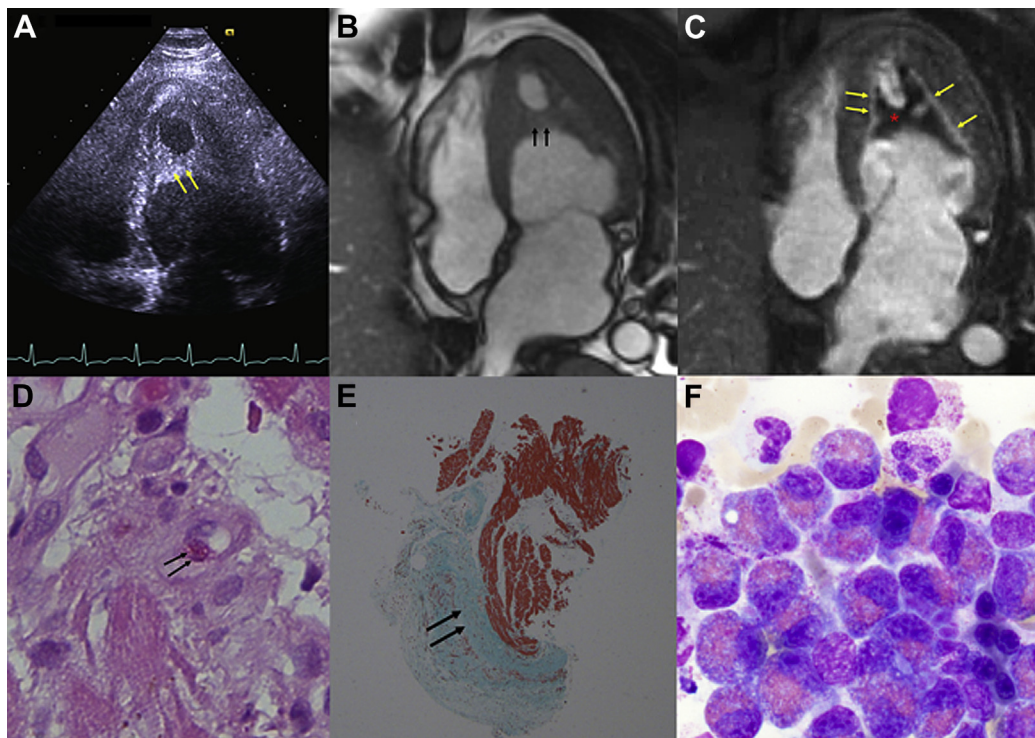


IMAGES IN CARDIOLOGY

Cardiac Imaging in FIP1L1-PDGFR4

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FIP1L1-PDGFR4 is a recently discovered rare cause of primary hypereosinophilia, classified as myeloid and lymphoid neoplasm (1). One-third of patients may have cardiac involvement manifesting as heart failure or left ventricular thrombus (1), commonly leading to a misdiagnosis of apical hypertrophic cardiomyopathy.

A 50-year-old man presented with acute pulmonary edema and eosinophilia. Transthoracic echocardiographic results were suspicious for apical hypertrophic cardiomyopathy (**A**, **arrows**). Cardiac magnetic resonance imaging demonstrated a homogenous mass (**arrows**) within the left ventricle (**B**, [Online Video 1](#)). Late gadolinium enhancement imaging demonstrated a non-enhancing left ventricular mass, consistent with extensive thrombus (**C**, **red asterisk**). There was thin subendocardial late gadolinium enhancement (**arrows**), subtending the thrombus distribution, pathognomonic for subendocardial fibrosis. Endomyocardial biopsy showed eosinophils (**D**, **arrows**) and endocardial fibrosis (**E**, **arrows**). Bone marrow aspirate demonstrated marked eosinophilia (**F**), confirming FIP1L1-PDGFR4.

REFERENCE

1. Pardanani A, D'Souza A, Knudson RA, Hanson CA, Ketterling RP, Tefferi A. Long-term follow-up of

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