MPI Report Checklist (SPECT and PET)

☐ Facility Information (name, address and phone number)
☐ Patient Demographics (name, age/date of birth, gender, height and weight/BMI)
☐ Referring and Interpreting Physician
☐ Date of Procedure
☐ Clinical Indication (purpose for the test)
☐ Name of Procedure (pharmacologic or exercise MPI)

☐ Description of Procedure
  ☐ 1 or 2 day, rest/stress or stress/rest, gated or non-gated
  ☐ Administered radiopharmaceutical
    ☐ Identity (Tc99m Myoview)
    ☐ Exact amount administered (XX.X mCi)
    ☐ Route of administration (intravenous)
  ☐ Administered pharmaceutical (non-radioactive)
    ☐ Identity (regadenoson, aminophylline, adenosine, etc)
    ☐ Exact amount administered
    ☐ Route of administration (intravenous)
    ☐ Time of pharmaceutical administration relative to radiopharmaceutical administration
  ☐ Description of stress test procedure and results
    ☐ Identity of stress protocol (Bruce, Modified Bruce, Regadenoson, etc.)
    ☐ Stress duration (total exercise/infusion time)
    ☐ % maximum predicted heart rate (MPHR)
    ☐ Reason for termination of stress
    ☐ Rest and peak stress heart rate
    ☐ Rest and peak stress blood pressure
    ☐ Rest and peak stress ECG findings
    ☐ Symptoms during exercise or pharmacologic stress or lack thereof

☐ Description of Image Results (Findings)
  ☐ Description of image quality
- excellent, good, or poor
- suboptimal or limited studies

**Perfusion results**
- Size/extent of defect (small, medium or large)
- Severity/intensity of defect (mild, moderate or severe)
- Location (recommend using 17-segment model)
- Type (reversible, fixed or mixed)

**Note: Size, severity, location and type of all perfusion defects must be described**

**Function results**
- Quantitative left ventricular ejection fraction (LVEF)
- Description of regional/global wall motion to include location and type if abnormal (normal, hypokinesis, akiniesis, or dyskinesis)

**Summary of Results (Impression)**
- Summary of perfusion results (normal or abnormal; if abnormal also must state description of apparent perfusion abnormalities)
- Summary of function results (normal or abnormal quantitative LVEF)
- Comparison to previous result
- Any clinical correlation if necessary

**Signature of Interpreting Physician** (electronic or handwritten)

**Date of Report** (if handwritten signature must be handwritten date)

**Note: Date of report is the date the report is proofread and finalized by the interpreting physician.