



PROJECT I-A

HF15- STRESS PERFUSION REPORT - PET, SPECT or CMR

UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

Randomization #:



Patient ID #:

Project

Site

Number

Scan Stress
Date:

Year

Month

Day

Height:

in

Weight:

lbs

Two day protocol: Yes No

cm

kg

Randomization
for QA

Ischemia Modality → PET SPECT CMR

For SPECT: Attenuation Correction Yes No

Stressor/Modifier

Exercise

N/A

Persantine

Dobutamine

+ Aminophylline

Adenosine

+ Atropine

Other

mg

mcg/kg

N/A
(exercise stress)

Tracer

Rb-82 (rest/stress)

Ammonia (rest/stress)

Tc -99m Sestamibi

Tc -99m Tetrafosmin

Thallium (stress/rest)

Thallium (rest)/Tc (stress)

Gadolinium (rest/stress)

0-15 water

Other

Rest Dose (Activity)

MBq

mmol/kg

N/A

Stress Dose (Activity)

MBq

mmol/kg

N/A

REST

HR bpm

BP / mmHg

STRESS

Peak HR bpm

BP / mmHg

Symptoms during stress:

Chest pain Yes No Dyspnea Yes No Other Yes No _____

FLOW QUANTIFICATION If available, PET/SPECT/MR (mL/min/g) N/A

Stress Quantification N/A

Rest Quantification N/A

Flow Reserve (Ratio) N/A

Flow Difference (S-R) N/A

Global LV:

Regional:

LAD

LCx

RCA

(mL/min/g)

Global LV:

Regional:

LAD

LCx

RCA

(mL/min/g)

Global LV:

Regional:

LAD

LCx

RCA

Global LV:

Regional:

LAD

LCx

RCA

(+/-) (mL/min/g)

MRI N/A

C.O.: N/A

LV Mass: N/A

C.I.: N/A

LVH: Present

Absent

N/A





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Project Site Number



ECG Response

- Negative (normal)
- Ischemic
 - ST Elev: mm ST Dep: mm
- Uninterpretable
 - LBBB
 - Pacer
- Inconclusive < 85% MPRH
- Other specify _____

Overall Image quality: Excellent Good Fair
 Poor N/A

Comments:

SEMI QUANTITATIVE PERFUSION ANALYSIS

SSS: N/A SRS: N/A

STRESS vs REST SDS: sum (SSS-SRS ≥ 0)
 N/A

TID N/A Visual TID: Y N N/A

REGIONAL WALL MOTION (STRESS)

- 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 (REST)

- Improved from stress Yes No
- Abnormal regional wall motion
 - OR
 - All Hypokinetic (Complete segments with score >2)
 - OR
 - All Normal
 - N/A

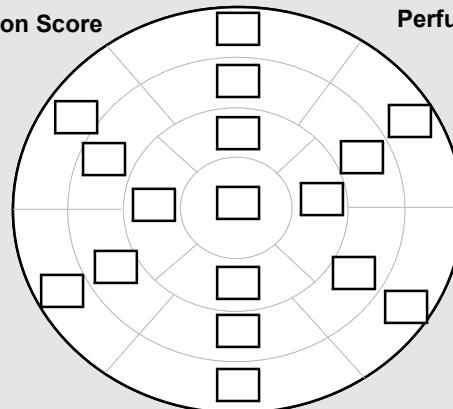
LV Function

EF: (%) EDV: (mL) ESV: (mL)

N/A N/A N/A

STRESS Pefusion Score

- Normal (All)
- N/A

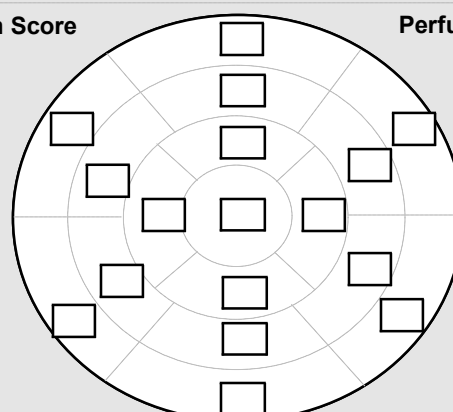


Perfusion Scoring:

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

REST Perfusion Score

- Normal (All)
- N/A

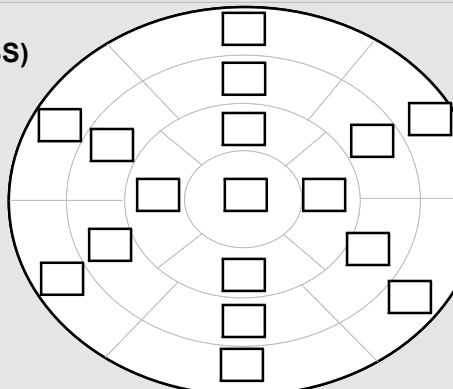


Perfusion Scoring:

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

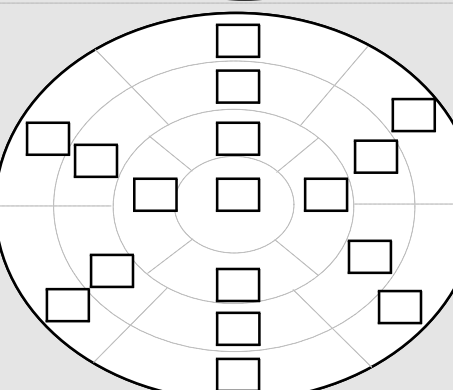
Regional Wall Motion (STRESS)

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



Regional Wall Motion (REST)

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





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INTERPRETATION (To be completed by the interpreting physician)

Qualitative Interpretation (check one box per region)

Persistent Defect (Possible Scar)	Normal/None (<5%)	Mild/Small (5-10%)	Moderate (11-20%)	Severe/Large (>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"/>
Stress Ischemia				
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

- 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 viability imaging
- Other : PLEASE PRINT IN BLOCK LETTERS

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

COMMUNICATION

- I have interpreted the clinical report for this perfusion 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:

