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Name: **Gina, Ann**

Date: **February 16, 2007**

Birth Date: 11/11/1952

Referral: Dr. Primo Care

EXERCISE STRESS/REST GATED NUCLEAR IMAGING with PRONE VIEWS

CLINICAL HISTORY: 54 year old man referred for Angina whose cardiovascular risk factors include 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 11.10 mCi of Tc-99m Myoview. Stress images were obtained following the injection of 30.80 mCi of Tc-99m Myoview. Regional wall motion and global left ventricular function were analyzed via segmental wall thickening throughout the electrocardiographic cardiac cycle. Images were also obtained with prone positioning to minimize potential artifacts.

STRESS RESULTS: The patient exercised according to the standard Bruce protocol for 10:00 minutes achieving an estimated work load of 11.7 MET(S). The heart rate of 88 rose to 144 which was 86% of the maximal predicted rate of 166. Resting blood pressure rose from a baseline of 140/80 to 194/72 which was a normal 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 otherwise within normal limits. No significant ECG changes were noted. Arrhythmia: rare premature atrial contractions during exercise, one multifocal pair of pvc's in recovery.

SCINTIGRAPHIC FINDINGS: The left ventricle was normal in size. On supine stress images, there was moderate hypoperfusion of the basal to mid inferior segment. On prone images, the inferior defect normalizes.

GATED ANALYSIS: The post-stress gated ejection fraction is 64%. The left ventricle appears normal in size. Left ventricular regional wall motion is normal.

IMPRESSION:

1. **Negative ECG response to maximal treadmill exercise.**
2. **Normal gated SPECT study with normal global and regional left ventricular systolic function.**
3. **Prone imaging was performed and eliminated soft tissue attenuation artifact.**
4. **Normal perfusion SPECT imaging after maximal treadmill exercise. Scintigraphic findings are negative for ischemia or infarction.**

Thank you for the opportunity to evaluate your patient.

Steven Cardiologist M.D.

