



PET Scan

PATIENT NAME: Harry Peterson

PATIENT ID: xx-922

Age: 52

DOB: 5/31/1963

Height: 5'7"

Weight: 222

Study Date: 6/04/14 10:00AM

Reasons: Hypertension, angina, previous MI, previous CABG

Referring: Dr. Terry E. Levitt

Impression: Abnormal

Overall: This vasodilator stress test is positive with areas of ischemia and infarction. LVEF=48%.

ECG: The stress ECG was negative for ischemia.

Perfusion Imaging: There is a moderate-sized reversible perfusion abnormality of moderate intensity in the inferolateral wall from the base to the mid-wall. This defect is consistent with ischemia. There is a small fixed perfusion abnormality of moderate intensity in the septum from the base to the mid-wall. The remainder of the ventricle has normal perfusion at rest and with stress.

Wall Motion: There is akinesis of the inferolateral wall. There is hypokinesis of the septum. The remainder of the ventricle functions normally. The ejection fraction is 48%.

Stress Results

Successful Protocol

The patient was evaluated using the standard regadenoson infusion protocol. Regadenoson was administered intravenously over 20 seconds followed by 5ml of normal saline given over 15 seconds.

Stage	HR	BP	RPP	Comment
Pre-stress	74	127/60	9398	

The maximum heart rate was 80/min which is 56% of an age-predicted maximum rate. The target heart rate was 122/min. The max BP was 127/60 mmHg. In response to stress, the BP incremented normally. The patient had no symptoms during the stress portion of the study. Reason(s) stopped: protocol completed.

Imaging

Resting images were acquired before stress images. The images were acquired on one day. 27.5mCi of Rubidium-82 chloride was injected intravenously at rest. Rest images were performed on a PET scanner. 26.2mCi of Rubidium-82 chloride was injected intravenously at peak stress. Stress images were performed on a PET scanner.

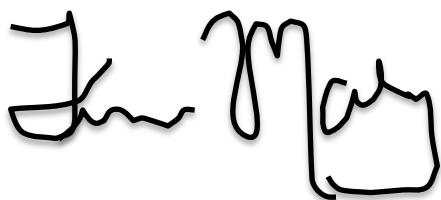
Analysis

Resting 12 lead ECG performed at 03/14/2015 9:00:00.

Rate: 74/min

Normal sinus rhythm. Ventricular bigeminy is present.

Regional T wave changes. T wave inversion in the inferior and lateral leads.

A handwritten signature in black ink, appearing to read "Francis M. Makey". The signature is stylized and cursive.

Francis M. Makey, M.D.

Electronically signed by Francis M. Makey on 6/04/14 at 4:31 PM