A 63-year-old woman was transferred to our Department of Cardiology from the local hospital for further evaluation, because of a registered single episode of asystole lasting 7 s and an echocardiographically detected mass in the right atrium primarily diagnosed as myxoma. Further diagnostic studies (including the biopsy guided by intracardiac echocardiography) have confirmed presence of thrombus in the area of terminal crest as well as lipomatous hypertrophy of the heart. The patient was disqualified from surgical treatment. The DDD pacemaker was implanted to prevent arrhythmia, probably a result of the pathology. On discharge the patient was advised to use an oral anticoagulant. Six months’ follow-up revealed very good condition of the patient; the mass had no tendency to enlarge, and no significant arrhythmia was seen. The image above shows a bright blood cine magnetic resonance image (fast imaging employing steady-state acquisition). Thrombus is visible in the region of the enlarged terminal crest, nonenhancing in early and late phases. Hypertrophy and fat infiltration of the interatrial septum and partly right atrium free wall is shown with white arrows in the Figure above.