



Report Rev'd \_\_\_\_\_ Date 6/11/12  
 Reviewed By \_\_\_\_\_ Date \_\_\_\_\_  
 Action: Call pt \_\_\_\_\_ Mail-Notice \_\_\_\_\_ File \_\_\_\_\_  
 Instructions \_\_\_\_\_

**CARDIOVASCULAR CONSULTANTS, LTD.**  
**Diagnostic and Interventional Cardiology**  
 Corporate Office: 3805 Bell Road, Suite 3100, Phoenix, AZ 85032  
 Main: 602-867-8644 Web: www.cvcheart.com

06/11/2012

Regarding: \_\_\_\_\_

Date of Service: 12/20/2011

**Procedure**

TEST: Rest Tc-99m/Stress Tc-99m 1 Day, Myocardial Perfusion Imaging With Exercise Stress Test  
 INDICATION: Chest pain  
 Cardiac Risk Factors: DOMINIC RUGGIERO is a 58 year old male with no known coronary artery disease. There is a history of Hypertension.  
 Pre-Test Chest Pain: No chest pain

PROCEDURE:  
 Myocardial perfusion imaging was performed at rest 30 minutes following the intravenous injection of, 12.1 mCi of Tc99m sestimi. At peak stress of 9:45 minutes the patient was intravenously injected with 38.4 mCi of Tc99m sestimi and exercise continued for another 1 minute(s). Gated stress myocardial perfusion imaging was performed 30 minutes post injection. The data was reconstructed in the short, horizontal long and vertical long axis views and tomographic slices were generated.

PROTOCOL: The patient exercised using a bruce protocol for a total of 11:00 minutes. The patient completed an estimated workload of 13.10 metabolic equivalents (METS).

Heart Rate Response: The heart rate at baseline was 69 bpm. At peak stress, the heart rate was 181 bpm. Patient achieved 100 percent of predicted maximal heart rate. The predicted maximal heart rate was 163 bpm. The baseline blood pressure was 130/84 mmHg, and was 180/90 mmHg at peak stress.

Symptoms: No chest pain during the procedure. The patient experienced dyspnea and fatigue which resolved 2 minutes into recovery.

The test was terminated due to dyspnea, fatigue, patient request and target heart rate achieved.

**ECG:**

**Resting ECG:**

Rate: Normal sinus rhythm.

**Stress ECG:**

The stress ECG demonstrated Sinus tachycardia. The stress ECG did show ST-segment changes -

Episode #1: 1 mm of ST depression was noted in lead(s) II, III and aVF. ST Segment changes resolved at 2 minutes into recovery.

SPECT Imaging: The overall quality of the study is good. Attenuation correction was not used.

Tracer Distribution: Myocardial stress SPECT images demonstrate homogenous tracer distribution throughout the myocardium.

TID: The sum differential score is 0. Transient ischemic dilation was not present. The TID value was calculated at .80.

Wall Motion: Gated SPECT imaging reveals normal myocardial thickening and wall motion.

Ejection Fraction: Calculated left ventricular ejection fraction was 59 %.

**CONCLUSION:**

The ECG portion of the stress test did not demonstrate ST-segment changes consistent with myocardial ischemia.

Maximal heart rate (100%) was achieved.

The patient's exercise capacity was above average.

Overall left ventricular systolic function was normal.

There are no regional wall abnormalities present.

**CARDIOVASCULAR CONSULTANTS, LTD.**

There is no evidence of reversible ischemia.  
Myocardial perfusion imaging is normal.

Test Date: 12-20-11  
Interpretation Date: 12/20/11  
Ordering Physician: Marc Kates, DO  
Interpreting Physician: Aye Win, MD

**Signatures**

Electronically signed by : Aye Thandar Win, MD; Dec 20 2011 2:38PM (Author)