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Figure 1

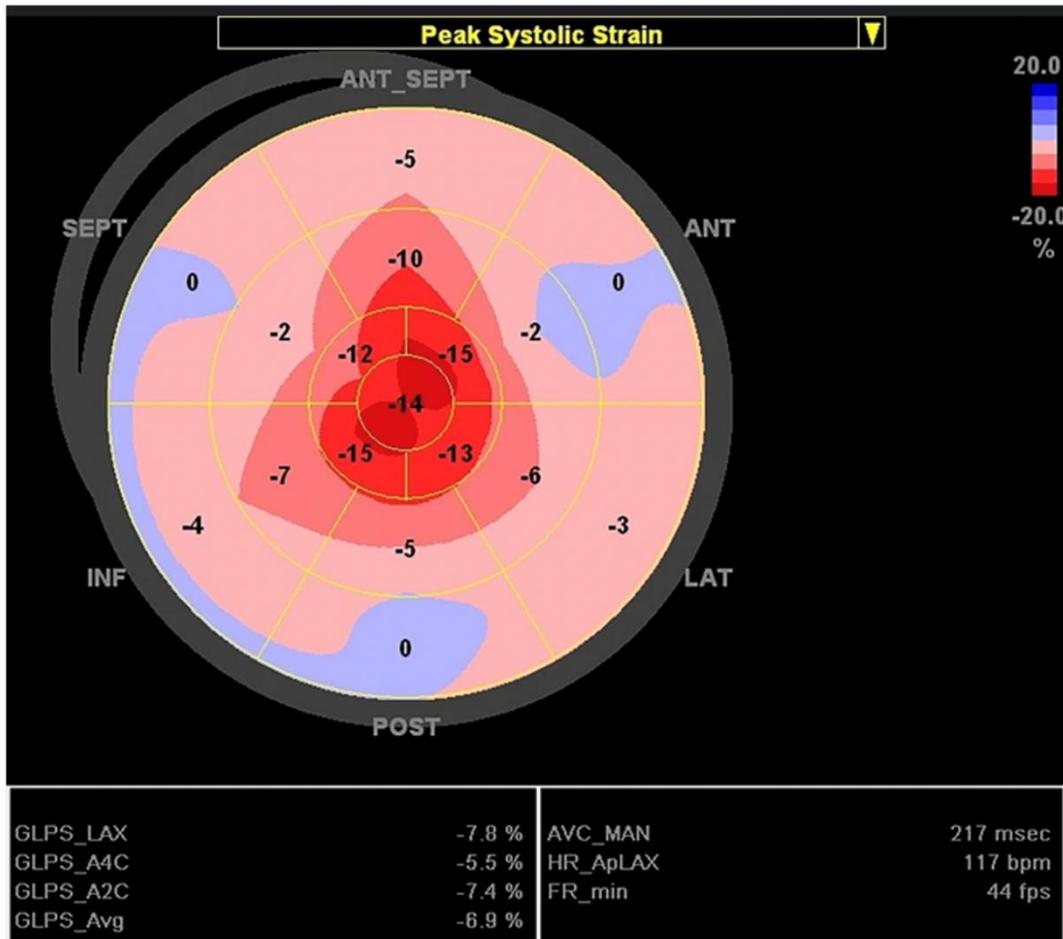


Figure 1 : Strain apical sparing. Adapted from Gil, J., Abreu, et al. Apical sparing of longitudinal strain in speckle-tracking echocardiography. *Neth Heart J* 26, 635 (2018), under CC BY 4.0

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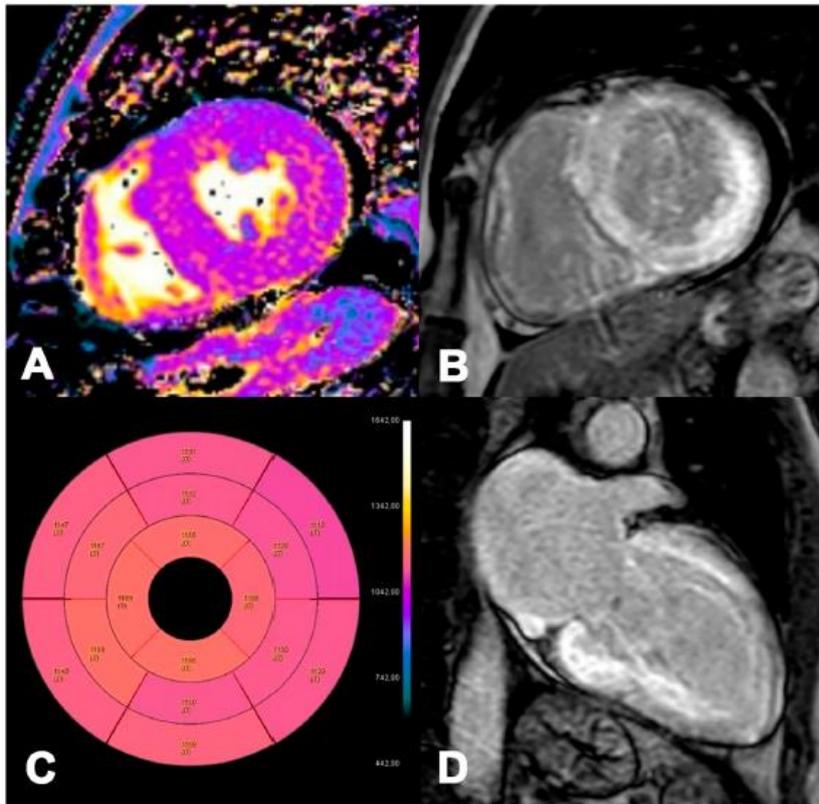


Figure 1 : T1 Native Mapping (A) demonstrates abnormally high values in all entire LV walls in cardiac amyloidosis. Diffuse transmural LV and subendocardial RV LGE in two-chamber short (B) and long axes (D). Bulls-eye map of T1Native (C). Adapted from Maggialetti, N., et al. Role of Cardiovascular Magnetic Resonance in Cardiac Amyloidosis: A Narrative Review. *J. Pers. Med.* (2024), under CC BY 4.0

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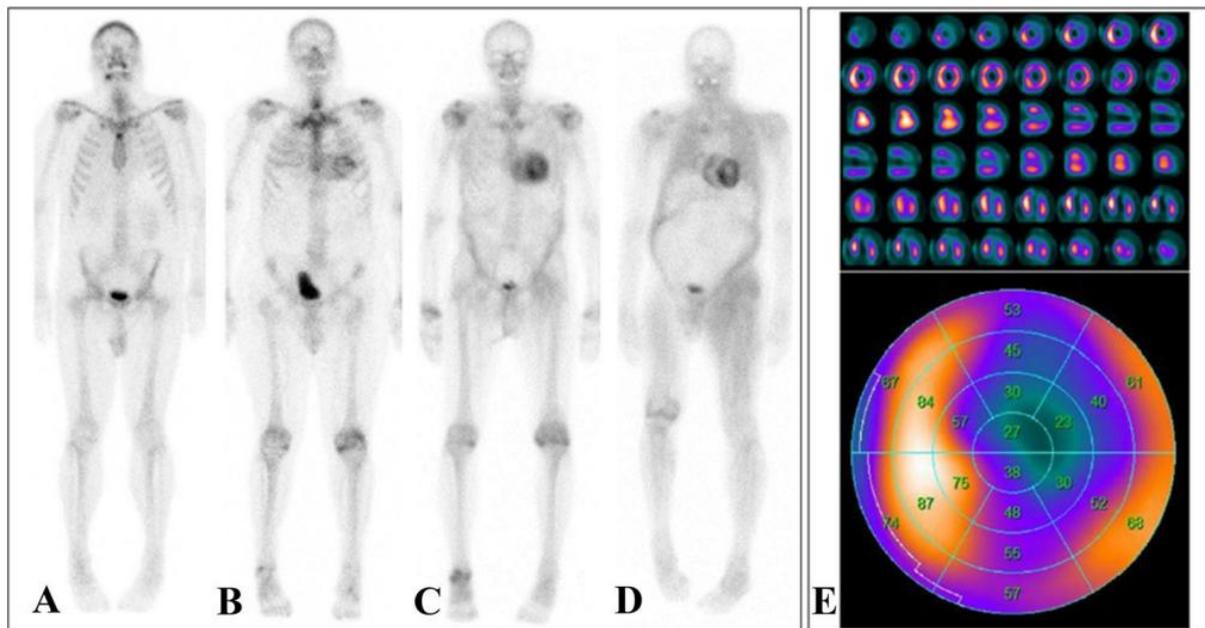


Figure 2 Planar ^{99m}Tc -DPD scintigraphies of four different patients. No cardiac uptake (Perugini score 0, A). Light cardiac uptake with preserved delineation of bone tissue (Perugini score 1, B). Strong cardiac uptake above that of bone tissue and increased soft-tissue uptake, particularly in the shoulder, abdominal wall, and gluteal region (Perugini score 2, C). Strong cardiac and soft-tissue uptake with no discernable bone-tissue uptake, suggesting diffuse amyloid soft-tissue infiltration (Perugini score 3, D). E, SPECT imaging: short axis, vertical long axis, and horizontal long axis slices at the top and the corresponding polar plot at the bottom; white/yellow indicates high uptake; blue/black indicates little or no uptake.

Adapted from: A. Yilmaz et Al. *Clinical Research in Cardiology* (2021) 110:479–506, under CC BY 4.0.

Link: https://www.researchgate.net/publication/348577740_Diagnosis_and_treatment_of_cardiac_amyloidosis_position_statement_of_the_German_Cardiac_Society_DGK

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