A 57-year-old man with a previous history of myocardial infarction was admitted to the emergency department complaining of chest pain, mild dyspnoea, and lower limb oedema. Serum troponin levels were normal. Computed tomography (Panel A) excluded any acute aortic or pulmonary pathology, but detected mitral annular calcification (black arrow), coronary artery calcifications (black arrowhead), and a large, non-enhancing intrapericardial mass (asterisk) with peripheral calcifications. The lesion appeared to be hypoechogenic on trans-thoracic echocardiography and determined left ventricular compression with mild inflow and outflow obstructions. Doppler recordings showed partial respiratory interdependence of transmitral/transticoled flow. On magnetic resonance (Panels B and C, see Supplementary data, Figure S1), the pericardial mass presented signal characteristics (patchy hyperintensity in T1-weighted, T2-weighted, and post-contrast images) typical of chronic inflammation. Besides mild left ventricular inflow and outflow obstructions (see Supplementary data, Movies S1 and S2), the right ventricular pericardial thickening (white arrow) and early-diastolic interventricular septal flattening suggested global pericardial constriction. Cardiac catheterization revealed right coronary artery calcifications (black arrow) and coronary annular calcification (black arrow), in a patient with a previous history of myocardial infarction. 

**Conflict of interest:** none declared.

Supplementary data are available at *European Heart Journal* – Cardiovascular Imaging online.