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INDIAN ASSOCIATION OF CARDIAC IMAGING(IACI) NEWSLETTER JANUARY 2026

As we step into the New Year, we extend our warmest wishes to all members of the Indian Association of Cardiac Imaging. May the year ahead bring good health, professional fulfillment, and happiness.

A new year is always an opportunity to pause, reflect, and recalibrate. In addition to improving the health of our patients, let us also care for our own well-being and remain committed to the goals we set for ourselves at the start of the year.

Academics and continuous learning are the cornerstone of IACI. In this rapidly evolving field let us stay updated through teaching, research, collaboration, and academic engagement.

Let us move forward together into the New Year with renewed energy, purpose, and optimism!

-Editorial team (Amol, Parul and Aparna)





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PRESIDENTS MESSAGE

A New Vision for 2026

As we stand at the threshold of 2026, I am honoured to address you as we embark on a transformative journey for the Indian Association of Cardiac Imaging (IACI). While our association has grown into a vibrant organisation, we must now address the fundamental inequities in healthcare delivery. Cardiovascular disease remains the leading cause of mortality in India, yet access to advanced imaging remains concentrated in urban centres. Our collective mission is to ensure that geography does not determine a patient's access to world-class diagnostics.

Our Strategic Focus for the New Year

In the coming months, our efforts will be anchored by three interconnected pillars designed to elevate our practice and broaden our reach:

- **▣ Pillar One:** Building Cardiac Imaging Capacity: We are focused on expanding training through Level 1 and advanced certification programs in cardiac CT and MRI.
- **▣ Pillar Two:** India-Centric Certification Standards: We are developing frameworks to address our unique epidemiological landscape, including a high rheumatic heart disease burden and younger coronary disease presentation. These will be aligned with international standards from SCMR, SCCT, and EACVI but adapted for India.
- **▣ Pillar Three:** India-Specific Guidelines and Statements: We will develop consensus statements on appropriate use criteria, standardised imaging protocols, and decision algorithms for cost-effective imaging.

Operationalising Our Vision: The IACI Committees

To turn these goals into reality, we have established focused committees with clearly defined agendas for 2026:

- **▣ Education Committee:** This team is developing the IACI Academy, a virtual learning platform and training repository designed to standardise workshop formats across the country.
- **▣ Conference and Membership Committee:** This committee is dedicated to improving membership engagement, updating our memorandum, and overseeing our annual conference activities to ensure they meet the evolving needs of our community.



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- **Clinical Practice and Guideline Committee:** Their focus is on starting multicenter research collaborations and promoting evidence-based practices tailored to Indian clinical scenarios.
- **Global Collaboration Council:** We are deepening our partnerships with international societies, including SCMR, SCCT, NASCI, EACVI, ASCI, IAE etc, to facilitate joint educational programs and faculty exchanges.
- **Technologist Committee:** We are implementing a new certification framework and educational programs specifically for technologists to elevate the standard of care across all imaging departments.

Embracing Innovation and Community

Artificial intelligence is already revolutionising our field, reducing cardiac MRI analysis times from 45 minutes to mere seconds. In 2026, IACI will engage with technology partners to ensure these innovations are validated for diverse Indian populations and made accessible to smaller centres.

To our younger generation of imagers, we offer volunteer opportunities to learn leadership and help shape our future. Your energy and ideas are the foundation of IACI's growth. Together, let us move forward united in purpose, driven by excellence, and committed to the highest standards of patient care in the true spirit of "Vasudhaiva Kutumbakam". Please reach out to office@iaciind.org to express your interest.

Dr. Vimal Raj
President,
Indian Association of Cardiac Imaging (2025-2028)



IACI MAKES THE DIFFERENCE!



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SECRETARY'S MESSAGE

It gives me immense joy and pride to present the first quarterly newsletter of this year from the Indian Association of Cardiac Imaging (IACI). This newsletter is more than a compilation of activities—it is a reflection of our collective vision, our aspirations, and the direction in which we are steadily moving as an association. I sincerely congratulate Dr. Aparna, Dr. Parul and Dr. Amol for their tireless efforts and dedication in bringing this newsletter to life.

For me, IACI has been much more than a professional body—it has been a journey of learning, mentorship, and inspiration. I will always remain deeply grateful to every IACI member, seniors and juniors alike, who have transformed cardiac imaging from a specialty into my everyday imaging routine. I am confident that this sentiment resonates with many of our members who have grown alongside this vibrant community.

Knowledge flourishes when it is shared with passion and purpose. At IACI, we do not merely exchange information—we share wisdom from the depths of our hearts with those who truly love cardiac imaging. I urge every IACI member to invite and inspire colleagues to become part of this growing cardiac imaging revolution. Together, we have the power to create India-specific protocols, build meaningful research, establish reliable references, and design a robust curriculum for cardiac imaging—contributions that can serve not only our nation but the world, in the true spirit of “Vasudhaiva Kutumbakam.”

We have taken a significant first step by forming focused committees with clearly defined goals. These committees represent our commitment to structured growth and purposeful action, and their details are shared in this newsletter.



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to our non-executive members and the younger generation of radiologists: we will soon open volunteer opportunities that allow you to actively participate, learn leadership, and contribute to shaping the future of cardiac imaging. I strongly encourage you to step forward when called upon—your energy, ideas, and enthusiasm are the foundation of IACI's future.

As radiologists belonging to one of the most respected branches of medicine, we carry both privilege and responsibility. Through IACI, we honor that responsibility by dedicating time from our busy lives to teach, learn, and advance adult and pediatric cardiac imaging—including CCTA and CMR. Together, we grow not only as professionals but as a community committed to excellence.

**Because IACI does not just educate—
it inspires, it empowers, and it makes a difference.**

**Dr. Nilay S. Nimbalkar.
General Secretary IACI**



COMMITTEES



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IACI committees for 2026

PRESIDENT: DR. (MAJ) VIMAL RAJ.
GENERAL SECRETARY: DR. NILAY S. NIMBALKAR

COMMUNICATION COMMITTEE

Mentor: Vijay Bhaskar Nori
Chairperson: Dr. Ashita Barthur
Secretaries: Dr. Vishnu Ravilla

Members:

Social media:
Dr. Ashita Barthur
Dr. Vineeta Ojha
Dr. Suraj Gowda

News letter:
Dr. Aparna Irodi
Dr. Parul Garde
Dr. Amol Kulkarni

Website:
Dr. Vishnu Ravilla
Dr. Yashpal Rana

EDUCATION COMMITTEE

Mentor: Dr. Rajesh Kannan
Chairperson: Dr. Priya Chudgar

IACI academy:

Secretaries:

Dr. Ritu Agarwal
Dr. Salil Bhargava

Members:

Dr. Parang Sanghavi
Dr. Tosha Desai
Dr. Preeti Neve
Dr. Minal Seth
Dr. Vishnu Ravilla
Dr. Shuchi Singh
Dr. Suman Singhal

Certification:

Secretaries:

Dr. Subhajit Das
Dr. Zeeshan Lakhani.

Members:

Dr. Suraj Gowda
Dr. Shruti Kalyan
Dr. Pranav Gupta
Dr. Pudhiavan
Dr. Ashita Barthur

COMMITTEES



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IACI committees for 2026

PRESIDENT: DR. (MAJ) VIMAL RAJ.
GENERAL SECRETARY: DR. NILAY S. NIMBALKAR

CLINICAL PRACTICE AND GUIDELINE COMMITTEE

Mentor: Dr Bhavin Jankharia
Chairperson: Dr Richa Kothari
Secretaries: Dr Vineeta Ojha

Members:

Dr Priya Jagia
Dr Johann Christopher
Dr Nitin Burkule
Dr Parul Garde
Dr Preeti Neeve
Dr Mary Varunya
Dr Parang Sanghvi
Dr Tosha Desai
Dr Aparna Irodi
Dr Preeti Neve
Dr Onkar Auti

CONFERENCE AND MEMBERSHIP COMMITTEE

Mentor: Dr Hemant Telkar
Chairperson: Dr Babu Peter

Secretaries:

Dr Megha Sheth,
Dr Suraj Gowda

Members:

Dr Mary Varunya
Dr Pranav Gupta
Dr Rajesh Kanan
Dr Abhilash Kumar

TECHNOLOGIST COMMITTEE

Mentor: Dr Sanjaya Viswamitra
Chairperson: Dr Pudhiavan
Secretaries: Dr Onkar Auti

Members:

Dr Abhilash Kumar
Dr Amaresh
Dr Shuchi Singh
Dr Anirudha Patil

GLOBAL COLLABORATION COUNCIL

Mentor: Dr Elizabeth Joseph
Chairperson: Dr Suman Singhal
Secretaries: Dr Bhavana Reddy

Members:

Dr Vineeta Ojha
Dr Elizabeth
Dr Vijayabhaskar Noori



Vydehi Institute of Medical Sciences & Research Centre, in collaboration with IACI conducted an intensive hands-on workshop focused on CT applications in Congenital Heart Disease on 16th November 2025.

The faculties were Dr. Vimal Raj, Dr. Ashita Barthur, Dr. Richa Kothari, Dr. Suraj Gowda and Dr. Mary Varunya J as organizing secretary.

Participants had the opportunity to engage with expert faculty, review real-world cases, gain practical experience with advanced imaging techniques.

The program received excellent feedback.





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SUM ULTIMATE MEDICARE MEET, BHUBANESWAR

ACTIVITIES

DECEMBER 2025



The SUM Ultimate Medicare Meet was successfully held at Bhubaneswar on 20th and 21st December 2025, in collaboration with IACI, ISVIR and ORIA. The meet was conducted with the theme “Advance Patient Care with Interventional Radiology and Cardiac Imaging - When Imaging Leads, Interventions Heals”. Eminent faculty members from Indian Association of Cardiac Imaging (IACI) - Dr. Vimal Raj, Dr. Priya Chudgar and Dr. Subhajit actively contributed with insightful sessions, sharing their expertise. The meet served as a valuable platform for academic exchange and reinforced the critical role of imaging in advancing patient-centric care.



BEYOND STENOSIS: WHAT ELSE SHOULD WE REPORT ON CORONARY CT ANGIOGRAPHY?

WHY THIS MATTERS

Coronary CT angiography (CCTA) has traditionally been viewed as a tool to “rule out significant stenosis.” However, evidence demands a more nuanced, value-added interpretation. Many adverse cardiac events arise from non-obstructive yet high-risk plaques, and clinicians increasingly look to the radiologist for risk stratification, not just lumen assessment.

This article outlines key non-stenotic findings that must be actively sought and systematically reported on every CCTA.

Plaque Morphology:

Look Beyond Percentage Narrowing

Merely stating “non-obstructive CAD” is no longer sufficient. Plaque composition and behavior matter.

High-risk plaque features to report:

- Low-attenuation plaque (<30 HU) – marker of lipid-rich necrotic core
- Positive remodeling (remodeling index >1.1)
- Spotty calcifications (<3 mm, embedded within non-calcified plaque)
- Napkin-ring sign – peripheral high attenuation with central low density

✦ **Why it matters:** These features are associated with plaque vulnerability and future acute coronary syndromes, even when luminal narrowing is mild.

High-Risk Anatomy You Should Never Miss

Certain anatomical findings have prognostic and management implications, independent of stenosis severity.

Must-report entities:

- Anomalous coronary origin, especially inter-arterial or intramural course
- Myocardial bridging (depth, length, systolic compression)
- Coronary ectasia or aneurysms

✦ **Tip:** Always describe the course, not just the origin, of anomalous coronaries.

Disease Burden:

Think Global, Not Segmental

A patient with multiple non-obstructive plaques across vessels may carry higher overall risk than one with a single focal stenosis.

Add value by commenting on:

- Number of vessels involved
- Diffuse vs focal disease
- Predominant plaque type (calcified vs non-calcified vs mixed)

✦ **Clinical impact:** Helps cardiologists decide on aggressive preventive therapy even in the absence of flow-limiting disease.

Extra-Coronary Cardiac Findings: Silent Contributors

CCTA offers a unique opportunity to assess cardiac structures beyond coronaries.

Look for and report:

- Left ventricular hypertrophy or dilatation
- Myocardial thinning or fatty replacement
- Valvular calcification (aortic / mitral annulus)
- Left atrial enlargement or appendage morphology

✦ **Why include this?** These findings may explain symptoms or influence downstream testing (e.g., echo, CMR).

Don't Ignore Extra-Cardiac Findings

The heart does not exist in isolation—and neither should your report.

Common extracardiac findings with clinical relevance:

Lung nodules or emphysema
Aortic dilatation or atheroma
Hiatal hernia or mediastinal pathology

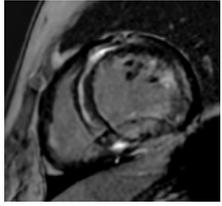
✦ **Rule of thumb:** If it explains the patient's chest pain, it deserves mention.

✓ **Take-Home Messages**

- **CCTA is more than a stenosis test—it is a risk stratification tool**
- **Always assess plaque morphology, disease burden, and anatomy**
- **Structured, comprehensive reporting increases clinical relevance and impact**

DEFINITION

Ring-like LGE refers to a circumferential or near-circumferential band of LGE involving the subepicardial and/or mid-myocardial layers of the left ventricle, spanning **three or more contiguous LV segments in a single short-axis plane**, and not conforming to a coronary artery distribution.



What does the "ring" signify?

✦ The ring-like configuration reflects diffuse injury to outer myocardial layers.

Pathophysiologically, it may represent:

- Circumferential fibrosis from genetic cardiomyopathies (especially desmosomal and related genes such as DSP, FLNC, LMNA)
- Residual or chronic injury following inflammatory myocarditis
- Fibro-fatty or interstitial replacement creating a continuous arrhythmogenic substrate

Importantly, the **subendocardium is typically spared**, helping differentiate this from ischemic scarring.

🔍 **Clinical pearl:** In patients with recurrent chest pain, troponin elevation, and unobstructed coronaries, a smooth circumferential subepicardial LGE ring should raise suspicion of occult cardiomyopathy rather than benign MINOCA.

How to interpret it correctly on CMR

1. Confirm true LGE

Use PSIR sequences to avoid inversion-time errors

2. Assess extent and continuity

≥ 3 contiguous LV segments, circumferential or semi-circumferential

3. Integrate parametric mapping

- ↑ Native T1 / ↑ ECV → diffuse fibrosis
- ↑ T2 → active inflammation or edema

4. Look beyond LVEF

- Reduced **GLS** can precede overt dysfunction

Why it matters

- Identifies patients at higher arrhythmic risk, sometimes despite preserved EF
- Triggers a cardiomyopathy-oriented diagnostic mindset (family history, genetics, ECG red flags)
- Prevents misclassification as idiopathic DCM or "troponin leak"
- Influences follow-up intensity, lifestyle advice, and ICD risk stratification

Disease	Predominant Location	Layer/Depth	Continuity
 Filaminopathy	Global (Septal + Free Wall)	Intramural	Most complete/Contiguous
 ACM	LV Free Wall	Subepicardial	Extensive
 Laminopathy	Basal Septum	Intramural	Intensive/Contiguous
 Myocarditis	Inferolateral	Subepicardial to Intramural	Patchy / Less contiguous

SOME TYPICAL PATTERNS OF RING LIKE LGE, BUT THERE IS CONSIDERABLE OVERLAP

✓ Take-Home Messages

- **Ring-like LGE is a pattern with purpose.**
- **Defined by circumferential non-ischemic myocardial enhancement, it is a red flag for diffuse myocardial disease. When combined with mapping and clinical context, it transforms CMR from a descriptive test into a prognostic and disease-defining tool.**
- **If you see the ring—think genetics, inflammation, and arrhythmic risk, not coronaries alone.**

UPCOMING EVENTS



IACI MID TERM CME ON CONGENITAL HEART DISEASE

14th 15th February,
2026



Sir Ganga Ram
Hospital, New Delhi



HIGHLIGHTS :

- ◆ Exclusive CME on comprehensive cross sectional imaging of Congenital Heart Disease
- ◆ Interactive case discussions
- ◆ Panel discussions with pediatric cardiologists and cardiac surgeons

**CLICK
HERE TO
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SCAN QR CODE
TO REGISTER

Please Note : The registration is
Non-Refundable



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UPCOMING EVENTS

Chennai Welcomes you to the

16th ANNUAL NATIONAL CONFERENCE OF  **IACI** 

2026 INDIAN ASSOCIATION OF CARDIAC IMAGING

Redefining Cardiac Imaging

One beat at a time

WISHING YOU
A
HAPPY NEW YEAR!!!!

 **25-27 SEP**

2026

REGISTRATIONS STARTING SOON !!!

ORGANIZED BY
**BARNARD INSTITUTE OF RADIOLOGY,
MADRAS MEDICAL COLLEGE**

INTERSTING CASES

Visit the IACI website for interesting cases -
Don't miss the Jan 2026 case of "Expansion to erosion"

<https://www.iaciind.org/case-in-point>

LEARNING / EDUCATION

Visit the IACI website for educational content like the CMR learner series

<https://www.iaciind.org/cmr-learnings>



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