**Myocardial Perfusion Imaging**

**Patient Name:** Doe, Jack **Sex:** Male

**ID Number:** 123000 **Referring Physician:** Dr. Who

**Date of Birth:** 05/07/1945 **Date of Exam:** 11/20/2021

**Height:** 64 inches

**Weight:** 145 lbs

**Protocol:** 1 Day Regadenoson rest/stress Tc99m Myoview

**History:** This is a 70-year-old man with a history of coronary artery disease. He had coronary artery bypass surgery in 1996.

**Clinical Indications:** Assessment of chest pain

**Procedure:** The patient was given 0.4 mg Regadenoson intravenously over 15 seconds. The patient developed shortness of breath during the procedure. Heart rate was 75 bpm at baseline increasing to 113 bpm after Regadenoson injection. The blood pressure response was hypertensive. The baseline blood pressure was 160/88 mmHg and 192/68 mmHg after the Regadenoson injection. The resting EKG was normal and the peak EKG demonstrated no ischemic changes. There were no significant dysrhythmias noted during Regadenoson injection or recovery.

At rest 9.5 mCi Tc99m Myoview was injected intravenously followed by SPECT imaging. At 30 seconds after the Regadenoson injection 30.0 mCi Tc99m Myoview was injected intravenously. SPECT imaging was performed with electrocardiographic gating.

**Findings:** The overall quality of the study is good. Left ventricular cavity size is normal. LVH is absent. TID ratio is normal. There is no significant motion artifact.

The SPECT images demonstrate a small to medium sized area of mild to moderate reduced perfusion in the anterior and anteroapical region. When comparing rest and stress images this defect is completely reversible and consistent with mid- LAD territory ischemia. The post stress gated study demonstrates a normal post stress ejection fraction of 65% with normal wall motion and normal wall thickening.

**Impression:**

1. This is an abnormal myocardial perfusion study with evidence for LAD territory ischemia, normal wall motion, and a normal post stress ejection fraction.
2. Compared to the prior study from October 18, 2011, the current study reveals new LAD territory ischemia
3. The above results were discussed with the patient. He will be scheduled for a cardiac catheterization.

*Electronically signed by Maria Costello, MD 11/20/2021 10:51*