



CLINICAL IMAGE

Right Atrium Thrombus Extending from IVC in a Patient of Renal Cell Carcinoma

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Case Report

46-year-old gentleman admitted with shortness of breath and chest discomfort for last 6 months. He had no history of chest pain. He had history of flank pain for last few months along with occasional hematuria. He was taking self medications (analgesics) for these symptoms. On initial examination there was pallor and bipedal oedema. SpO₂ was 96% in room air. Cardiovascular examinations revealed mid diastolic murmur in the mitral area without any radiation. Chest examinations revealed normal vesicular breath sound in both lung fields. Electrocardiogram (ECG) revealed sinus tachycardia with heart rate of 115 beats/min, regular in rhythm. Chest X-ray was advised which revealed no significant abnormalities. Echocardiogram was advised which revealed normal Left Ventricular systolic function. Right ventricle was filled with large echogenic mass extending to right atrium and beyond through inferior vena cava (Figure 1, 2, 3). It had cystic spaces clearly visible which initially seems to be tumour with cystic transformation. On further imaging the extension of the mass was clearly seen through tricuspid opening to right atrium and further into inferior vena cava. Considering the history of hematuria and flank pain he was advised for USG Whole abdomen, which revealed

mas originating from right kidney. Now the diagnosis was evident as to be a large thrombus extending from renal vein to inferior vena cava and to right atrium to right ventricle.

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Conflict of Interest

The authors declare that they have no conflict of interest.

Author's Contributions

Sudeb Mukherjee - Conception and design, Acquisition of data, Analysis of data, writing draft, final revision.

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Guarantor of Submission

The corresponding author is the guarantor of submission.



Figure 1: Showing large echogenic mass filling almost whole of right atrium and right ventricle.