

Procedure Note

Patient Name:	Jane Johnson	Visit Date:	September 2, 2014
Patient ID:	00440	Provider:	Brian B. Depp, M.D.
Sex:	Female	Location:	Newark Office
Birthdate:	November 18, 1930		

PROCEDURE: Lexiscan PET/CT Myocardial Perfusion Imaging and Gated Wall Motion study

Indication: Coronary artery disease and prior PCI

Procedure description: On the date of service, Jane Johnson an 85-year-old African American female was imaged for positioning. Resting dose Rb-82 was injected and resting myocardial perfusion images were acquired. Patient then received Lexiscan infusion over 4 minutes. After 2 minutes to allow vasodilation, stress dose Rb-82 was injected and peak stress were acquired 6 minutes after infusion initiation. ECG-gated images were acquired to assess left ventricular systolic function and calculate LVEF. Aminophylline was administered in recovery as needed for reversal.

IV Access Route: Right hand.

Lexiscan Dose: 52mg.

Rest Rb-82 Dose: 20mCi.

Stress Rb-82 Dose: 20mCi.

Aminophylline Dose: 75mg.

STRESS EKG AND HEMODYNAMIC DATA

Resting blood pressure: 124/78 mmHg.

Resting heart rate: 73 bpm.

Peak blood pressure: 175/71 mmHg.

Peak heart rate: 82 bpm.

Symptoms: The patient experienced no typical symptoms of angina during infusion or recovery.

Resting ECG: Shows sinus rhythm, first degree AV block, and right bundle branch block.

Stress ECG: Shows ST depression in any leads during infusion or recovery. No infusion induced ischemic ECG changes.

Rhythm: No arrhythmias noted during infusion or recovery.

Blood pressure: Physiologic.

MYOCARDIAL PERFUSION IMAGING & GATED SPECT RESULTS

There is no motion/soft tissue attenuation on rest and stress.

Myocardial Perfusion Imaging: Shows normal homogenous uptake of tracer equally in all myocardial regions on stress and rest imaging. There are no significant reversible defects

suggestive of ischemia. There are no significant fixed defects diagnostic of infarct. There is no transient ischemic dilatation.

LV systolic function: There is normal left ventricular systolic function, no wall motion abnormalities, with normal thickening.

Resting calculated LVEF is normal at 57 Stress calculated LVEF is normal at 65

IMPRESSIONS

- The patient experienced no pharmacologically induced anginal symptoms.
- Negative stress induced arrhythmias.
- Physiologic blood pressure response to Lexiscan infusion.
- Stress ECG nondiagnostic due to pharmacologic protocol.
- PET Nuclear Imaging: no evidence of ischemia and no evidence of infarct.
- Normal left ventricular function.

RECOMMENDATIONS/CONCLUSIONS

The study is consistent with a low risk for progression of known native coronary artery disease.

Electronically Signed by: Brian B. Depp, M.D. on September 3, 2014 08:24:05 AM.