Heart Hurts Cardiology, P.A.

4512 Chest Pain Highway, Suite 202 ● Wilmington, PVC 19999

Myocardial Perfusion Imaging using a 1-Day Exercise Gated SPECT 99mTC Cardiolite® protocol.

PATIENT: NORMAL PATIENT
DOB: 02-02-1955
DATE OF STUDY: 08-09-2007
INTERPRETATION DATE: 08-09-2007

ORDERING DR: KAREN HEARTMAN, M.D.
STRESS MONITOR: GREG FORD, M.D.
STRESS INTERPRETER: GREG FORD, M.D.
NUCLEAR INTERPRETER: JUNE JOHNSON, M.D.

Indications: CAD.
Age: 52 **Gender:** male **Height:** 68 inches **Weight:** 188 lbs
Cardiac Risk Factors: family history, and tobacco use.
Cardiac Procedures: None.
Medications: beta blocker withheld, and statin drugs.

Protocol: Bruce	**Base BP:** 110/72 mmHg	**Base HR:** 55 BPM
Exer. Time: 9:	**Peak BP:** 130/100 mmHg	**Peak HR:** 166 BPM
METS: 12	**BP Response:** normal	**Max Predict:** 168 BPM
PeakDP: 21,580	**HR Response:** normal	**HR Achieved:** 99%
FuncCapacity: average	**Terminated:** achieved target HR.	
Study Quality: good	**Rest Dose:** 10.6 mCi IV	**LV size:** normal
ESV: 60 ml	**Stress Dose:** 31.2 mCi IV	**RV uptake:** normal
EDV: 110 ml	**LVEF:** 60 %	**TID ratio:**

FINDINGS:

The resting ECG demonstrates normal sinus rhythm and was entirely within normal limits. There were no ECG changes noted with standing or hyperventilation.
The patient experienced no clinical chest pain during the procedure. During stress, the electrocardiogram did not show ST-segment changes diagnostic for ischemia.
Myocardial perfusion images reveal homogenous tracer distribution throughout the myocardium. Gated SPECT revealed normal global left ventricular function with an ejection fraction of 60 %. Wall motion analysis revealed normal thickening in all myocardial segments.

IMPRESSION:

1) Normal clinical response to exercise stress with no chest pain during the procedure.
2) Normal electrocardiographic response to exercise stress.
3) Myocardial perfusion imaging is normal.
4) Overall left ventricular systolic function was normal with no regional wall motion abnormalities.
5) Continue medical management of known coronary artery disease.

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cc: KAREN HEARTMAN, M.D.