

MPI Report Checklist (SPECT and PET)

- Facility Information (name, address and phone number)
- Patient Demographics (name, age/date of birth, gender, height and weight/BMI)
- Referring and Interpreting Physician
- Date of Procedure
- Clinical Indication (purpose for the test)
- Name of Procedure (pharmacologic or exercise MPI)
- Description of Procedure
 - 1 or 2 day, rest/stress or stress/rest, gated or non-gated
 - Administered radiopharmaceutical
 - Identity (Tc99m Myoview)
 - Exact amount administered (XX.X mCi)
 - Route of administration (intravenous)
 - Administered pharmaceutical (non-radioactive)
 - Identity (regadenoson, aminophylline, adenosine, etc)
 - Exact amount administered
 - Route of administration (intravenous)
 - Time of pharmaceutical administration relative to radiopharmaceutical administration
 - Description of stress test procedure and results
 - Identity of stress protocol (Bruce, Modified Bruce, Regadenoson, etc.)
 - Stress duration (total exercise/infusion time)
 - % maximum predicted heart rate (MPHR)
 - Reason for termination of stress
 - Rest and peak stress heart rate
 - Rest and peak stress blood pressure
 - Rest and peak stress ECG findings
 - Symptoms during exercise or pharmacologic stress or lack thereof
- Description of Image Results (Findings)
 - Description of image quality

- excellent, good, or poor
- suboptimal or limited studies
- Perfusion results
 - Size/extent of defect (small, medium or large)
 - Severity/intensity of defect (mild, moderate or severe)
 - Location (recommend using 17-segment model)
 - Type (reversible, fixed or mixed)
- ****Note: Size, severity, location and type of all perfusion defects must be described**
- Function results
 - Quantitative left ventricular ejection fraction (LVEF)\
 - Description of regional/global wall motion to include location and type if abnormal (normal, hypokinesis, akiniesis, or dyskinesis)
- Summary of Results (Impression)
 - Summary of perfusion results (normal or abnormal; if abnormal also must state description of apparent perfusion abnormalities)
 - Summary of function results (normal or abnormal quantitative LVEF)
 - Comparison to previous result
 - Any clinical correlation if necessary
- Signature of Interpreting Physician (electronic or handwritten)
- Date of Report (if handwritten signature must be handwritten date)

****Note: Date of report is the date the report is proofread and finalized by the interpreting physician.**