Specialty Teleradiology Inc

EXAM: PET CARDIAC IMAGING FOR VIABILITY

HISTORY: 43-year-old man with reported anterior wall MI 3/06. The patient reports two stent placements, one in 3/06 and the second 4/06. Clinically, he has been in pulmonary edema and reportedly has severely depressed ejection fraction. He is being evaluated for viability and potential revascularization.

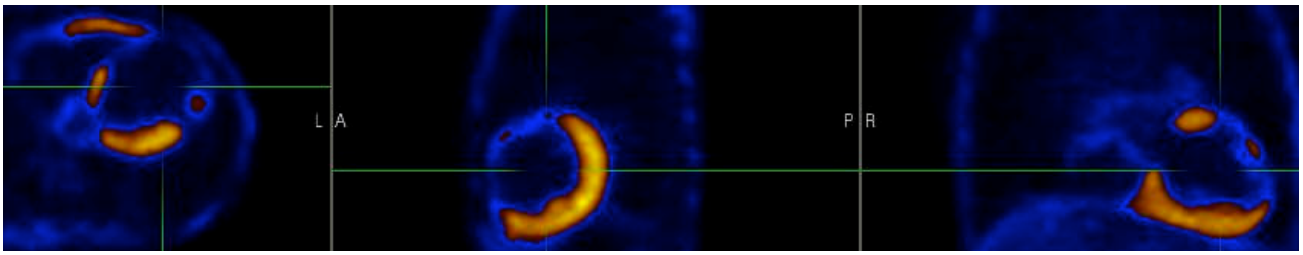
FINDINGS

LAD: The entire LAD left ventricular distribution is ametabolic. This specifically includes the entire interventricular septum, anterior and anterolateral left ventricular segments, extending around the left ventricular apex to include distal third of the inferior surface.

CIRCUMFLEX: High lateral and lateral left ventricular segments are ametabolic in expected distribution of the circumflex.

RCA: There is normal physiologic metabolic activity in the posterior left ventricular wall extending distally to include proximal two-thirds of the inferior left ventricular segment in the expected distribution of the PDA.

There is normal low level metabolic activity throughout the right ventricle.



On fused CT, there is moderate left ventricular chamber enlargement and there is a proximal LAD stent bridging the expected location of D1 and S1. There are bilateral pleural effusions, largest on the left with areas of patchy ametabolic infiltrate in both lungs predominantly centrally, consistent with residual pulmonary edema and/or superimposed atelectasis/pneumonitis.

CONCLUSION:

1. LAD: Ametabolic scar involves entire LAD distribution as detailed above.
2. Circumflex: Ametabolic scar involves entire high lateral and lateral left ventricular segments.
3. RCA: Physiologic metabolic activity in posterior and proximal two-thirds of inferior left ventricular wall in PDA distribution reflecting normal viability.
4. Scar in LAD and circumflex distribution involves roughly two-thirds of left ventricle.
5. Proximal LAD stent bridging D1 and S1 orifices.

Contact Specialty Teleradiology at 888.671.1076 with any questions or comments about this report.