

# Your Logo Here

Name: **Gina, Ann**

Birth Date: 06/10/1956

Date: **February 16, 2007**

Referral: **Dr. Concerned Doctor**

## ADENOSINE STRESS/REST GATED NUCLEAR IMAGING with PRONE VIEWS

**CLINICAL HISTORY:** 50 year old man referred for Hypertension whose risk factors for cardiovascular disease include smoking, hypercholesterolemia, hypertension and diabetes.

**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 10.70 mCi of Tc-99m Myoview. Stress images were obtained following the injection of 29.80 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.

**ADENOSINE RESULTS:** Pharmacologic stress testing was performed due to: inability to ambulate. The patient received 41.50 mg of adenosine intravenously over 4:00 minutes. At peak effect, the heart rate of 74 increased to 93. The resting blood pressure of 158/80 decreased to 118/78. The patient experienced flushing during infusion.

**ELECTROCARDIOGRAPHIC FINDINGS:** The 12-lead resting ECG shows normal sinus rhythm and possible inferior myocardial infarction. No significant ECG changes were noted. Arrhythmia: None.

**SCINTIGRAPHIC FINDINGS:** The left ventricle is mildly dilated. On stress images, there was moderate hypoperfusion of the basal to mid inferior segment. On prone images, the inferior defect normalizes. Rest images demonstrated no change in this pattern.

**GATED ANALYSIS:** The post-stress gated ejection fraction is 63%. The left ventricle is mildly dilated. Left ventricular regional wall motion is normal.

### IMPRESSION:

1. Negative ECG response to adenosine challenge.
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 adenosine challenge. Scintigraphic findings are negative for ischemia or infarction.

Thank you for the opportunity to evaluate your patient.

Robert Doctor M.D.