CARDIOVASCULAR MEDICAL GROUP
of Southern California
414 North Camden Drive, Suite 1100, Beverly Hills, CA 90210

Exercise Myocardial Perfusion SPECT

Patient Name:	**Roesler, Mark**	Referring Physician:	**William J. Mandel , M.D.**
Date of Study:	**2025-12-19** **Outpatient**		414 N. Camden Drive Suite 1100 Beverly Hills, CA, 90210
ID Number:	**040619686**		
Age: **70**	Sex: **M** DOB:**1955-10-31**		Fax (310) 278-1240 Phone (310) 278-3400

- Indication: coronary artery disease by referring physician, other(abd EBCT)
- Risk factors: hypercholesterolemia, diabetes
- Medications: aspirin, HMG CoA reductase inhibitor
- Height: 76 in. Weight: 212 lbs. Body Mass Index (BMI): 25.8

Exercise Stress ECG Results:

- Type: Bruce
- Exercise duration: 10:20 minutes (METS: 12); Rest HR 66; Peak HR 144 (96% of MPHR)
- Blood Pressure: Rest: 120/84; Stress: 176/70
- Symptom during test: no chest pain
- Reason for termination of exercise: achievement of adequate heart rate, generalized fatigue
- Resting ECG: intraventricular conduction delay < 0.12 sec and nonspecific T wave abnormality

Nuclear Results:

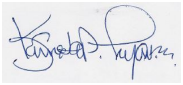
- Sestamibi (Same day) gated SPECT [rest/stress sestamibi (Supine)]
- Technical quality: fair
- **Myocardial Perfusion: Total perfusion defect 0% myocardium (0% reversible, 0% fixed)**
  overall mild decrease of the septal/apical wall which is considered a normal variation.
  LV enlargement: no; Visual TID: no; TID Ratio 0.86
- **Myocardial Function:**

	LVEF	EDVi
Rest	53%	42 ml/m2
Post Stress (16 min after)	54%	37 ml/m2

Resting and exercise stress gated SPECT revealed no wall motion abnormalities.

Conclusion: **Clinical Response** Nonischemic **Perfusion** Prob normal
ECG Response Nonischemic **Function** Normal

Periapical thinning which can be a normal variant.



M.D. F.A.C.N.P. Kenneth P. Lyons

Stress ECG monitored by Rizza Ray P.A.-C, supervised and interpreted by William J. Mandel M.D.

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SPECT: Myocardial Perfusion

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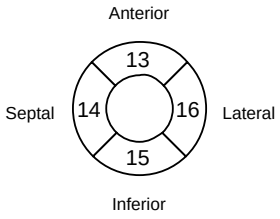
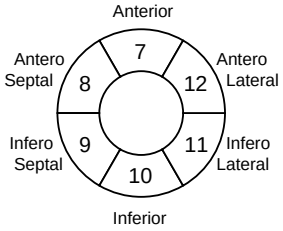
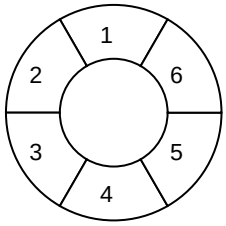
Short Axis Apical Level



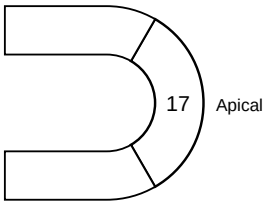
Short Axis Mid-Ventricular



Short Axis Basal Level



Vertical Long Axis

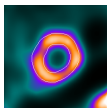
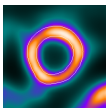
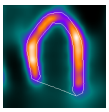
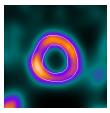
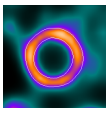
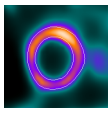
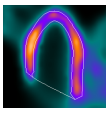


Normal
Reversible
Nonreversible

	S	R			S	R			S	R			S	R	
13. Anterior	0	0		**7. Anterior**	0	0		**1. Anterior**	0	0					
				8. AnteroSeptal	0	0		**2. AnteroSeptal**	0	0					
14. Septal	1	1		**9. InferoSeptal**	0	0		**3. InferoSeptal**	0	0		**17. Apical**	1	1	
15. Inferior	0	0		**10. Inferior**	0	0		**4. Inferior**	0	0					
				11. InferoLateral	0	0		**5. InferoLateral**	0	0					
16. Lateral	0	0		**12. AnteroLateral**	0	0		**6. AnteroLateral**	0	0					

0 =Normal
1 =Mildly reduced Equivocal
2 =Moderately Reduced
3 =Severely Reduced
4 =Absent Uptake

S = Stress R = Rest

Stress Images					
Rest Images					

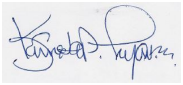
Date of study	Results	%Total defects	%Reversible	%Fixed	Stress Type
2025-12-19	**Prob normal**	**0%**	**0%**	**0%**	**Exercise**

Exercise (same day protocol) gated myocardial perfusion SPECT using Tc-99m sestamibi (32.1 mCi IV) at stress and (9.6 mCi IV) at rest was performed using the rest/stress sequence. Sestamibi SPECT was performed in the supine position.

Findings:

overall mild decrease of the septal/apical wall which is considered a normal variation.

Myocardial perfusion test result: probably normal.



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%Myocardium		%Reversible		%Fixed		Vessel Descriptions
Normal/Equivocal	0-4%	Normal	0-2%	Normal/Equivocal	0-4%	RCA (Right Coronary Artery)
Mild	5-9%	Mild	3-5%	Mild	5-9%	LAD (Left Anterior Descending)
Moderate	10-14%	Moderate	6-9%	Moderate	10-14%	LCX (Left Circumflex)
Severe	>14%	Severe	>10%	Severe	>14%	DIAG (Diagonal)

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SPECT: Ventricular Function

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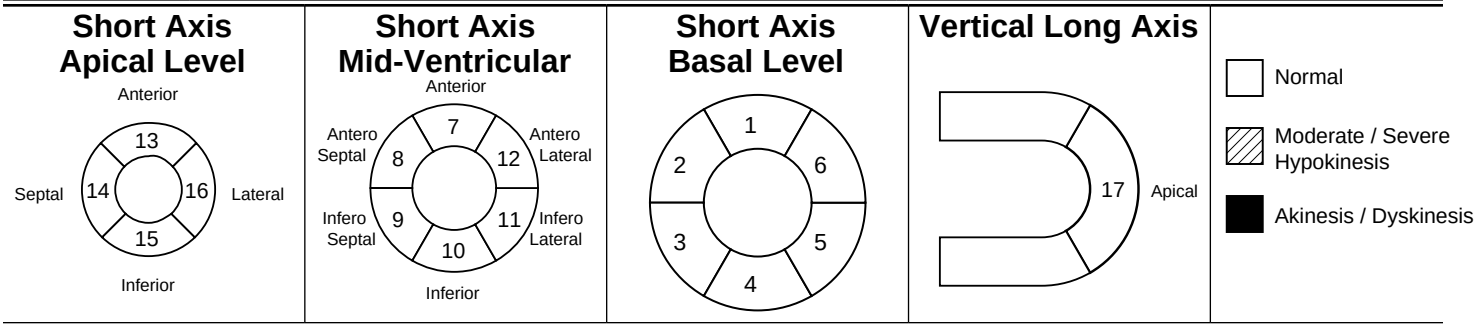

	S	R		S	R		S	R		S	R
13. Anterior	0	0	**7. Anterior**	0	0	**1. Anterior**	0	0			
			8. AnteroSeptal	0	0	**2. AnteroSeptal**	0	0			
14. Septal	0	0	**9. InferoSeptal**	0	0	**3. InferoSeptal**	0	0	**17. Apical**	0	0
15. Inferior	0	0	**10. Inferior**	0	0	**4. Inferior**	0	0			
			11. InferoLateral	0	0	**5. InferoLateral**	0	0			
16. Lateral	0	0	**12. AnteroLateral**	0	0	**6. AnteroLateral**	0	0			

0 = Normal
1 = Mild Hypokinesis
2 = Moderate Hypokinesis
3 = Severe Hypokinesis
4 = Akinesis
5 = Dyskinesis

S = Stress R = Rest

	Rest			Stress			
Date of study	**EF**	**EDV**	**EDVi**	**EF**	**EDV**	**EDVi**	**TID ratio**
2025-12-19	**53%**	**96 ml**	**42 ml/m2**	**54%**	**83 ml**	**37 ml/m2**	**0.86**

Resting and exercise stress gated SPECT revealed no wall motion abnormalities.

Wall motion results: normal

Action	Time (year-month-day hour:min:sec)
Dose Tc-99m sestamibi	2025-12-19 09:20:00
Image Rest	2025-12-19 09:46:00
Dose Tc-99m sestamibi	2025-12-19 11:25:00
Image Stress	2025-12-19 11:41:00

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	Men	Women
Normal EF (mean - 2sd)	**>42%**	**>50%**
Severely Reduced EF	**<30%**	**<35%**
Normal EDV (mean + 2sd)	**<150 ml**	**<103 ml**
Normal EDVi (mean + 2sd)	**<76 ml/m2**	**<61 ml/m2**

Sharir et al., J. Nucl Cardiol 2006;13:495-506

EF	**Ejection Fraction**
EDV	**End Diastolic Volume**
EDVi	**End Diastolic Volume index**
TID	**Transient Ischemic Dilation**

Electronically Signed: 2025-12-19 14:41

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Exercise Stress Electrocardiography

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A standard 12 LEAD ELECTROCARDIOGRAM was recorded with continuous ECG monitoring throughout stress and recovery. Additionally, 12 LEAD ELECTROCARDIOGRAMS were recorded every minute.

Stress Physiology			
Exercise Duration	10:20 (12.0 METS)		
Heart Rate	**Rest:** 66	**Stress:** 144	**% Maximal Predicted Heart Rate:** 96%
Blood Pressure	**Rest:** 120/84	**Stress:** 176/70	
Exertional Hypotension	No		
Discomfort	No	**Onset of Discomfort:**	
Discomfort location			
Arrhythmia	frequent pvcs frequent apcs		
Reason for termination	achievement of adequate heart rate and generalized fatigue		

Electrocardiogram	
Rest	intraventricular conduction delay < 0.12 sec and nonspecific T wave abnormality
Stress	

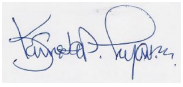
Date of study	Stress	Ex Duration	Peak HR	Clinical	ECG
2025-12-19	**Exercise**	**10:20**	**144(96 %)**	**Nonischemic**	**Nonischemic**

Impression

Clinical response to Exercise: Nonischemic
ECG response to Exercise: Nonischemic

peak workload 11.0 mets ;

Stress ECG monitored by Rizza Ray P.A.-C, supervised and interpreted by William J. Mandel M.D.



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