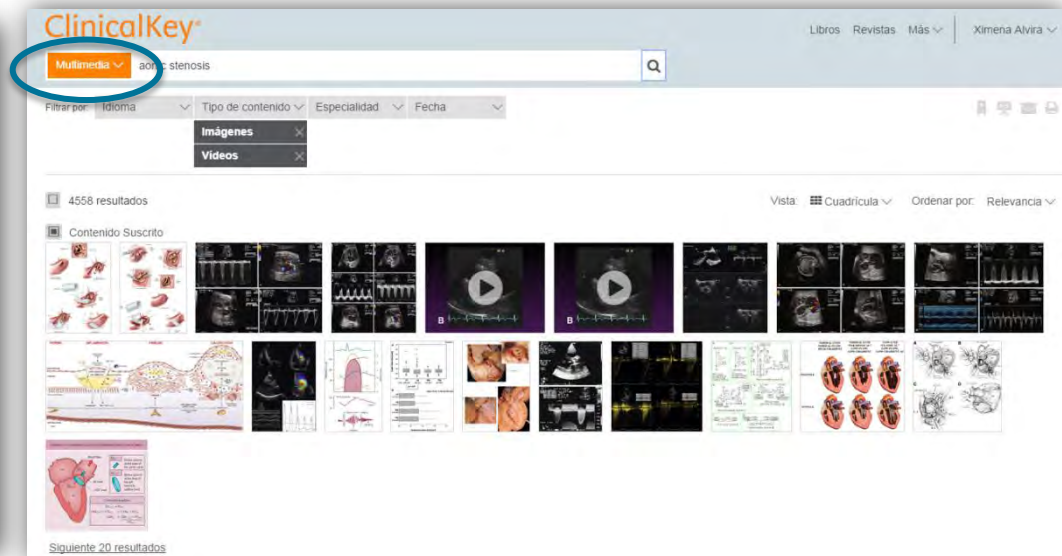


Cómo crear y exportar una presentación de Power Point

1. Pre-seleccionamos “Multimedia” del menú desplegable de la izquierda, ya sea en la página de inicio o en la página de resultados.



2. Seleccionamos las imágenes que nos interesan. Tenemos dos opciones: "Uk'5Vf]a cg`Ug]a ¼ YbYg`una a una y las vamos añadiendo a nuestra presentación"

ClinicalKey

Libros Revistas Más Ximena Alvira


Multimedia aortic stenosis

Filtrar por: Idioma Tipo de contenido Especialidad Fecha

Imágenes Videos

4558 resultados Vista: Cuadrícula Ordenar por: Relevancia

Contenido Suscrito



IMAGEN

Aortic Stenosis

Fetal Cardiovascular Imaging.

Goldberg, David J.; Thacker, Deepika. Publicado January 1, 2012. Páginas 205-216. © 2012.

Case 19-1

Case 19-1 (A) Four-chamber view of a fetus with aortic stenosis. The aortic valve is not seen in this view, however, the left ventricle (LV) and left atrium (LA) are slightly dilated. The mitral valve subaortic apparatus appears echo-bright and thickened, suggesting a possible mitral valve anomaly. RA, right atrium; RV, right ventricle; Sp, spine. (B) Color Doppler imaging demonstrates severe mitral regurgitation (MR). (C) Pulse wave Doppler interrogation across the mitral valve with increased peak velocity over 1.0 m/sec. This may reflect increased volume of flow across the mitral valve (MV) in diastole due to the regurgitation. (D) Continuous wave Doppler estimate of the peak mitral regurgitant velocity is 3.7 m/sec. Hence, the estimated left ventricular pressure is approximately 56 mm Hg greater than the left atrial pressure. (E) Long-axis view of the LV. The aortic valve appears thickened. Ao, aorta. (F) Color Doppler imaging of long-axis view. There is turbulent flow just distal to the aortic valve suggesting stenosis. There is severe MR with a jet angled posteriorly toward the back of the LA. (G) Pulse wave Doppler across the aortic valve demonstrates nonlaminar, turbulent flow with a peak velocity of 2.2 m/sec, with an estimate of 20 mm Hg peak instantaneous gradient from LV to ascending aorta. AS, aortic stenosis. (H) Color flow image of the aortic arch. There is turbulence secondary to the AS, which is transmitted distally into the transverse aortic arch (Ao arch). DAo, descending aorta. (I) Superior angling toward the right ventricular outflow tract. The pulmonary artery (PA) and pulmonary valve are demonstrated. (J) Pulse wave Doppler across the pulmonary valve. There is laminar flow, although the velocity is elevated at over 1 m/sec. This is likely due to decreased right-to-left shunting at the atrial level secondary to left-sided heart disease; as a consequence, there is an increase in right-sided flow across the pulmonary valve. PA, pulmonary artery.

[Ver en la frente](#) [Ver a tamaño completo](#)

Seleccionamos las imágenes que nos interesan y hacemos clic en el ícono “añadir a presentación”.
NOTA, para poder seleccionar las imágenes, es necesario que la casilla donde se muestran los resultados, esté en **negrita**. De lo contrario no aparecerán las casillas de selección en las imágenes”

The screenshot shows the ClinicalKey search interface for 'aortic stenosis'. At the top, there is a search bar with 'Multimedia' selected and 'aortic stenosis' entered. Below the search bar, there are filter options for 'Idioma', 'Tipo de contenido', 'Especialidad', and 'Fecha'. A dropdown menu is open under 'Tipo de contenido', showing 'Imágenes' and 'Videos'. To the right of the filters, there are icons for 'Añadir a presentación', 'Compartir', 'Enviar correo', and 'Imprimir'. An orange arrow points to the 'Añadir a presentación' icon. Below the filters, there is a section for '4558 resultados' (circled in orange) and a 'Vista: Cuadrícula' dropdown. The main content area displays a grid of search results, including anatomical diagrams, ultrasound images, and medical charts. Several results have a blue circle around a small icon in the top-left corner, indicating they are selected. At the bottom left, there is a link for 'Siguiete 20 resultados'.

3. Elegimos la presentación en la que queremos almacenar las imágenes. Si no tenemos ninguna creada, lo podemos hacer directamente en esta página (+ Crear una nueva presentación)"



Para crear una nueva etiqueta, sólo tenemos que escribir el nombre y dar a “enter” en el teclado del ordenador.

4. Podemos acceder a nuestras presentaciones creadas en el menú desplegable que aparece debajo de nuestro usuario"

The screenshot displays the ClinicalKey website interface. At the top left is the 'ClinicalKey' logo. On the right, the user's name 'Ximena Alvira' is shown with a dropdown arrow. Below the name is a menu with the following options: 'Contenido guardado', 'Historial de búsqueda', 'Presentaciones' (highlighted with an orange arrow), 'Configuración', and 'Finalizar la sesión'. The search bar contains the text 'aortic stenosis' and a magnifying glass icon. Below the search bar are filters for 'Idioma', 'Tipo de contenido' (with 'Imágenes' and 'Vídeos' selected), 'Especialidad', and 'Fecha'. The main content area shows '4558 resultados' and a 'Contenido Suscrito' section. The results are displayed in a grid view, showing various medical images, diagrams, and charts related to aortic stenosis. The bottom right corner features the 'ELSEVIER' logo.

5. Seleccionamos la presentación que queremos exportar, y hacemos clic en Exportación.

The screenshot displays the ClinicalKey 'Creador de Presentaciones' (Presentation Creator) interface. At the top, the ClinicalKey logo is on the left, and navigation links for 'Libros', 'Revistas', and 'Más' are on the right, along with the user name 'Ximena Alvira'. A search bar contains 'Multimedia' and 'aortic stenosis'. Below the search bar, the title 'Creador de Presentaciones' is displayed. Under 'Mis Presentaciones', there is a button '+ Crear una nueva presentación' and a table of existing presentations:

| Presentación | Fecha |
|--------------------------|---------|
| Estenosis aórtica | 9/30/14 |
| Necrosis Tumoral | 9/30/14 |
| Aneurisma disecante | 9/29/14 |

An orange arrow points to the 'Estenosis aórtica' row. To the right, a preview of the 'Estenosis aórtica' presentation is shown, including anatomical diagrams and echocardiogram images. A 'Modificar' link is next to the title. A blue button 'Añade imágenes desde el Contenido Guardado' is at the bottom of the preview. The 'Exportación' button is circled in blue.

At the bottom of the page, there are links for 'Contáctenos', 'Centro de Recursos', 'Términos y condiciones', 'Política de privacidad', 'Acuerdo de Usuario Registrado', and 'Ayuda'. Social media icons for Facebook, Twitter, and YouTube are also present. The footer text reads: 'Copyright © 2014 Elsevier, Inc. Todos los derechos reservados.'

6. Y obtenemos nuestra presentación de Power Point, con pies de figura incluidos, lista para ser editada según nuestras preferencias.

**NORMAL-LVEF
NORMAL-FLOW,
HIGH-GRADIENT**

**NORMAL-LVEF
"PARADOXICAL"
LOW-FLOW,
LOW-GRADIENT**

**LOW-LVEF
"CLASSICAL"
LOW-FLOW,
LOW-GRADIENT AS**

DIASTOLE

SYSTOLE

Different Patterns of Severe AS According to Flow, Gradient, and LV Geometry The majority (50% to 70%) of patients with severe aortic stenosis (AS) develop left ventricular (LV) hypertrophy with normal LV cavity size and ejection fraction (EF), which allows maintenance of normal LV pump function. These patients with severe AS and normal transvalvular flow rate exhibit a high gradient. Patients with low LVEF, "classical" low-flow, low-gradient (LF-LG) AS (5% to 10% of the AS population) generally have a dilated LV cavity with markedly depressed myocardial systolic function and reduced LV outflow. Normal LVEF, "paradoxical" LF-LG AS (10% to 25% of AS population) is characterized by pronounced LV concentric remodeling, small LV cavity size and a restrictive physiology leading to impaired LV filling, altered myocardial function, and reduced LV outflow. Because of the LF state, patients with classical or paradoxical LF may present with a LG despite presence of severe stenosis. AVA = aortic valve area (in square centimeters); AVAproj = projected aortic valve area at normal flow rate (in square centimeters); Ca = calcium score (in Agatston units); CABG = coronary artery bypass graft; CT = computed tomography; Op. = operative; δP = mean transvalvular gradient (in mm Hg); SAVR = surgical aortic valve replacement; SV = stroke volume; TAVR = transcatheter aortic valve replacement. Figure illustration by Craig Skaggs.

Low-Flow, Low-Gradient Aortic Stenosis With Normal and Depressed Left Ventricular Ejection Fraction
Pibarot, Philippe, DVM, PhD, JACC (Journal of the American College of Cardiology), Volume 60, Issue 19, 1845-1853
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Haga clic para agregar notas