

Videos 1A–C: Transthoracic apical 4-chamber view (A) and transeosophageal echocardiogram (B) in the transversal plane from an 80-year-old lady presenting with acute dyspnea. Demonstrated is mitral valve prolapse with a flail posterior leaflet (P2) due to chordal rupture resulting in severe mitral regurgitation (C).

Videos 2A–C: Transthoracic apical 4 chamber views (A and B) and view zoomed (C) on posterior papillary muscle of a 40-year-old man who presented with pulmonary edema, mild fever several days after prolonged chest pain. Demonstrated is partial disconnection of the base of the papillary muscle secondary to a myocardial infarction (posterior and lateral akinesia) resulting in severe mitral regurgitation.

Videos 3A and B: Four-chamber view with color flow (A) and zoomed view (B) on the mitral valve apparatus in a 78-year-old woman who presented with severe congestive right and left heart failure. Demonstrated are normal LV ejection fraction, mitral annular calcification, enlarged left atrium, restricted bileaflet motion, low forward stroke volume resulting in hemodynamically significant mitral regurgitation. Of note mitral regurgitation completely disappeared with diuretic therapy.

Video 4: Transthoracic echocardiogram in a 34-year-old patient presenting with dyspnea. Parasternal long-axis view demonstrating increased thickness of the septal wall and systolic anterior motion.

Video 5: Transeosophageal echocardiogram in the transversal plane obtained from a hypovolemic and intubated 75-year-old patient deteriorating with dobutamine.