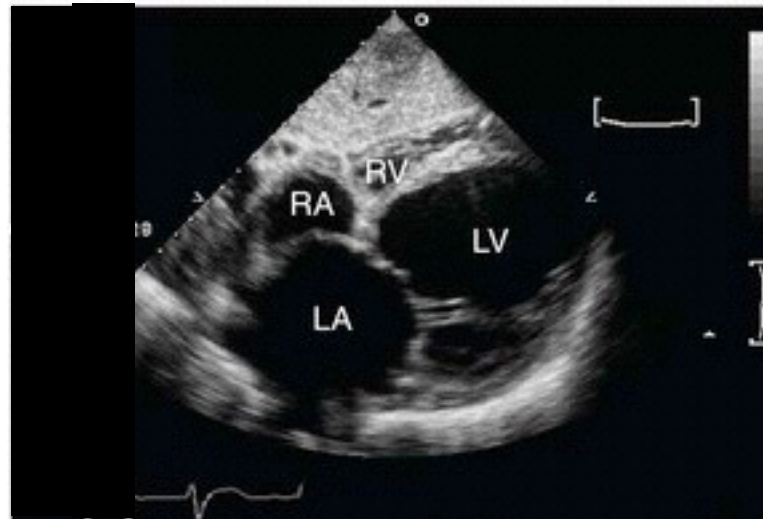
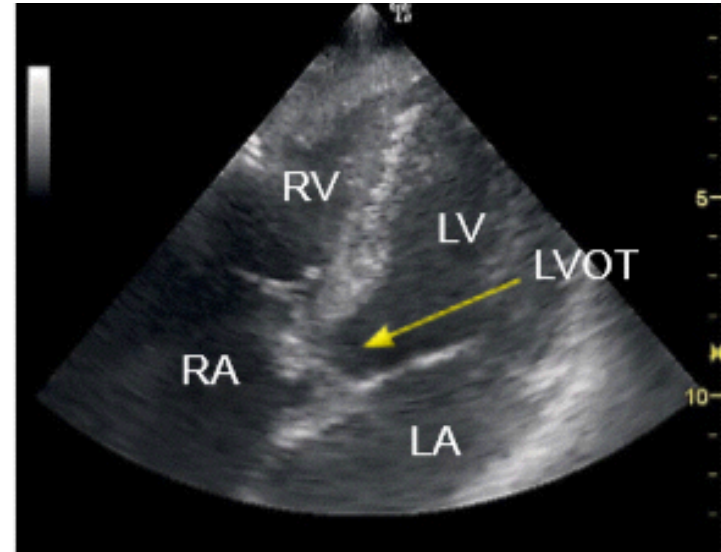
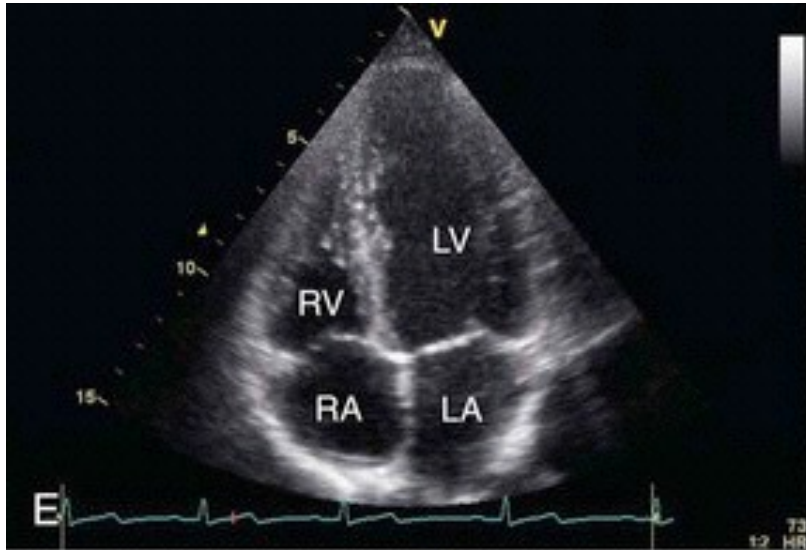
Resum



Resum



Resum





societat catalana de medicina
familiar i comunitària