

## General Hospital – Sample Nuclear Cardiology Note

<b>Patient Name:</b>	Bob Smith	<b>Gender:</b>	M
<b>Procedure Date:</b>	09/08/2008 17:05:00	<b>MRN:</b>	309898008
<b>Date of Birth:</b>	04/02/1943	<b>Age:</b>	65
<b>Room:</b>	28Q	<b>Account #:</b>	568
<b>Note Status:</b>	Finalized	<b>Attending MD:</b>	Lauren Hoobler

**Providers:**

Lauren Hoobler, MD (Doctor)

**Referring MD:**

Michael Pearson, MD

**Procedure:**

Nuclear Stress Test: Tomographic SPECT Myocardial Perfusion Imaging with Wall Motion and Ejection Fraction Assessment, Bruce Protocol

**Indications:**

Chest pain.

**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. The duration of exercise was 8 minutes, 50 seconds. 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.

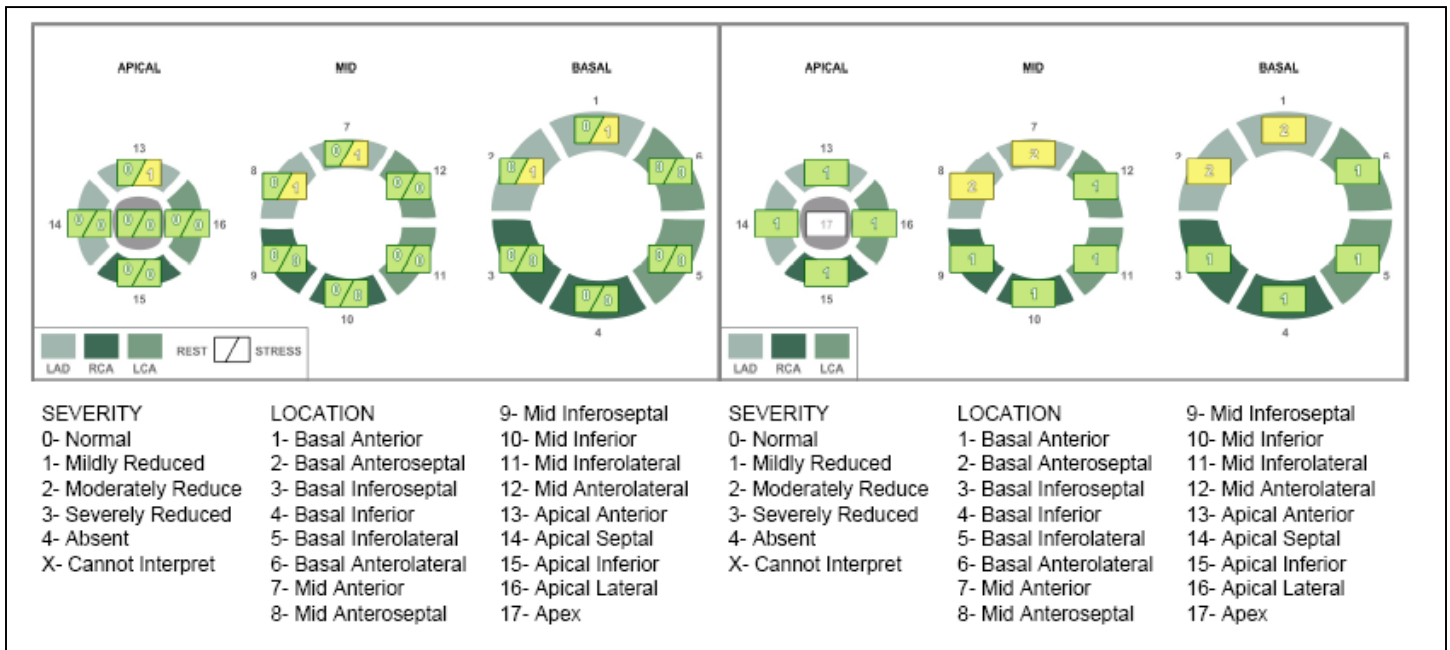
**Patient Name:** Bob Smith  
**Procedure Date:** 09/08/2008 17:05:00  
**Date of Birth:** 04/02/1943  
**Room:** 28Q  
**Note Status:** Finalized

**Gender:** M  
**MRN:** 309898008  
**Age:** 65  
**Account #:** 568  
**Attending MD:** Lauren Hoobler

**Perfusion and Wall Motion Scores:**

**Perfusion Scores**

**Wall Motion Scores**



**CPT Code(s):**

78465, Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification  
 78478, Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)  
 78480, Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)  
 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

**ICD9 Code(s):**

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

**CPT Copyright 2008 American Medical Association.**

*No fee schedules, basic units, relative values or related listings are included in CPT. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein.*

*CPT is a registered trademark of the American Medical Association.*

E-signed by Lauren Hoobler, MD

[www.provationmedical.com](http://www.provationmedical.com)

Lauren Hoobler, MD  
 Signed Date: 09/08/2008 17:28:13  
 Number of Addenda: 0  
 This report has been signed electronically.  
 Note initiated on 09/08/2006 17:04:05

**Printed: November 2006. Codes subject to change based on quarterly/annual Cpt/Icd/Cci changes**  
 © 2006 ProVation Medical, Inc. All Rights Reserved