APPENDIX 1: SAMPLE TEMPLATE FOR EXERCISE MYOCARDIAL PERFUSION IMAGING

Stress/Rest (or Rest/Stress) Single-/Dual-Isotope SPECT Imaging with Exercise Stress and Gated SPECT Imaging

Indication
(select one) Diagnosis of coronary disease
Evaluation of extent and severity of coronary artery disease
Evaluation of myocardial viability
Risk stratification—post-myocardial infarction (MI)/preoperative/general
Assessment of acute chest pain

Clinical history
___ year old man/woman with (no) known coronary artery disease
Cardiac risk factors include: ___
Previous cardiac procedures include: ___
Current symptomatology includes: ___

Procedure
The patient performed treadmill exercise/bicycle exercise using a modified Bruce/Naughton/ protocol, completing ___ minutes and completing an estimated workload of ___ metabolic equivalents (METS). The test was terminated due to fatigue/shortness of breath/cHEST pain/ ___. The heart rate was ___ beats per minute at baseline and increased to ___ beats at peak exercise, which was ___% of the maximum predicted heart rate. The rest blood pressure was ___ mm/Hg and increased/decreased to ___ mm/Hg, which is a normal/hypotensive/hypertensive response. The patient did/did not develop any symptoms other than fatigue during the procedure; specific symptoms include ___. The resting electrocardiogram demonstrated ___ and did/did not show ST-segment changes consistent with myocardial ischemia.

Myocardial perfusion imaging was performed at rest (___ minutes following the injection of ___ mCi of ____) and peak exercise (___ minutes following the injection of ___ mCi of ____) the patient was injected with ___ mCi of ___ and exercise was continued for ___ minute(s). Gating post-stress tomographic imaging was performed ___ minutes after stress (and rest).

Findings
The overall quality of the study is poor/fair/good/excellent. Attenuation artifact was present/absent. Left ventricular cavity is noted to be normal/enlarged on the rest (and/or stress) studies. There is evidence of abnormal lung activity. Additionally, the right ventricle is normal/abnormal (specify: ____). SPECT images demonstrate homogeneous tracer distribution throughout the myocardium OR a small/moderate/large perfusion abnormality of mild/moderate/severe severity is present in the ____ (location) region on the stress images. The rest images reveal ____. Gated SPECT imaging reveals normal myocardial thickening and wall motion. OR Gated SPECT imaging demonstrates hypokinesis/dyskinesis/akinesis of the ____ (location). The left ventricular ejection fraction was calculated to be ____% OR the left ventricular ejection fraction was normal (>60%).

Impression
Myocardial perfusion imaging is normal/abnormal. There is a small/moderate/large area of ischemia/infarction in the ____ location. Overall left ventricular systolic function was normal/abnormal with/without regional wall motion abnormalities (as noted above). Compared to the prior study from ____ (date), the current study reveals ____.

APPENDIX 2: SAMPLE TEMPLATE FOR PHARMACOLOGIC MYOCARDIAL PERFUSION IMAGING

Stress/Rest (or Rest/Stress) Single-/Dual-Isotope SPECT Imaging with Pharmacologic Stress and Gated SPECT Imaging

Indication
(select one) Diagnosis of coronary disease
Evaluation of extent and severity of coronary artery disease
Evaluation of myocardial viability
Risk stratification—post-MI/preoperative/general
Assessment of acute chest pain

Clinical history
___ year old man/woman with (no) known coronary artery disease
Cardiac risk factors include: ___
Previous cardiac procedures include: ____
Current symptomatology includes: ____

Procedure

Pharmacologic stress testing was performed with adenosine/dipyridamole/dobutamine/regadenoson at a rate of ____ for ____ minutes. Additionally, low-level exercise was performed along with the vasodilator infusion (specify: ____. The heart rate was ____ at baseline and rose to ____ beats per minute during the adenosine/dipyridamole/dobutamine/regadenoson infusion. The rest blood pressure was ____ mm/Hg and increased/decreased to ____ mm/Hg, which is a normal/hypotensive/hypertensive response. The patient developed significant symptoms, which included ____. The resting electrocardiogram demonstrated ____ and did/did not show ST-segment changes consistent with myocardial ischemia.

Myocardial perfusion imaging was performed at rest (____ minutes following the injection of ____ mCi of ____). At peak pharmacologic effect, the patient was injected with ____ mCi of ____. Gating post-stress tomographic imaging was performed ____ minutes after stress (and rest).

Findings

The overall quality of the study is poor/fair/good/excellent. Attenuation artifact was present/absent. 
Left ventricular cavity is noted to be normal/enlarged on the rest (and/or stress) studies. There is evidence of abnormal lung activity. Additionally, the right ventricle is normal/abnormal (specify: ____).

SPECT images demonstrate homogeneous tracer distribution throughout the myocardium OR a small/moderate/large perfusion abnormality of mild/moderate/severe severity is present in the ____ (location) region on the stress images. The rest images reveal ____. Gated SPECT imaging reveals normal myocardial thickening and wall motion. OR Gated SPECT imaging demonstrates hypokinesis/dyskinesis/akinesis of the ____ (location). The left ventricular ejection fraction was calculated to be ____% OR the left ventricular ejection fraction was normal (>60%).

Impression

Myocardial perfusion imaging is normal/abnormal. There is a small/moderate/large area of ischemia/infarction in the ____ location. Overall left ventricular systolic function was normal/abnormal with/without regional wall motion abnormalities (as noted above). Compared to the prior study from ____ (date), the current study reveals ____.

APPENDIX 3: LEFT VENTRICULAR SEGMENTATION

<table>
<thead>
<tr>
<th>Segment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. anterior</td>
<td>Medial</td>
</tr>
<tr>
<td>2. anteroapical</td>
<td>Anterior</td>
</tr>
<tr>
<td>3. anteroseptal</td>
<td>Anterior</td>
</tr>
<tr>
<td>4. anterolateral</td>
<td>Anterior</td>
</tr>
<tr>
<td>5. inferior</td>
<td>Inferior</td>
</tr>
<tr>
<td>6. inferolateral</td>
<td>Inferior</td>
</tr>
<tr>
<td>7. inferoseptal</td>
<td>Inferior</td>
</tr>
<tr>
<td>8. inferoapical</td>
<td>Inferior</td>
</tr>
<tr>
<td>9. apical</td>
<td>Apical</td>
</tr>
<tr>
<td>10. lateral</td>
<td>Lateral</td>
</tr>
<tr>
<td>11. left lateral</td>
<td>Lateral</td>
</tr>
<tr>
<td>12. anterior</td>
<td>Apical</td>
</tr>
</tbody>
</table>

References