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RE: Gina, Ann
DOB: 05/11/1945

Date: **January 15, 2003**

REFERRING MD: Dr. Adam Schussheim
Dr. Referring Doctor

EXERCISE STRESS ECHOCARDIOGRAPHY WITH DOPPLER

CLINICAL HISTORY: 57 year old woman referred for evaluation of shortness of breath whose risk factors for cardiovascular disease include smoking, hypercholesterolemia and myocardial infarction.

TECHNIQUE: Parasternal long, parasternal short, apical two, and apical four chamber views were obtained at rest and immediately after exercise. Limited color flow and Doppler imaging was performed at rest and immediately after exercise.

STRESS RESULTS: The patient exercised according to the standard Bruce protocol for 6:30 minutes achieving an estimated work load of 7 MET(S). The heart rate of 70 rose to 145 which was 88% of the maximal predicted rate of 163. Resting blood pressure rose from a baseline of 110/85 to 190/80 which was a hypertensive response. Exercise was terminated due to Fatigue. The patient did not develop chest pain.

ELECTROCARDIOGRAPHIC FINDINGS: The 12-lead resting ECG shows normal sinus rhythm and poor R-wave progression. Exercise ECG demonstrates 1.5mm horizontal ST depressions in leads:V4-V6. Arrhythmia: rare premature ventricular contractions during exercise

ECHOCARDIOGRAPHIC FINDINGS: On rest images, there was mild hypocontractility of the basal to mid anterior segment. Global systolic function is mildly reduced. The visually estimated ejection fraction is 45%. There was 2+ mitral regurgitation and 1+ tricuspid regurgitation. The right ventricular systolic pressure (RVSP) is estimated to be 35mmHg. On stress images, the basal to mid anterior segment worsens and extends toward the apex. There was 2+ mitral regurgitation and 1+ tricuspid regurgitation. The RVSP with exercise is estimated to be 55mmHg.

IMPRESSION: Positive ECG response to maximal treadmill exercise. Hypertensive blood pressure response. Moderately abnormal echocardiographic imaging after maximal treadmill exercise showing:mild basal to mid anterior infarction with moderate anterior ischemia. These finds are consistent with significant disease in the left anterior descending coronary artery.

Thank you for the opportunity to evaluate your patient.

Interpreting Physician, MD