A 53-year-old woman presented with worsening dyspnea on exertion, abdominal swelling, and edema of the legs. She had a history of pulmonary tuberculosis at 30 years of age. On physical examination, she had jugular venous distention, ascites, an enlarged liver, and pitting edema. Her electrocardiogram revealed low voltage in both extremity and precordial leads. A left lateral telecardiogram revealed thick intense calcification of the pericardium enclosing the heart (Fig. A). Transthoracic echocardiography showed thickened pericardium with increased echogenicity and respiratory variation of 40% in left ventricular inflow (Fig. B). She was offered surgical pericardiectomy with the diagnosis of constrictive pericarditis; however, she was then lost to follow-up.

Figures. (A) Left lateral telecardiogram showing thick intense calcification of the pericardium consistent with constrictive pericarditis. (B) Increased respiratory variation of mitral E velocity on pulsed-wave Doppler echocardiography of left ventricular inflow.