



Rad to Rad Learning: Measuring RV/LV Ratio

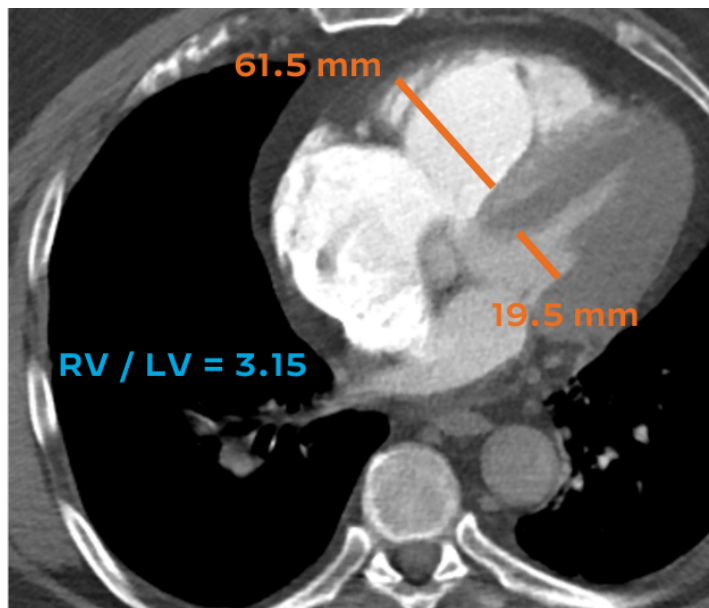
The Radiology Partners (RP) Interventional Radiology National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

Peer Learning Opportunity

Patients who have lobar or larger PE and evidence of right heart strain are at increased risk for 30 day in-hospital morbidity and mortality.

Measuring RV/LV Ratio

Measure perpendicular to the long axis of the heart, widest inner wall to inner wall RV diameter and LV diameter.



Right ventricle is 61.5mm. Left ventricle is 19.5mm. RV/LV Ratio is 3.15.

Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.

Practical Insights

- **PE with right heart strain is referred to as intermediate risk and warrants assessment.**
- **Measure on the slice(s) where each ventricle is widest.**
- **An RV / LV ratio ≥ 1.0 = right heart strain**

The inner wall is the edge of the compacted myocardium.



Takeaway: Clot burden must be Central (lobar or main trunk).

The Interventional Radiology National Subspecialty Division (NSD) is part of [RP's Clinical Value Team](#), which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice. Check back here and on [X](#), [LinkedIn](#) and [Instagram](#) to see these common cases and our findings.

Visit the [Clinical Resources page](#) for more cases and to see what we've developed to enhance best practice recommendations, elevate image quality and patient care and update current standards throughout RP's network of practices, all to deliver excellent radiology services to patients, referring clinicians and client partners.



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