

PATIENT NAME	SSN /ID	DOB	AGE	SEX	EXAM DATE	ATTENDING PHY	REFERRAL
JAMES DOE	011-22-3333	12-12-1956	48	M	10-28-2005	James Smith, M.D.	

**PHARMACOLOGY STRESS TEST WITH SPECT IMAGING (WALKING ADENOSINE)**

**INDICATIONS:** bradycardia 427.81, cardiac dysrhythmia, unspecified 427.9

**HISTORY:** COPD, elevated CRP

**Resting ElectroCardiogram:**  
 Electronic Ventricular Pacemaker

**STRESS:** The patient received an adenosine infusion at 0.14 mg/Kg/minute over a total of five minutes for a total of 8 mg. At two minutes into the protocol, the patient was injected with 12 mCi of Tl-201. During the adenosine infusion patient walked on a treadmill @ 1 MPH, and 0% grade. The stress ECG was Non-diagnostic for Ischemia secondary to resting ST-T wave changes. The patient complained of dyspnea, nausea during the stress portion of the test.

**TECHNIQUE:** Walking adenosine separate acquisition dual-isotope gated myocardial perfusion SPECT using 12 mCi of Tl-201 at stress and 12.9 mCi of Tc-99m sestamibi at rest.

**Results of Gated Portion of the test:**  
 Post-stress gated SPECT revealed a left ventricular ejection fraction 43%. Resting gated SPECT revealed a left ventricular ejection fraction of 46%.

**Wall Motion Findings Post Stress:** normal - abnormal septal motion  
**Volumes:** Normal

	Rest	Post-Stress	TID
LVEDV	34	45	
LVESV	43	54	1.1

**PERFUSION RESULTS:**

LOCATION	EXTENT	SEVERITY	TYPE
anterior, anterolateral, inferolateral			Reversible

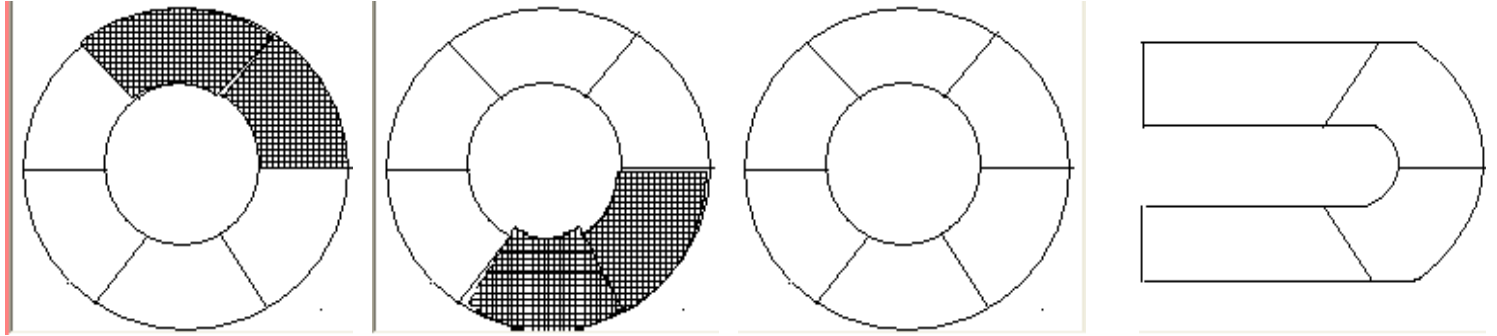
**CONCLUSION:** These test results indicate a intermediate - high likelihood for the presence of exercise induced myocardial ischemia and obstructive atherosclerotic coronary artery disease at an appropriate workload. There is a very small apical-anterolateral fixed defect suggestive of mild to moderate ischemia. The Summed Stress Score of 4 places the patient into a low-intermediate cardiovascular risk profile (0.8% annual risk of cardiovascular death and 2.7% annual risk of myocardial infarction.)






Short-Axis  
Apical Level (A)

Short-Axis  
Mid-Ventricular (B)

Short-Axis  
Basal Level (C)

Vertical Long-Axis (D)  
Mid-Ventricle (B)



-  Normal
-  Equivocal
-  Reversible
-  Nonreversible
-  Partial Redistribution

Signature : \_\_\_\_\_ ( James Smith, M.D. )