

Patient Name: Normal, Example	Referring Physician: Geoff Refman
Date of Study: 2010-01-01 Outpatient	8700 Beverly Blvd. NT LL A047 Los Angeles, CA, 90048
ID Number: 98700004 Acct#:123456789	Fax (310) 555-2233 Phone (310) 555-1234
Age: 53 Sex: F DOB: 1957-01-01	

- Reason: abnormal ECG, chest pain
- Symptom: atypical chest pain
- Risk factors: family history of coronary disease
- Medications: HMG CoA reductase inhibitor
- Height: 67 in. Weight: 220 lbs. Body Mass Index (BMI): 34.5

Adenosine Stress ECG Results:

- Protocol duration = 09:00 minutes; Rest HR 62; Peak HR 96
- Blood Pressure: Rest: 129/83; Stress: 146/77
- Resting ECG: no abnormality
- Stress ECG: no ST segment depression

Nuclear Results:

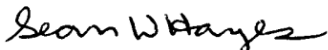
- Sestamibi (Same day) gated SPECT [stress/rest sestamibi (Supine)]
- Technical quality: excellent
- **Myocardial Perfusion: Total perfusion defect 0% myocardium (0% reversible, 0% fixed)**
no perfusion abnormalities.
LV enlargement: no; Visual TID: no; TID Ratio 1.00
- **Myocardial Function:**

	LVEF	EDVi
Rest	70%	36 ml/ml ²
Post Stress (85 min after)	74%	38 ml/ml ²

Resting and adenosine stress gated SPECT revealed no wall motion abnormalities.

Conclusion: Clinical Response Nondiagnostic **Perfusion** Normal
ECG Response Nonischemic **Function** Normal

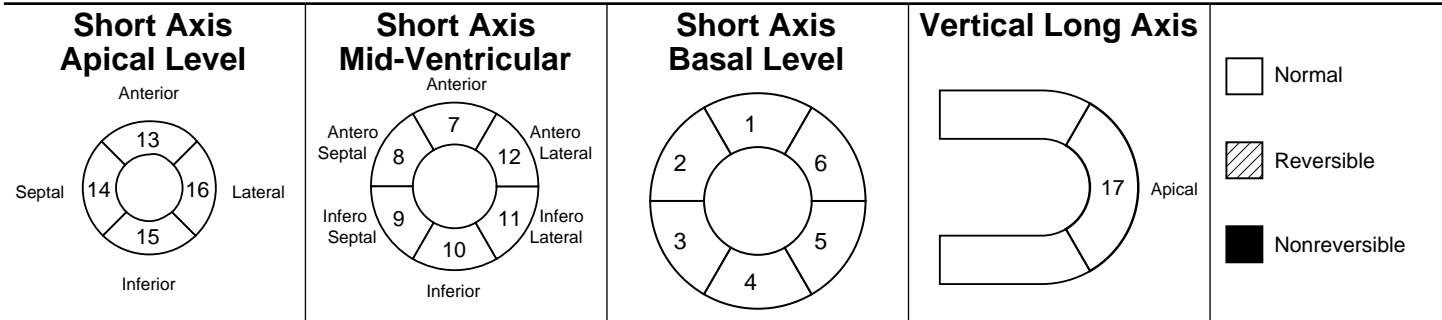
These test results indicate a low (<10%) likelihood for the presence of angiographically significant coronary artery disease.



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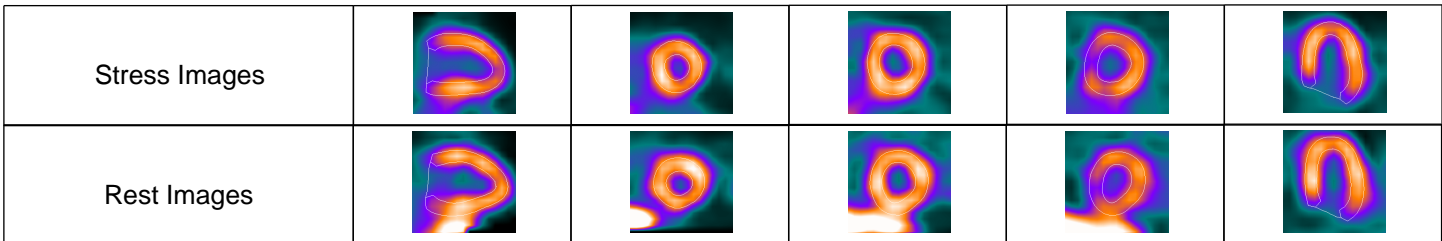
Stress ECG monitored and interpreted by Geoff Refman

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	S	R	S	R	S	R	S	R
13. Anterior	0	0	7. Anterior	0	0	1. Anterior	0	0
			8. AnteroSeptal	0	0	2. AnteroSeptal	0	0
14. Septal	0	0	9. InferoSeptal	0	0	3. InferoSeptal	0	0
15. Inferior	0	0	10. Inferior	0	0	4. Inferior	0	0
			11. InferoLateral	0	0	5. InferoLateral	0	0
16. Lateral	0	0	12. AnteroLateral	0	0	6. AnteroLateral	0	0
						17. Apical	0	0

0 = Normal
 1 = Mildly reduced Equivocal
 2 = Moderately Reduced
 3 = Severely Reduced
 4 = Absent Uptake
 S = Stress R = Rest



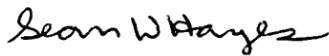
Date of study	Results	%Total defects	%Reversible	%Fixed	Stress Type
2010-01-01	Normal	0%	0%	0%	Adenosine

Adenosine (70.0 mg IV) (same day protocol) gated myocardial perfusion SPECT using Tc-99m sestamibi (35.4 mCi IV) at stress and (8.7 mCi IV) at rest was performed using the rest/stress sequence. Sestamibi SPECT was performed in the supine position.

Findings:

no perfusion abnormalities.

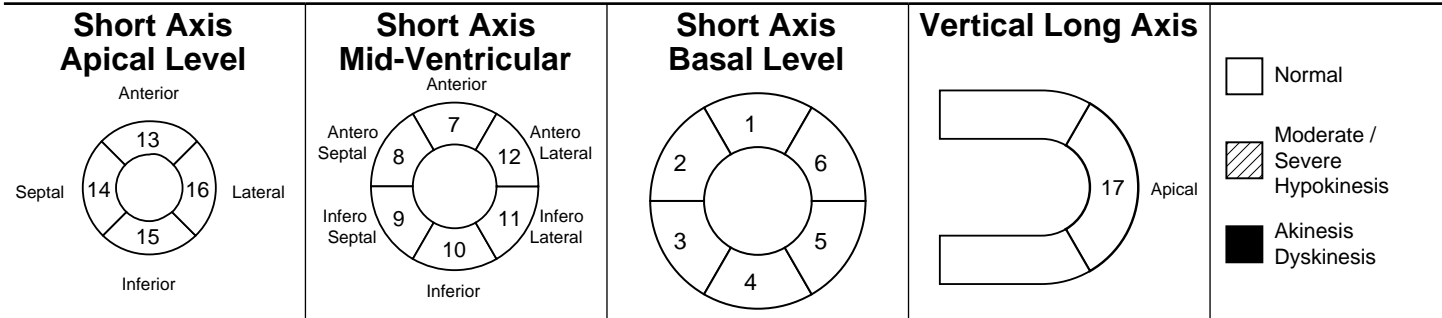
Myocardial perfusion test result: normal.



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%Myocardium		%Reversible		%Fixed		Vessel Descriptions
Normal/Equivocal	0-4%	Normal	0-2%	Normal/Equivocal	0-4%	RCA (Right Coronary Artery)
Mild	5-9%	Mild	3-5%	Mild	5-9%	LAD (Left Anterior Descending)
Moderate	10-14%	Moderate	6-9%	Moderate	10-14%	LCX (Left Circumflex)
Severe	>14%	Severe	>10%	Severe	>14%	DIAG (Diagonal)

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Normal
 Moderate / Severe Hypokinesia
 Akinesis
 Dyskinesia

	S	R	S	R	S	R	S	R
13. Anterior	0	0	7. Anterior	0	0	1. Anterior	0	0
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 3 = Severe Hypokinesia
 4 = Akinesis
 5 = Dyskinesia
 S = Stress R = Rest

Date of study	Rest			Stress			TID ratio
	EF	EDV	EDVi	EF	EDV	EDVi	
2010-01-01	70%	75 ml	36 ml/m2	74%	81 ml	38 ml/m2	1.00

Resting and adenosine stress gated SPECT revealed no wall motion abnormalities.

Wall motion results: normal

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	Men	Women
Normal EF (mean - 2sd)	>42%	>50%
Severely Reduced EF	<30%	<35%
Normal EDV (mean + 2sd)	<150 ml	<103 ml
Normal EDVi (mean + 2sd)	<76 ml/m2	<61 ml/m2

Sharir et al., J. Nucl Cardiol 2006;13:495-506

EF	Ejection Fraction
EDV	End Diastolic Volume
EDVi	End Diastolic Volume index
TID	Transient Ischemic Dilation

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A total of 70 mg of Adenosine was infused. A standard 12 LEAD ELECTROCARDIOGRAM was recorded in the supine position with continuous ECG monitoring throughout infusion and recovery. Additionally, 12 LEAD ELECTROCARDIOGRAMS were recorded every minute.

Adenosine Physiology

Resting Hemodynamics	Heart Rate: 62 Blood Pressure: 129/83
Arrhythmia	None

Stress							Recovery		
Minutes	HR	BP	MPH	Grade	METS	Comments	HR	BP	Comments
1	70					flush, neck and chest discomfort	85		
2	93	146/77					80	148/75	
3	89						73		symptoms resolved
4	96	146/73					69	135/80	
5	94						67		

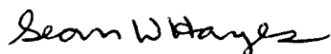
Electrocardiogram

Rest	no abnormality
Stress	
V5	Maximum Abnormality: None
AVF	Maximum Abnormality: None

Date of study	Stress	Duration	Peak HR	Clinical	ECG
2010-01-01	Adenosine	09:00	96(57 %)	Nondiagnostic	Nonischemic

Impression

Clinical response to Adenosine: Nondiagnostic with chest discomfort
 ECG response to Adenosine: Nonischemic
 Stress ECG monitored and interpreted by Geoff Refman



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