

General Hospital – Stress Echocardiography Note

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|------------------------|--|-----------------------|------------|
| Patient Name: | Mabel Davis | Gender: | F |
| Procedure Date: | 06/02/2007 1:00 pm | Patient ID: | 309898008 |
| Age: | 90 | Date of Birth: | 1/10/1917 |
| Referring MD: | Dr. William M. Jones | Admit Type: | Outpatient |
| Providers: | Dr. Thomas C. Paine, Dr. Robert J. Stiles (Assisting Doctor) | | |
| Echo Machine: | Echo machine ID | | |

Procedure: Stress Echocardiography, Bruce Protocol
Indications: Chest discomfort
Outpt Medications: None
Study Adequacy: Good

Findings:

Intracardiac structures were analyzed with Doppler and color flow Doppler.

Stress and EKG Results: The baseline EKG shows normal sinus rhythm. The duration of exercise was 9 minutes, 25 seconds. The maximum achieved heart rate was 165 bpm, which was greater than 100% of the predicted maximum heart rate. The maximum achieved systolic blood pressure was 170 mmHg. The maximum achieved diastolic blood pressure was 80 mmHg. The pressure rate product was 22,000. The number of mets achieved was 10.0. The test was stopped because of completion of the protocol and EKG changes. The patient experienced fatigue during the test. Significant greater than 1.0 mm horizontal ST depression in inferolateral leads was seen on EKG.

Resting LV Function Wall Motion Scores (ASE score): No regional wall motion abnormalities were noted.

Stress LV Function Wall Motion Scores: The mid segments of the anterior and anteroseptal walls are mildly hypokinetic. The remaining left ventricular segments are normal.

Complications:

No Complications

Impression:

The patient did not experience stress induced chest pain. The patient experienced fatigue.

EKG criteria for ischemia were met based on ST depression in inferolateral leads.

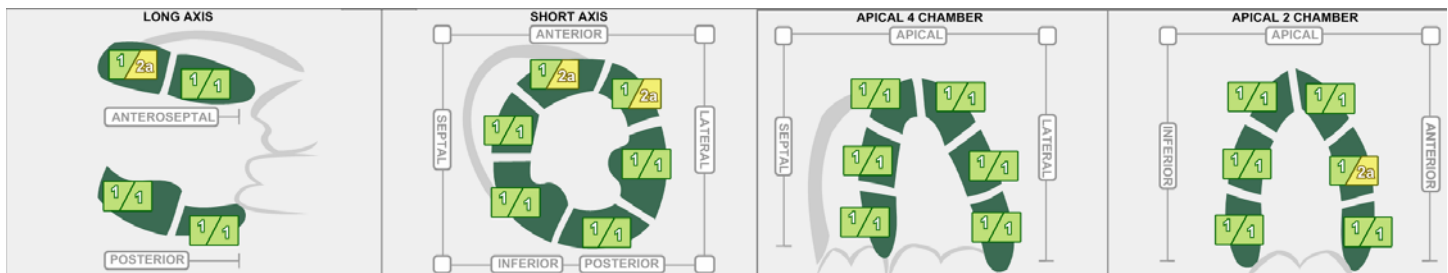
Positive for stress induced ischemia by echocardiographic imaging.

The ischemic area is small in size and is suggestive of a lesion in the distribution of the left anterior descending artery.

Above average exercise capacity for the patient's age and gender.

Recommendations:

- Cardiology Consultation
- Referring Physician Contacted
- Results Discussed with Patient
- Aspirin 325 mg PO qd
- Toprol-XL (metoprolol) 50 mg PO qd



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CPT Codes(s):

93350, Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report

93016, Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report

93320, Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete

93018, Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

93325, Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)

ICD Code(s):

414.9, Chronic ischemic heart disease, unspecified

786.59, Other chest pain

780.79, Other malaise and fatigue

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The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

E-signed by Thomas C. Paine, MD

Thomas C. Paine, MD
 Signed Date: 07/13/2007 16:08:07
 Number of Addenda:
 This report has been signed electronically.
 Note initiated on 07/06/2007 07:53:55
 Procedure Date: 07/06/2007 07:55:00

E-signed by Robert J. Stiles, MD

Robert J. Stiles, MD

Created Oct. 2007. Codes subject to change based on quarterly/annual changes

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