

AMRADNET

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Cardiology Report

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Patient Name	Date of Birth	Facility
JANE DOE	XX/XX/XXXX	TEST FACILITY
Referring Physician	Faxed To	
SMITH	1.877.267.2348	
Exam Requested		
Nuclear Medicine Cardiac Examination Stress Test		
Indication	Date	
Evaluate for Ischemic Heart Disease	5/14/2012	
Exam Date	Report Date	
5/14/2012	5/14/2012	

Accession: 105614

SPECT NUCLEAR MEDICINE CARDIAC EXAMINATION - STRESS WITH WALL MOTION

Clinical History: Evaluate for Ischemic Heart Disease

Comparison: None

The patient received 10.5 at rest and 28.1 mCi of Myoview with exercise. She exercised to 4 minutes and 51 seconds on a treadmill. She went into an atrial fibrillation with rapid ventricular response at a heart rate of 180 beats per minute she did so, relatively asymptotically. Her electrocardiogram was positive for ischemia.

Findings:

1. The Four-Zone image Display: Shows no evidence for motion nor attenuation defects.
2. The Stress-Rest Images: Shows a medium sized defect of moderate intensity which is fixed involving apex.
3. The CEQUAL-Polar Plots: Shows a medium sized defect of moderate intensity which is fixed at the apex. There is no evidence of significant reversibility.
4. Gated SPECT-Analysis: Shows a right ventricle be dilated but to be normally contractile.
5. The Quantitative Gated SPECT Study: Shows a left ventricular end-diastolic volume of 77 mL, and end-systolic volume of 33 mL, and an ejection fraction of 58%. Wall motion analysis of the quantitative gated study shows moderate hypokinesis of the septum. There is mid hypokinesis of the apex.

Impression:

This study is consistent with a small sized apical scar but no evidence exists for reversibility. The left ventricular size and ejection fraction remain normal. The right ventricle exhibit dilation but normal contractility.

Comment: Despite going into atrial fibrillation with rapid response, her stress test remains nonischemic.

Expert Physician, MD
 ELECTRONICALLY SIGNED

Transcribed by: VS
 Reviewed by: HR