



Patient ID #:

Patient ID #:

Randomization #:

Project: - Site: - Number:

Project

Site

Number



Perfusion Scan Date:

/ /

Year Month Day

Height:

. in

. cm

Weight:

. lbs

. kg

Viability Scan Date:

(if different from perfusion date)

/ /

Year Month Day

Perfusion Tracer

- Rubidium-82
- N-13 Ammonia
- O-15 water
- Other
- Thallium-201
- Tc-99m Sestamibi
- Tc-99m Tetrofosmin
- Not applicable

For SPECT: Attenuation Correction Yes No

Tracer Dose (Activity) . MBq

HR N/A BP / N/A

bpm mmHg

Viability Tracer

- SPECT Thallium Redistribution
- SPECT Thallium ReInjection
- SPECT Post Nitrate
- PET FDG
 - Diabetic
 - Non-Diabetic
- SPECT Rest Sestamibi
- SPECT Rest Tetrofosmin
- Oral glucose load
- Glucose Insulin Clamp
- Oral glucose + Insulin
- Insulin without glucose load
- Other(specify)

Fasting Blood Sugar value: . mmol/L
(FOR FDG PET ONLY)

Tracer Dose (Activity): . MBq

HR N/A BP / N/A

bpm mmHg

ECG - same day as scan Yes No

Rhythm

- Sinus rhythm
- Atrial fibrillation/flutter
- A-Vblock(2nd/3rd degree)
- PVCs
- PACs
- Other

ECG interpretation

- Non-specific ST-Tchanges
- Inferior MI
- Anterior MI
- LVH
- Other
- Permanent pacemaker
- LBBB
- RBBB
- IVD

QUANTIFICATION SCORES (%) N/A

Scar

Global LV: N/A

.

Regional: N/A

LAD . (%)

LCx . (%)

RCA . (%)

Hibernation

Global LV: N/A

.

Regional: N/A

LAD .

LCx .

RCA .





0 [] [] [] [] []

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[] [] - [] [] - [] [] [] []

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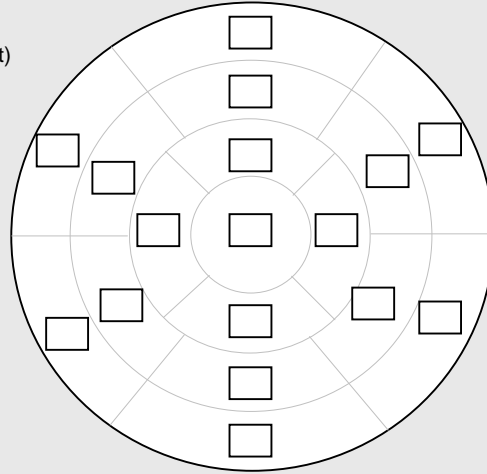
- Image quality:** Excellent Fair
 Good Poor
 N/A

Comments:

PERFUSION DEFECT SCORE N/A

Defect Scoring:

- 0=Normal (default)
- 1=Mild
- 2=Moderate
- 3=Severe
- 4=No uptake



SEMI QUANTITATIVE ANALYSIS

Perfusion Defect Score: [] [] N/A
(PDS)

Viability Defect Score: [] [] N/A
(VDS)

Mismatch Score

PDS-VDS: [] [] N/A

Scar Score

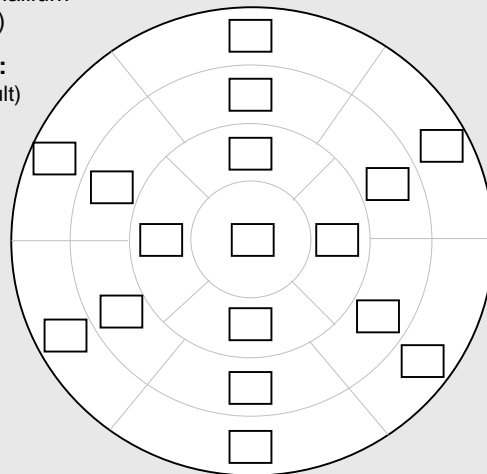
PDS-MMS: [] [] N/A

VIABILITY DEFECT SCORE N/A

(FDG, Delayed Thallium or Post NITRATE)

Defect Scoring:

- 0=Normal (default)
- 1=Mild
- 2=Moderate
- 3=Severe
- 4=No uptake



REGIONAL WALL MOTION

Regional Wall Motion Based on

- Perfusion (preferred method)
- Viability (if perfusion is poor quality)

Abnormal regional wall motion
OR

All Hypokinetic (Complete segments with score >2)

OR

All Normal
 N/A

LV Function

EF: (%)

EDV:(mL)

ESV:(mL)

[] []

[] [] [] []

[] [] [] []

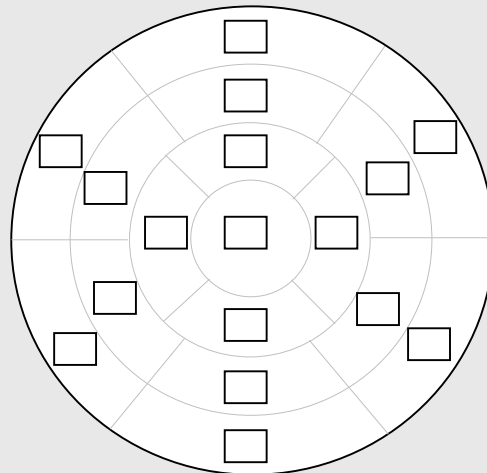
N/A

N/A

N/A

REGIONAL WALL MOTION N/A

- 1=Normal (default)
- 2=Hypokinesis
- 3=Akinesis
- 4=Dyskinesis
- 5=Aneurysm





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 - -
 Project Site Number



INTERPRETATION (To be completed by the interpreting physician)

Qualitative Interpretation (check one box per region)

Extent of hibernation <input type="radio"/> N/A	Not Significant (<5%)	Mild (5-10%)	Moderate (11-20%)	Severe (>20%)
Whole Heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RCA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LCx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extent of scar				
Whole Heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RCA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LCx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RECOMMENDATION (Mark only one) * *May use Guidance Algorithm for Viability Page 4 (PET) or Page 5 (SPECT) if needed.*

- Patient **LIKELY** to benefit from revascularization or angiography.
- Patient **MAY** benefit from revascularization or angiography
- Patient **UNLIKELY** to benefit from revascularization
- Patient **UNCERTAIN** to benefit from revascularization, recommend further evaluation, specify below:
- Other : PLEASE PRINT IN BLOCK LETTERS

COMMUNICATION

- I have interpreted the clinical report for this viability scan Yes No
- The **best recommendation** for management is included in the clinical report. Yes No
- The referring MD was contacted directly with the recommendations Yes No

COMMENTS (Please print in block letters)

Date of interpretation: / /
Year Month Day

Interpretation Physicians Initials:

FAX A COPY OF THE FINAL CLINICAL REPORT TO 613-761-5406



IMAGE-HF: GUIDANCE ALGORITHM for REPORTING FDG PET VIABILITY and VIABILITY DEFINITIONS

This algorithm is intended to guide reporting for patients in IMAGE HF with known or suspected Ischemic Cardiomyopathy and LV dysfunction due to severe coronary artery disease (typically multivessel CAD). Individual circumstances related to clinical scenario which may include knowledge of coronary anatomy and clinical question may alter recommendation and need to be considered on a case by case basis by the interpreting MD.

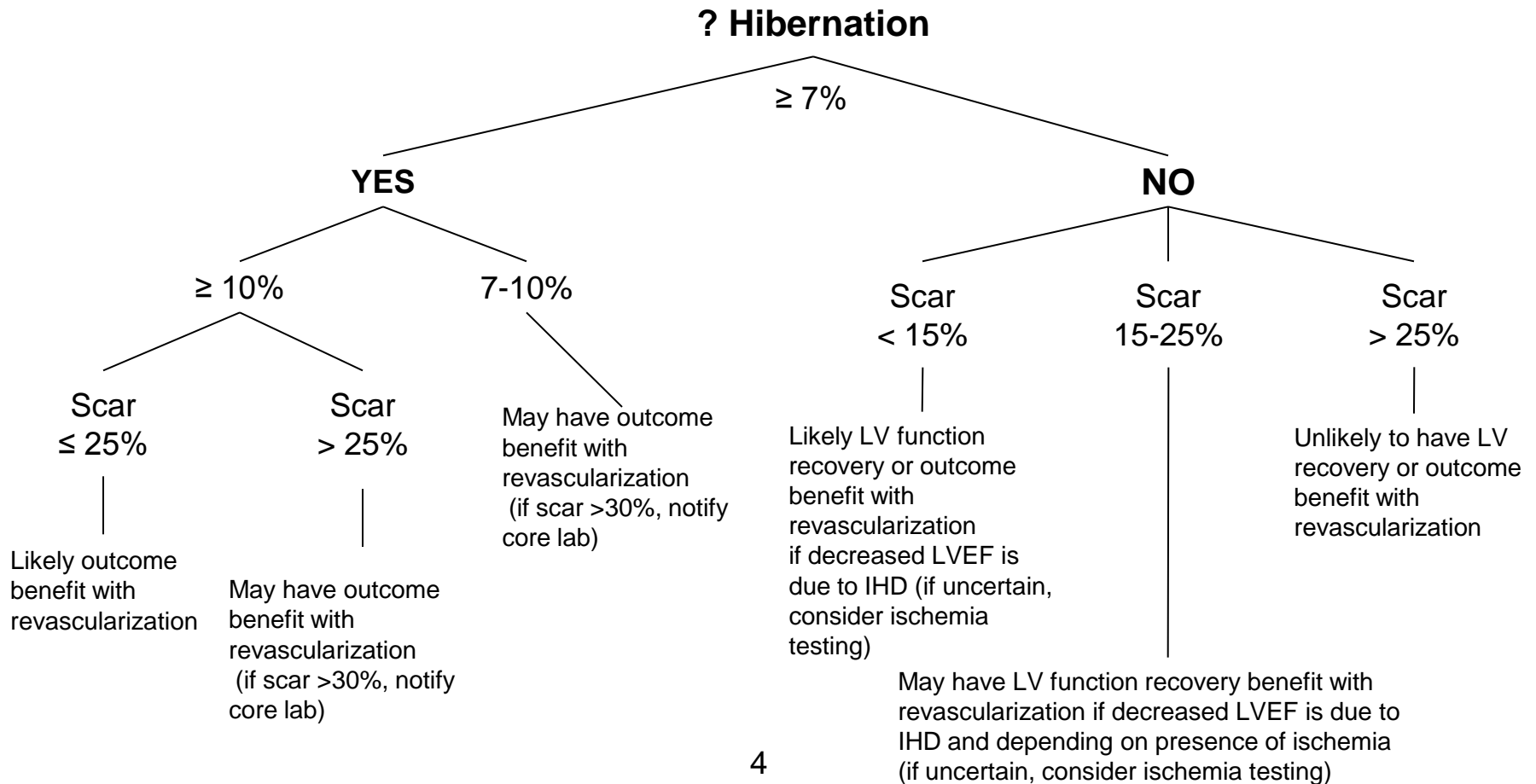


IMAGE-HF: GUIDANCE DOCUMENT for SPECT VIABILITY and VIABILITY DEFINITIONS

This algorithm is intended to guide reporting for patients in IMAGE HF with known or suspected Ischemic Cardiomyopathy and LV dysfunction due to severe coronary artery disease (typically multivessel CAD). Individual circumstances related to clinical scenario which may include knowledge of coronary anatomy and clinical question may alter recommendation and need to be considered on a case by case basis by the interpreting MD.

