

NUCLEAR CARDIOLOGY/CARDIAC STRESS

REPORT, INDICATION FOR STUDY: , Recurrent angina pectoris in a patient with documented ischemic heart disease and underlying ischemic cardiomyopathy., PROCEDURE: ,

The patient was studied in the resting state following intravenous delivery of adenosine triphosphate at 140 mcg/kg/min delivered over a total of 4 minutes. At completion of the second minute of infusion, the patient received technetium Cardiolite per protocol. During this interval, the blood pressure 150/86 dropped to near 136/80 and returned to near 166/84 at completion. No diagnostic

electrocardiographic abnormalities were elaborated during this study., REGIONAL MYOCARDIAL PERFUSION WITH

ADENOSINE PROVOCATION: , Scintigraphic study reveals at this time multiple fixed defects in perfusion suggesting indeed multivessel coronary artery disease, yet no active ischemia at this time. A fixed defect is seen in the high

anterolateral segment. A further fixed perfusion defect is seen in the inferoapical wall extending from close to the septum. There is no evidence for active ischemia in either distribution.

Lateral wall moving towards the apex of the left ventricle is further involved from midway through the ventricle moving upward and into the high anterolateral vicinity. When viewed from the vertical projection, the high septal wall is preserved with significant loss of the mid anteroapical wall moving to the apex and in a wraparound fashion in the inferoapical wall. A limited segment of apical myocardium is still viable., No gated wall motion study was obtained., CONCLUSIONS: , Cardiolite

perfusion findings support multivessel coronary artery disease and likely previous multivessel infarct as has been elaborated above. There is no indication for active ischemia at this time.