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RE: **Gina, Ann**
DOB: 5/11/1933

Date: **March 12, 2002**

REFERRING MD: *Dr. Your Referring
Dr. Your Cardiologist*

EXERCISE STRESS/REST NUCLEAR IMAGING

CLINICAL HISTORY: 68 year old woman referred for evaluation of chest pain who has the following risk factors for cardiovascular disease: hypertension and hypercholesterolemia.

TECHNIQUE: Stress and rest SPECT images of the heart were reconstructed in transaxial, sagittal, and coronal projections with ECG gating of stress images. Rest images were obtained following the injection of 10 mCi of Tc-99m Sestamibi. Stress images were obtained following the injection of 30 mCi of Tc-99m Sestamibi.

STRESS RESULTS: The patient exercised according to the standard Bruce protocol for 10:00 minutes achieving an estimated work load of 5 MET(S). The heart rate of 80 rose to 150 which was 98% of the maximal predicted rate of 152. Resting blood pressure rose from a baseline of 100/80 to 180/90 which was a hypertensive response. Exercise was terminated due to Fatigue. The patient did not develop chest pain.

ELECTROCARDIOGRAPHIC FINDINGS: The 12-lead resting EKG shows normal sinus rhythm with right bundle branch block There were 1.5mm horizontal ST depressions in leads:V4-V6. There were 2mm horizontal ST depressions in leads:V4-V6. Arrhythmia: None.

SCINTIGRAPHIC FINDINGS: The left ventricle was normal in size. On stress images, there was moderate hypoperfusion of the basal to mid anterior segment. Rest images demonstrated no change in this pattern.

IMPRESSION: Positive ECG response to maximal treadmill exercise. Hypertensive blood pressure response. Markedly abnormal perfusion SPECT imaging after maximal treadmill exercise showing: severe basal to apical anterior infarction. These abnormalities are consistent with significant disease in the left anterior descending coronary artery. There is no evidence of ischemia. Compared with previous study, there has been no interval change.

Thank you for the opportunity to evaluate your patient.

Interpreting Physician, MD

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GATED SPECT ANALYSIS

TECHNIQUE: Gated SPECT perfusion imaging was obtained by a 32 stop tomographic acquisition, gated to an electrocardiographic trigger. Regional wall motion and global left ventricular function were analyzed via segmental wall thickening throughout the electrocardiographic cardiac cycle.

RESULTS: The post-stress gated ejection fraction is 33%. The left ventricle is dilated. There was severe basal to apical anterior hypocontractility.

CONCLUSION: **Abnormal gated SPECT study with moderate reduction in global systolic function as outlined above.**

Thank you for the opportunity to evaluate your patient.

Interpreting Physician, MD