

General Hospital – Sample Nuclear Cardiology Note

Patient Name:	Bob Smith	Gender:	M
Procedure Date:	09/08/2011	MRN:	309898008
Date of Birth:	04/02/1943	Age:	68
Room:	28Q	Account #:	568
Note Status:	Finalized	Attending MD:	Lauren Hoobler

Providers:

Lauren Hoobler, MD (Doctor)

Referring MD:

Michael Pearson, MD

Procedure:

SPECT Nuclear Stress Test with Wall Motion and Ejection Fraction Assessment, Bruce Protocol

Indications:

Angina.

Pertinent Medications:

Beta Blockers: Last dose > 24 Hours

Adequacy/Tolerance:

The quality of the study was very good.

Procedure Medicines:

Cardiolite (sestamibi) 28.75 mCi was injected prior to stress. Resting images were obtained. The patient was stressed. Cardiolite (sestamibi) 28.75 mCi was administered at peak stress. Stress images were then obtained. Nuclear images were obtained at rest and after stress. Comparisons of the nuclear images were made.

Findings:

Stress and EKG Results

- The baseline EKG was normal. The duration of exercise was 9 minutes, 45 seconds. The maximum heart rate was 142 bpm, which is 89% of the predicted maximum heart rate. The maximum systolic blood pressure was 172 mmHg. The pressure rate product was 24,400. The number of mets achieved was 10.1. The test was stopped because of typical anginal chest pain, which was resolved in less than 30 seconds into recovery. Significant greater than 1.0 mm horizontal ST depressions in inferolateral leads were seen on EKG. Normal blood pressure response to stress. Normal heart rate response to stress.

Nuclear Image Interpretation

- Rest perfusion: The entire LV has normal perfusion at rest. Stress perfusion: There is mildly reduced perfusion in the apical anterior, mid anterior, basal anterior, mid anteroseptal, basal anteroseptal segments with stress. The remainder of the left ventricle has normal perfusion with stress.
- Wall motion: Hypokinetic basal anterior, mid anteroseptal, basal anteroseptal and mid anterior segments (ASE Score 2). The remainder of left ventricular segments are normal.
- Ejection fraction was 45%.

Complications:

No complications.

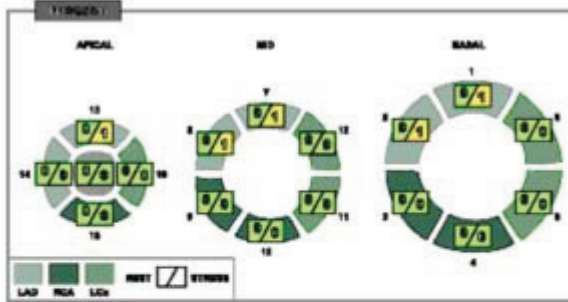
Impression:

Subjectively positive: the patient developed exercise induced chest pain typical of angina.
 Positive for ischemia by EKG criteria.
 Nuclear images are positive for ischemia.
 Large, moderately reduced, reversible, basal anteroseptal perfusion defect consistent with ischemia, likely correlating with a lesion in the proximal LAD artery.
 Left ventricular dysfunction. Ejection Fraction 45%. Wall motion abnormality: anteroseptal.
 Post-exercise abnormality is consistent with ischemic "stunned" myocardium.
 Above average exercise capacity for the patient's age and gender.

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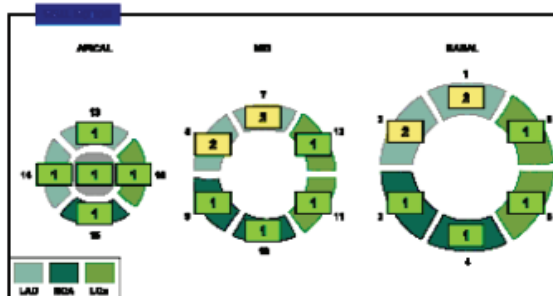
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Perfusion and Wall Motion Scores:
Perfusion Scores



- | | | |
|-----------------------|------------------------|-----------------------|
| SEVERITY | LOCATION | |
| 0- Normal | 1- Basal Anterior | 9- Mid Inferoseptal |
| 1- Mildly Reduced | 2- Basal Anteroseptal | 10- Mid Inferior |
| 2- Moderately Reduced | 3- Basal Inferoseptal | 11- Mid Inferolateral |
| 3- Severely Reduced | 4- Basal Inferior | 12- Mid Anterolateral |
| 4- Absent | 5- Basal Inferolateral | 13- Apical Anterior |
| X- Cannot Interpret | 6- Basal Anterolateral | 14- Apical Septal |
| | 7- Mid Anterior | 15- Apical Inferior |
| | 8- Mid Anteroseptal | 16- Apical Lateral |
| | | 17- Apex |

Wall Motion Scores



- | | | |
|---------------------|------------------------|-----------------------|
| SEVERITY | LOCATION | |
| 1- Normal | 1- Basal Anterior | 9- Mid Inferoseptal |
| 2- Hypokinetic | 2- Basal Anteroseptal | 10- Mid Inferior |
| 3- Akinetic | 3- Basal Inferoseptal | 11- Mid Inferolateral |
| 4- Dyskinetic | 4- Basal Inferior | 12- Mid Anterolateral |
| X- Cannot Interpret | 5- Basal Inferolateral | 13- Apical Anterior |
| | 6- Basal Anterolateral | 14- Apical Septal |
| | 7- Mid Anterior | 15- Apical Inferior |
| | 8- Mid Anteroseptal | 16- Apical Lateral |
| | | 17- Apex |

CPT Code(s):

93015, Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

78452, Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

ICD Code(s):

413.9, OTHER AND UNSPECIFIED ANGINA PECTORIS
 414.9, CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED

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E-signed by Lauren Hoobler, MD

Lauren Hoobler, MD
 Signed Date: 09/08/2011 17:28:13
 Number of Addenda: 0
 This report has been signed electronically.
 Note initiated on 09/08/2011 17:04:05

Printed 2011. Codes subject to change based on quarterly/annual CPT/ICD/CCI changes.