



# In Memory of Kanishka Ratnayaka

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Kanishka Ratnayaka passed away following a hard-fought battle against cancer on December 25th, 2021. Kanishka was a brilliant physician and researcher with a passion for innovation in our field, investigating and sharing new discoveries with teams around the world. The remit of the following article was to review iCMR for congenital heart disease but, true to who he was, Kanishka also made sure to include detailed guidance for others to start their own program [1]. I had the honor to assist Kanishka in performing the first pediatric MRI-guided cardiac catheterization at Children's National Heart Institute in 2015 [2]. Since then, he has been instrumental in setting up the Dickinson Image-Guided Intervention Center at Rady Children's Hospital where he most recently served as Clinical Professor of Pediatrics at UC San Diego School of Medicine. In the process of all his endeavors, he has trained and inspired multiple teams around the world to continue to make progress. Kanishka mentioned that he considered an alternative career as a high school football coach which was no surprise to those who had the privilege to assist him in the catheterization laboratory who will always remember his words "clear eyes, full hearts, can't lose" at the end of each case. He was certainly an excellent coach to all of us. His work in helping to set up and provide ongoing mentorship to the cardiac catheterization laboratory at the Uganda Heart Institute is another example of his far-reaching positive influence during a career that was cut far too short [3]. His compassion touched the lives of countless friends, colleagues, and patients. He will be missed and remembered by many, but he leaves behind a tremendous legacy. Kanishka is survived by his wife, son, daughter,

mother, and brother. When his children are grown, I hope that we can show them all the progress made in the future of congenital cardiac interventions at least in part because of the efforts of their father.

## Compliance with Ethical Standards

**Conflict of Interest** The author does not have any potential conflicts of interest to disclose.

**Human and Animal Rights and Informed Consent** This article does not contain any studies with human or animal subjects performed by any of the authors.

## References

1. Amin EK, Campbell-Washburn AE, Ratnayaka K. MRI guided cardiac catheterization in congenital heart disease: how to get started. *Curr Cardiol Rep.* 2022, in press.
2. Ratnayaka K, Kanter JP, Faranesh AZ, Grant EK, Olivieri LJ, Cross RR, Cronin IF, Hamann KS, Campbell-Washburn AE, O'Brien KJ, Rogers T, Hansen MS, Lederman RJ. Radiation-free CMR diagnostic heart catheterization in children. *J Cardiovasc Magn Reson.* 2017;19(1):65. <https://doi.org/10.1186/s12968-017-0374-2>.
3. Rwebembera J, Aliku T, Kayima J, et al. Starting and operating a public cardiac catheterization laboratory in a low resource setting: the eight-year story of the Uganda Heart Institute Catheter Laboratory. *Glob Heart.* 2021;16(1):11.

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