

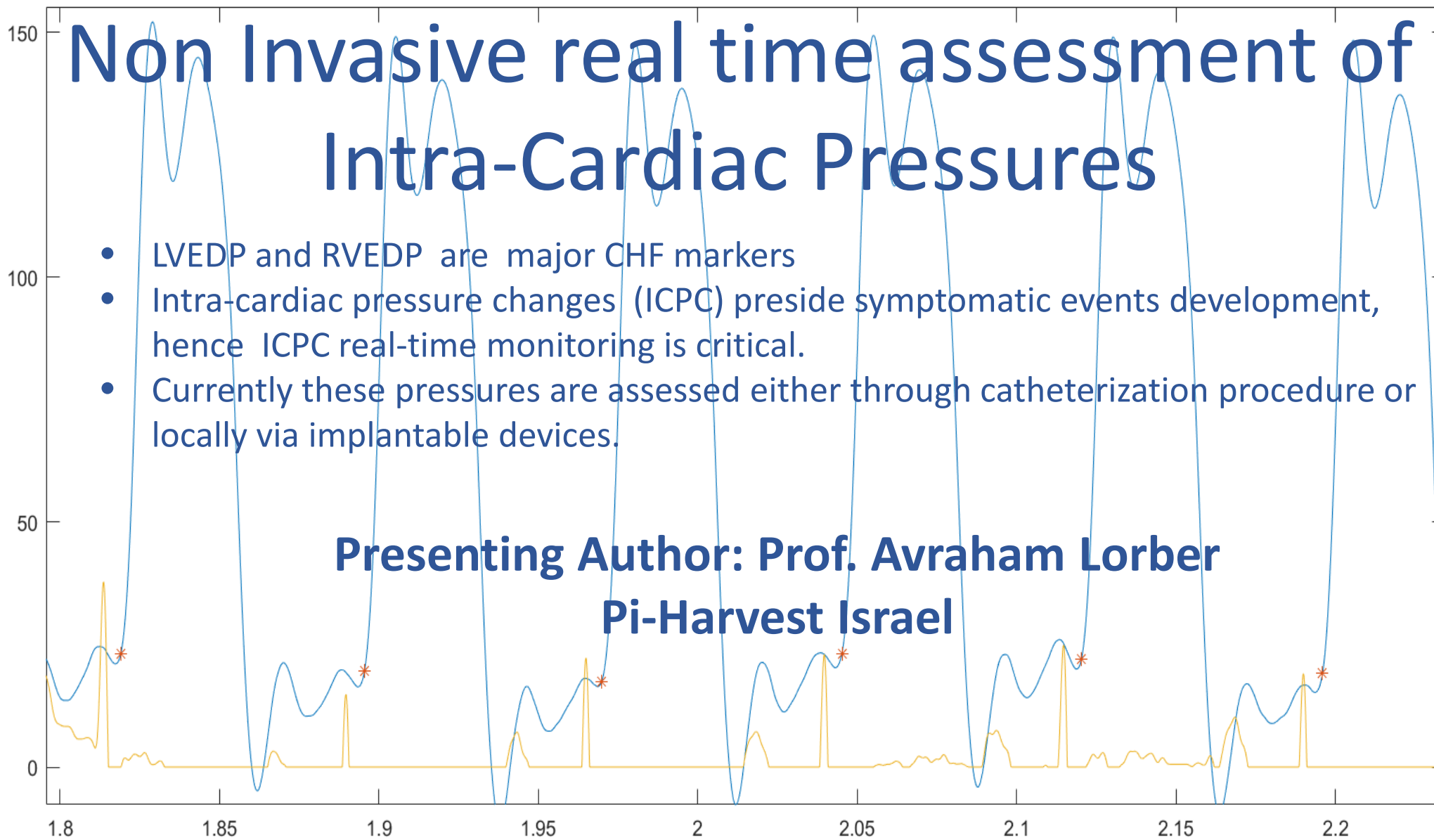


E-POSTER

# Non Invasive real time assessment of Intra-Cardiac Pressures

- LVEDP and RVEDP are major CHF markers
- Intra-cardiac pressure changes (ICPC) preside symptomatic events development, hence ICPC real-time monitoring is critical.
- Currently these pressures are assessed either through catheterization procedure or locally via implantable devices.

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Prof. Majdi Halabi, Ziv Medical Center | Dr. Alexander Brenner, Pi-Harvest Israel

$\times 10^4$

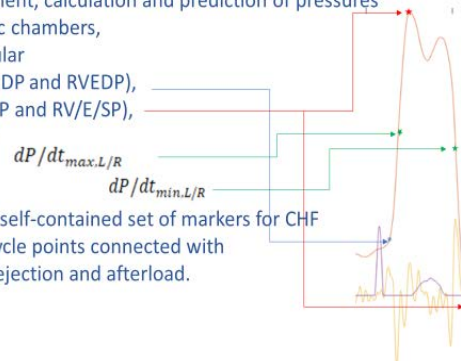


# Non Invasive real time assessment of Intra-Cardiac Pressures

## OBJECTIVE

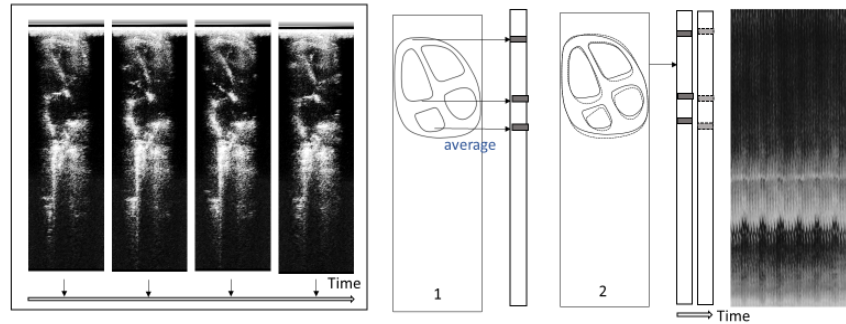
To develop a real-time system

- providing a non-invasive measurement, calculation and prediction of pressures
  - in pulmonary artery and cardiac chambers,
    - end diastolic pressures (LVEDP and RVEDP),
    - systolic/end systolic (LV/E/SP and RV/E/SP),
  - Left/Right ventricular pressure
    - rise
    - descend
  - and their derivatives forming a self-contained set of markers for CHF
    - ventricular preload, filling, ejection and afterload.



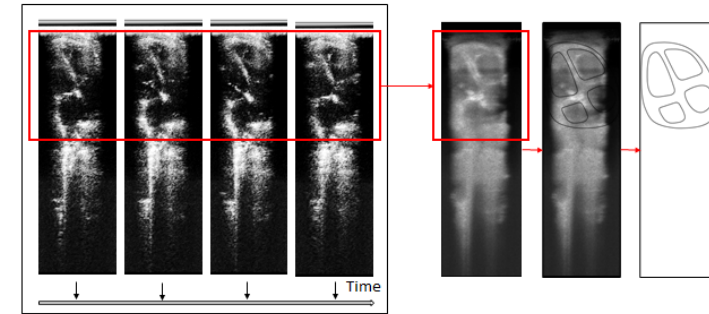
## Methods: Eigen-Image

- T-image**  $\{T_i\}_{i=1,\dots,N}$  is defined as a chronological union of images with corresponding time stamps.
- Characteristic (or Eigen-) Image**  $\{I_i\}_{i=1,\dots,N}$  of T-image is as a chronological union of its row averages

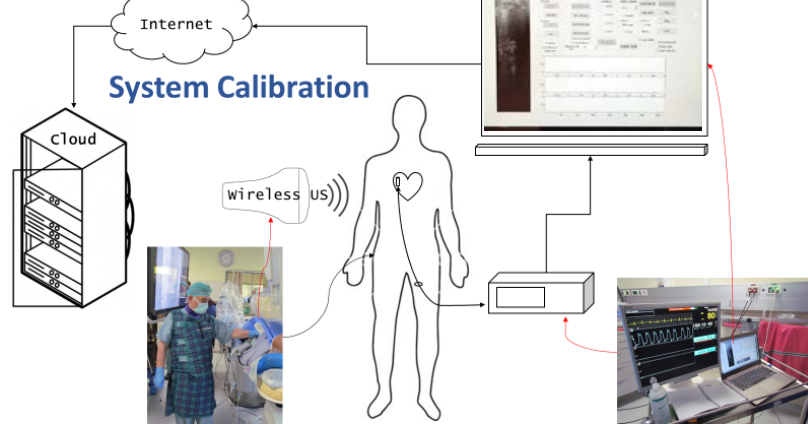


## Methods: T-Image Time Derivatives

- T-Image**  $\{T_i\}_{i=1,\dots,N}$  time derivatives  $\{T_i\}'_{i=1,\dots,N}$ ,  $\{T_i\}''_{i=1,\dots,N}$ , ... are the pixel-wise finite differences of greyscale brightness:  $T_i - T_{i-1}$  with subsequent averaging.
- This allows to differentiate the oscillating parts from the environment and determine the heart shape and position.

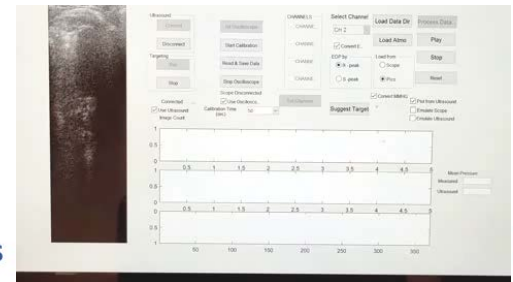
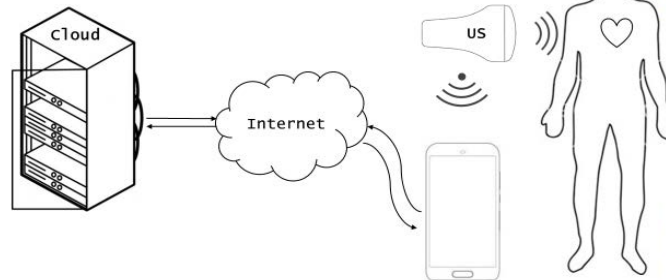


## Methods



## Methods

### Follow Up



## Results LVEDP

- The results were confirmed during ongoing human study of 40 patients conducted under the approval of an ethical committee.
- The ultrasound elaborated pressure data functions are of high precision and accuracy corresponding to the catheter derived pressures and are valid for most of cardiac dysfunctions
- The further markers capable to differentiate NSTEMI Myocardial infarction with preserved and reduced ejection fraction are discovered.



Patient	LVEDP Comparison (mmHg)					
	Measured LVEDP	Calculated LVEDP	Prediction by 1	Prediction by 2	Prediction by 3	Prediction by 4
1	20.60	20.60	20.72	20.67	20.36	
2	21.10	21.08	21.11	21.20	20.77	
3	19.09	19.18	19.57	19.08	19.15	
4	17.67	17.46	18.18	17.16	17.67	