

Stellingen behorende bij het proefschrift van Riccardo Rambaldi, Rotterdam 2000

1. Objective interpretation of wall function remains the “Achilles heel” of stress echocardiography.
2. Echo image quality, severity of wall motion abnormality, rate-pressure product, digital cine-loop format and standard interpretation criteria determine Interinstitutional agreement of interpretation of stress echocardiography results.
3. You can teach a computer to quantify colors but not how to interpret them.
4. Reduced systolic velocity of the right ventricular free wall at peak-dose dobutamine stress echocardiography allows to identify right coronary artery stenosis.
5. The triad of perfusion, metabolism and contraction determines myocardial viability.
6. High-dose dobutamine stress echocardiography to detect myocardial viability in severe left ventricular dysfunction is not harmful to the patient and improves the diagnosis of coronary artery disease.
7. A biphasic contractile response of severely dysfunctional myocardium predicts severe coronary stenosis.
8. In patients with severe left ventricular dysfunction ejection fraction measurement during dobutamine stress echocardiography predicts left ventricular functional recovery after coronary revascularization.
9. Absence of myocardial contractile reserve by dobutamine stress echocardiography predicts hemodialysis-induced hypotension.
10. Any study result is the starting point of a new idea.
(J.R.T.C. Roelandt)
11. What we observe is not nature in itself but nature exposed to our imagination.
(W.K. Heisenberg)
12. Doppler tissue imaging is beautiful for the eyes but terrible for the mind.
(E. Picano)
13. The most useful attitudes for diagnosis are those developed from research.
(F.H. Adler)
14. Doctors are for life students and must learn from their patients.
(L. Bonomo)
15. Sine doctrina nil proficiat medicina. (Without culture medicine is nonsense).
(Roman Empire)

