Critical data elements for Exercise MPI
Forms the basis of the final report

Indications:
- Diagnosis of coronary artery disease
- Evaluation of severity of coronary artery disease
- Risk stratification - post MI/preoperative/multiple risk factors
- Assessment of acute chest pain
- Evaluation of myocardial viability

Clinical History:
- Known coronary artery disease
- No known coronary artery disease
- Typical angina
- Atypical chest pain
- SOBOE
- Heart failure
- Asymptomatic
- New LBBB

Risk factors (optional):

Procedure:
- Protocol
- Time on the treadmill
- Reason for termination
- Peak heart rate
- % maximal predicted heart rate
- BP response to exercise (only if abnormal)
- Symptoms
- Interpretation of test
- Duke Treadmill Score (optional)

For both rest and stress studies:
- Tomographic/non tomographic images
- Attenuation corrected/non attenuation corrected images
- Amount of activity injected (MBq)
- Radiopharmaceutical used
- Gated/non gated

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Clinical findings:

☐ Quality of the images
☐ Artifacts
☐ Size of the LV (rest/stress) (only report if enlarged)
☐ Transient ischemic dilatation (only report if present)
☐ Size of the right ventricle (rest/stress) (optional)
☐ Location, size (small, medium, large) and severity (mild, moderate, severe) of defects (stress/rest)
☐ % of the myocardium that is ischemic/infarcted
☐ Fixed or reversible
☐ Viability
☐ Qualitative wall motion assessment
☐ Qualitative defects
☐ LVEF at rest and stress (% if abnormal) (Normal >55%; Mildly abnormal (45-54%; Moderately abnormal: 30-44%; Severely abnormal <30%)

Impression:

☐ Include stress results (Indicate if stress test maximal or submaximal)
☐ Normal/abnormal: need to give details if abnormal
☐ Location of ischemia or fixed defect (size and severity)
☐ Viability (if applicable)
☐ LV Systolic function at rest and post stress (% of abnormal)
☐ % of the myocardium that is ischemic/infarcted
☐ Comparison to previous study