**MULTI-CHAMBER CARDIAC EMBOLUS DETECTED WITH MULTI-MODAL IMAGING**

**V. Tavakoli**, R. Grodman, J. Nfonoyim, A.R. Chaudery, V. Pandian

Richmond University Medical Center, New York, NY, USA

Massive pulmonary embolism with evidence of right atrial or ventricular thrombus is a rare phenomenon, especially, when presented in two chambers of the heart. We present a 63 year old female complaining of left leg swelling, leg pain and shortness of breath for the prior two days. Past medical history included hypertension, and recently diagnosed squamous cell cervical cancer. At the time of admission heart rate was 135/min, respiratory rate was 22/min, saturation was 87% on room air and blood pressure was 125/82 mmHg. Initial EKG showed sinus tachycardia. Portable chest x-ray did not show any acute cardio-pulmonary changes. In view of the history of cancer, leg pain and shortness of breath, pulmonary embolism was considered as a possible diagnosis. Pulmonary embolism protocol chest CT with contrast was, subsequently, performed and showed extensive bilateral pulmonary emboli as well as unexpected right ventricle and right atrium thrombosis. Vascular ultrasound of lower extremities showed acute deep venous thrombosis in left common femoral, superficial femoral, popliteal, and tibioperoneal veins. Stat echocardiography was performed before the CT results were reported and showed estimated LV ejection fraction of 60%. Mobile masses consistent with thrombosis were seen within the right ventricle and right atrium. Right ventricle was enlarged and hypokinetic. No LV wall motion abnormality was detected. Doppler suggested mild tricuspid regurgitation. Right ventricle systolic pressure was 60 mm Hg. Treatment was initiated using heparin infusion and emergent cardiac surgery consultation was placed immediately. During the cardiac surgery, the thrombi were, successfully, removed from the right atrium and right ventricle. No complication was observed in the post-operation period, vital signs remained stable and echocardiography showed clearing the cardiac chambers. The patient was discharged on full dose anticoagulation (Coumadin) to complete her cancer treatment per oncology.