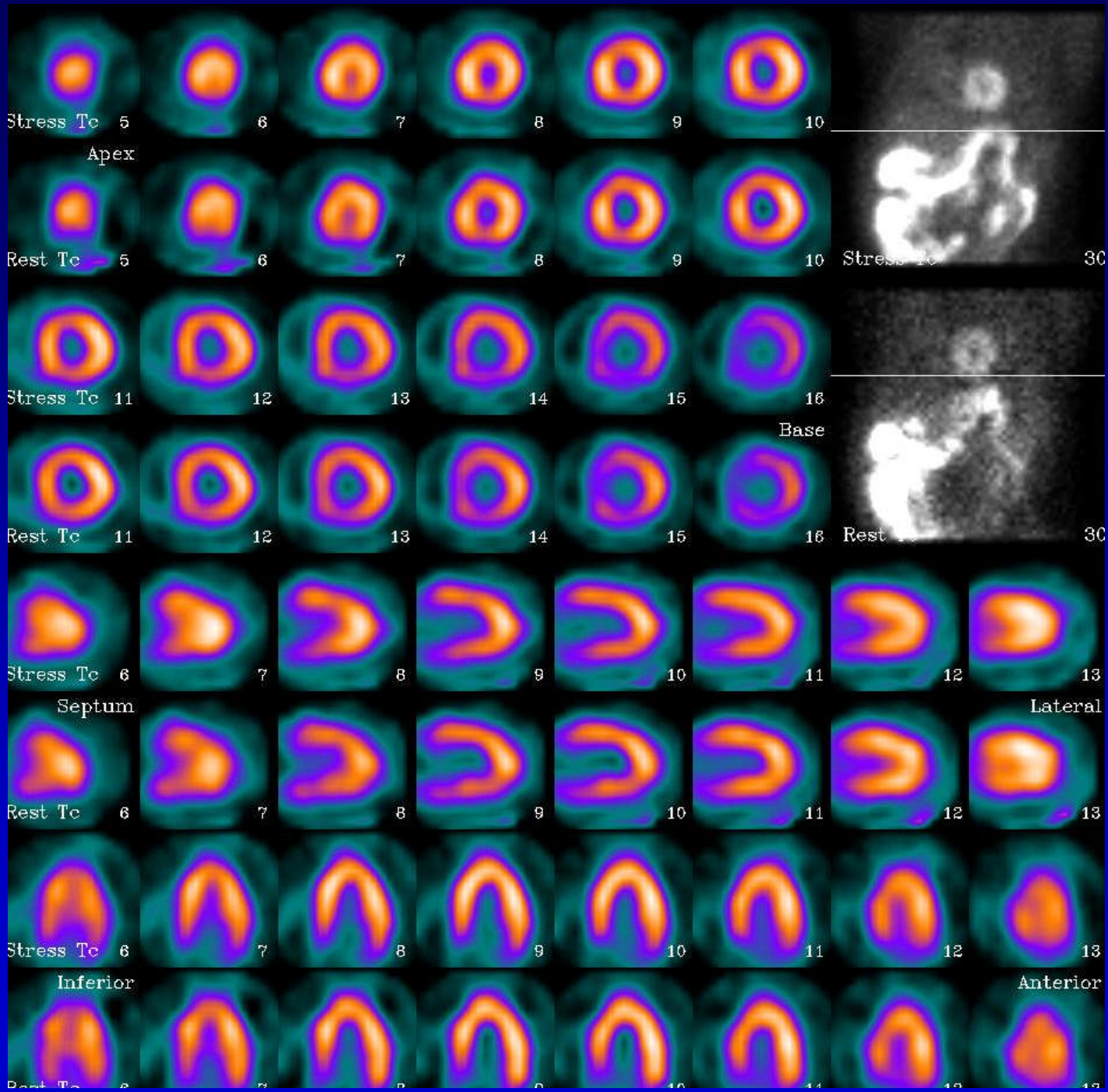
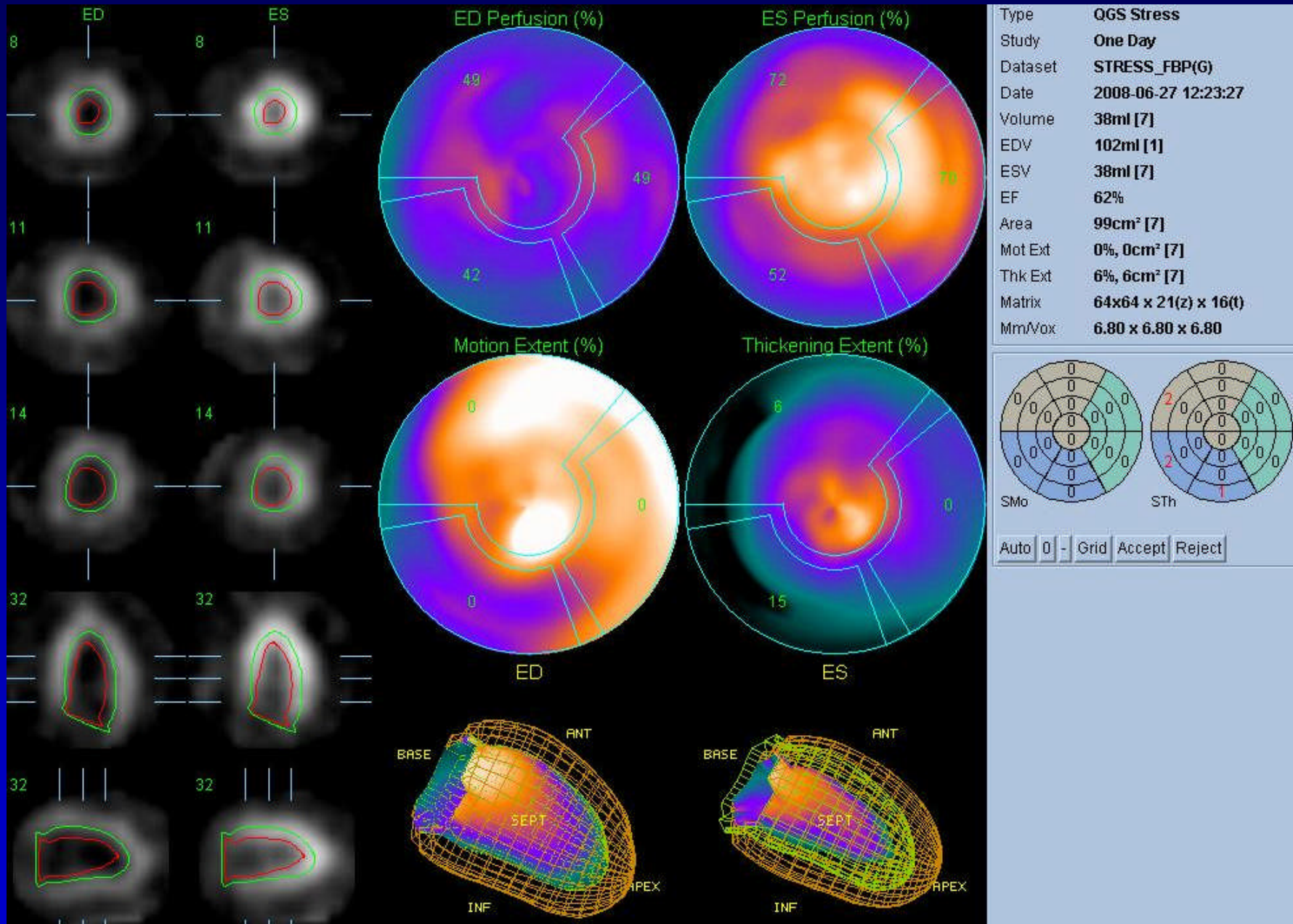
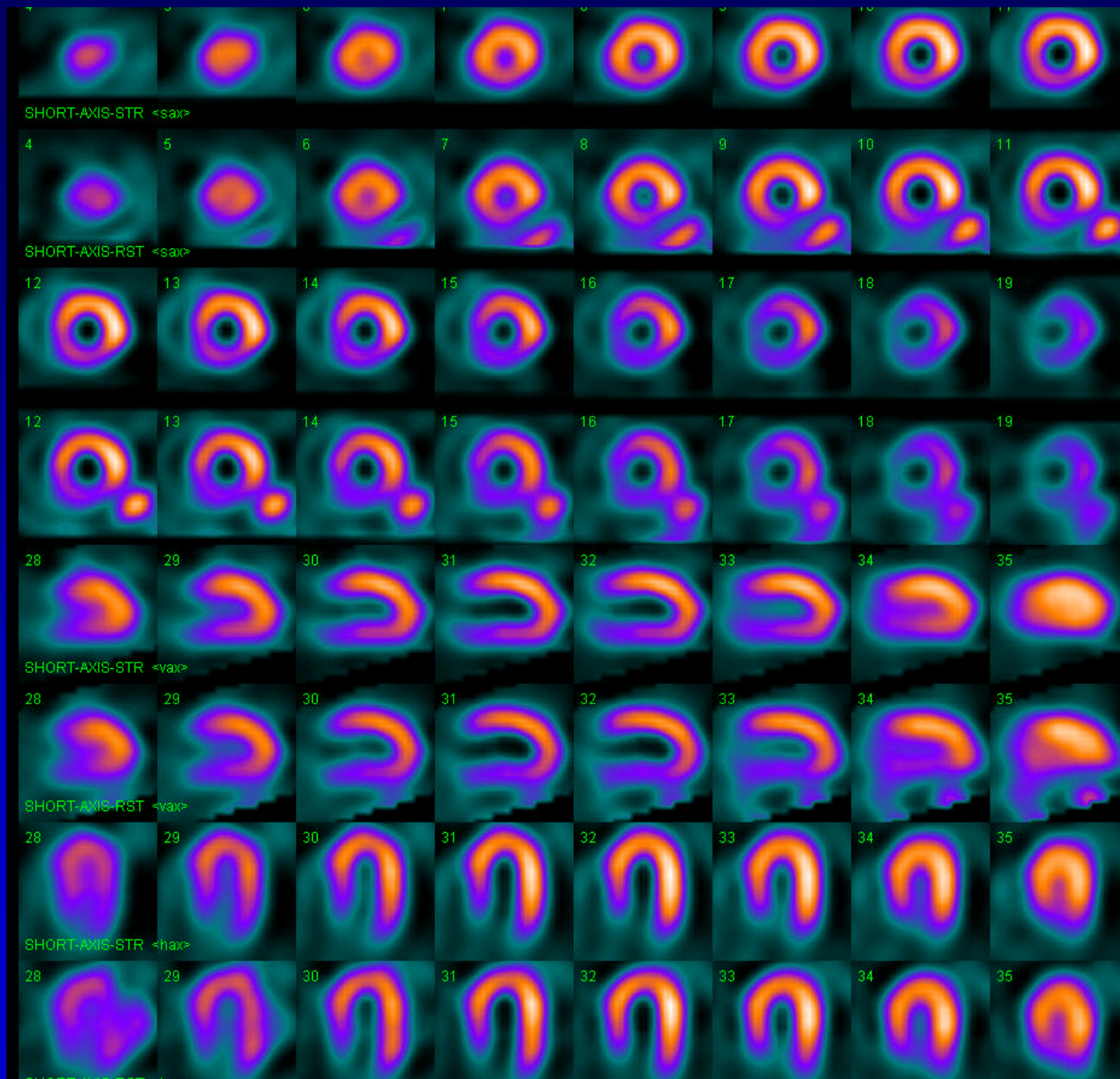


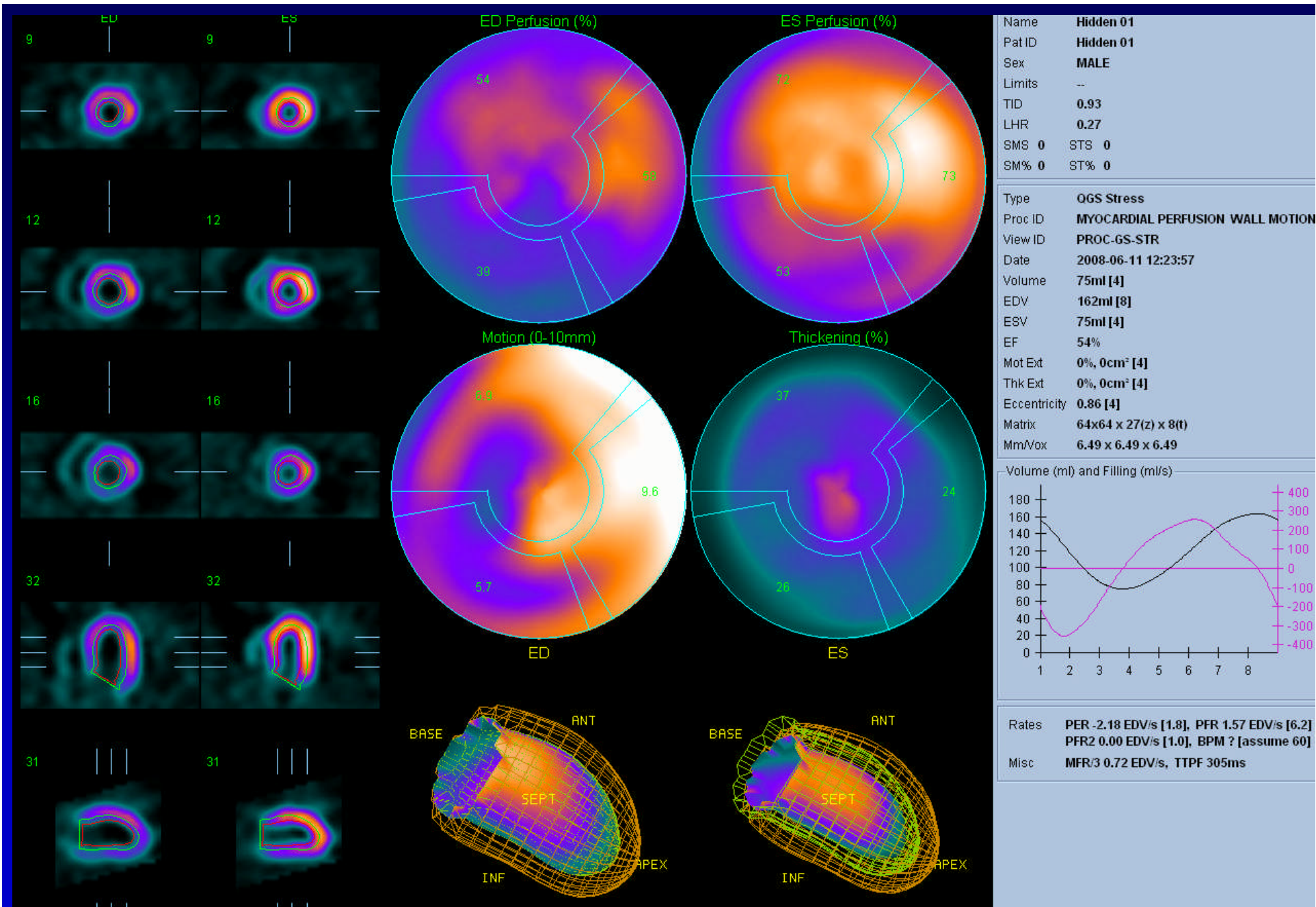
Myocardial Perfusion Imaging:
 One day rest stress protocol. After the IV administration of 10 mCi Tc 99m sestamibi / tetrofosmin, SPECT images of the heart are acquired. At peak exercise or pharmacologic (dipyridamole/ adenosine/ dobutamine) stress, 30-40 mCi of the tracer is injected and Gated SPECT images of the heart are acquired. The images are reconstructed using filtered back projection and displayed in the standard format. Perfusion and function are quantitated and EF calculated using MPI software. Normal study showing no definite evidence of reversible or fixed defects and normal left ventricular function.



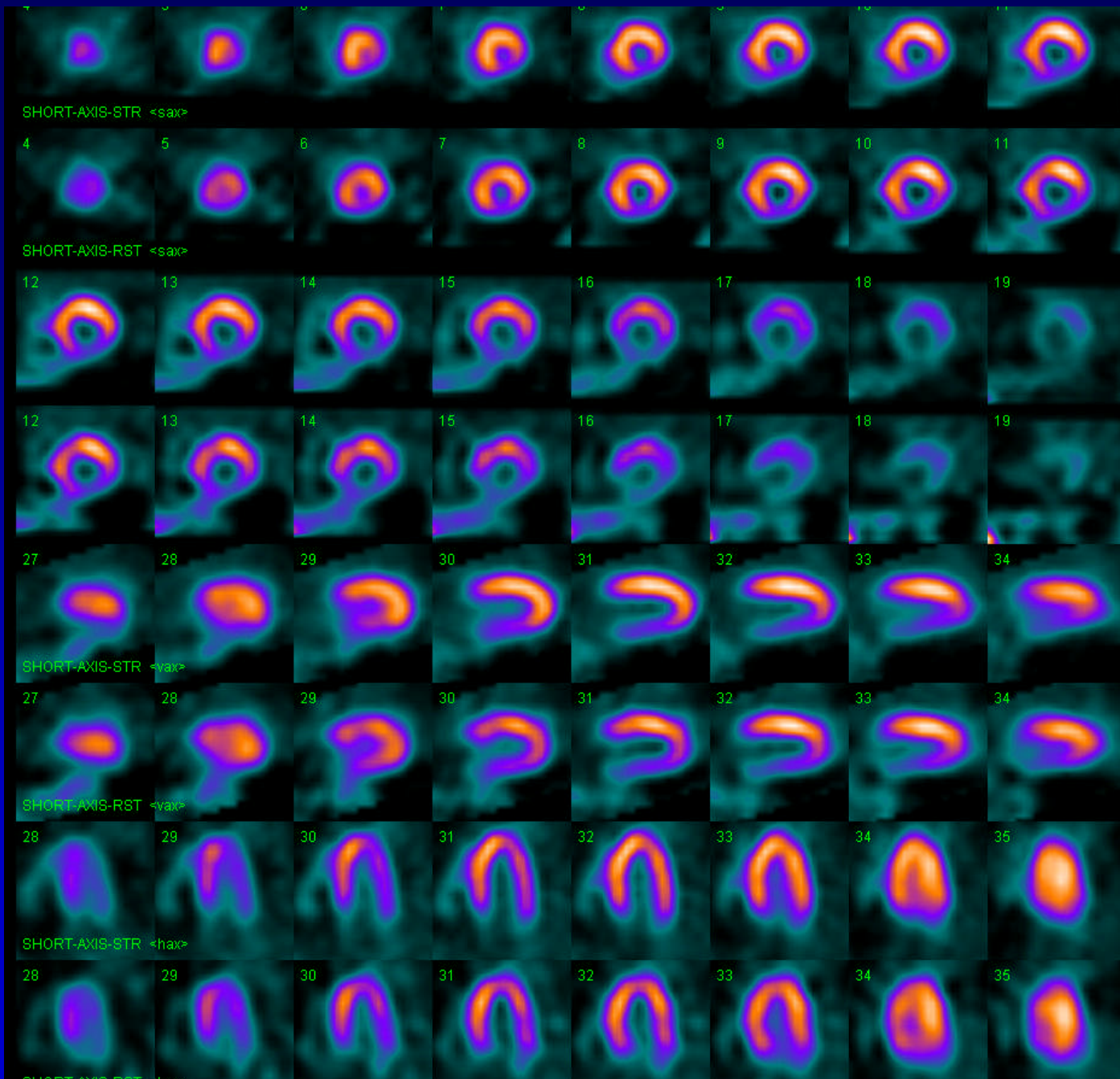


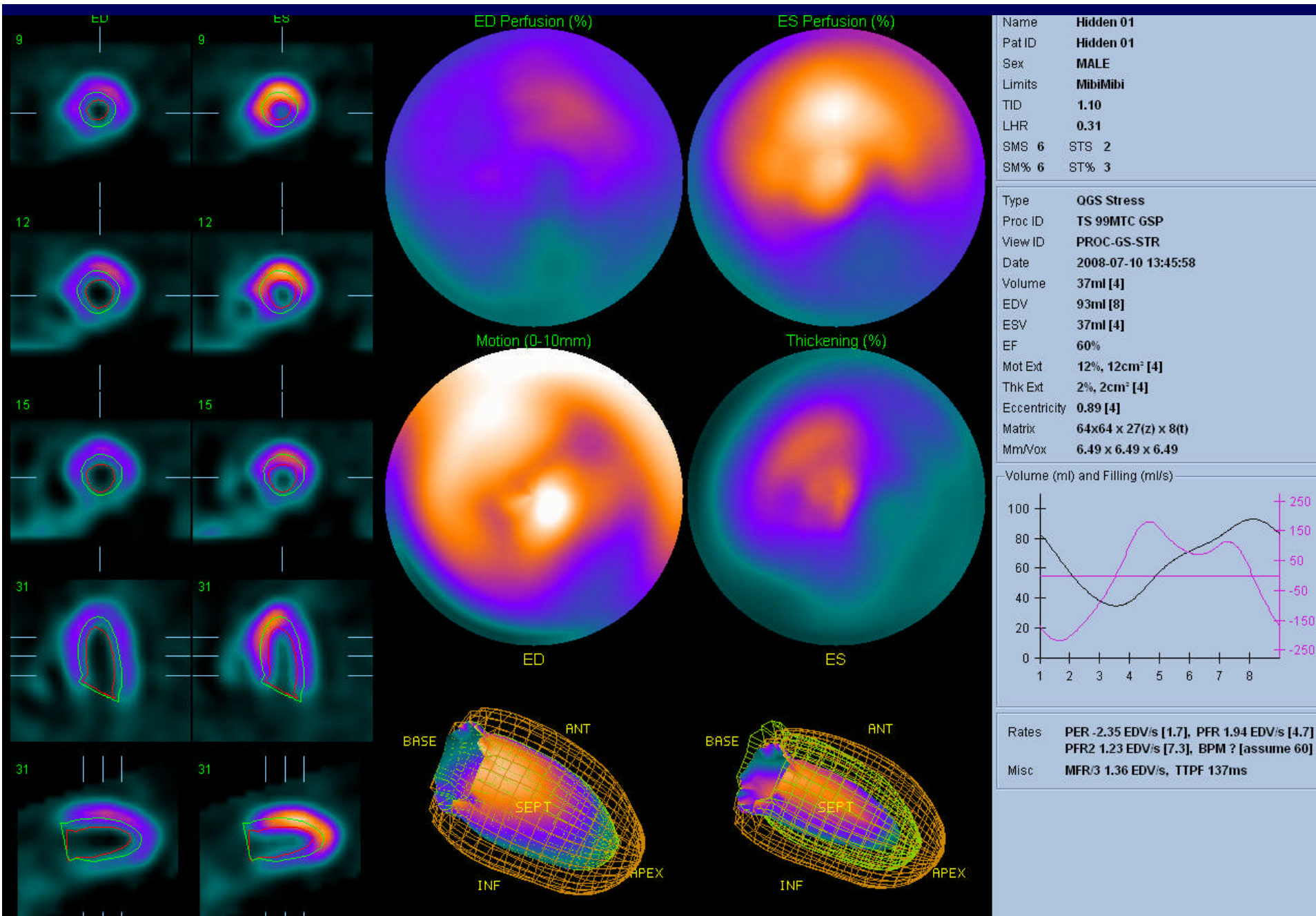
No reversible defects. Normal Function



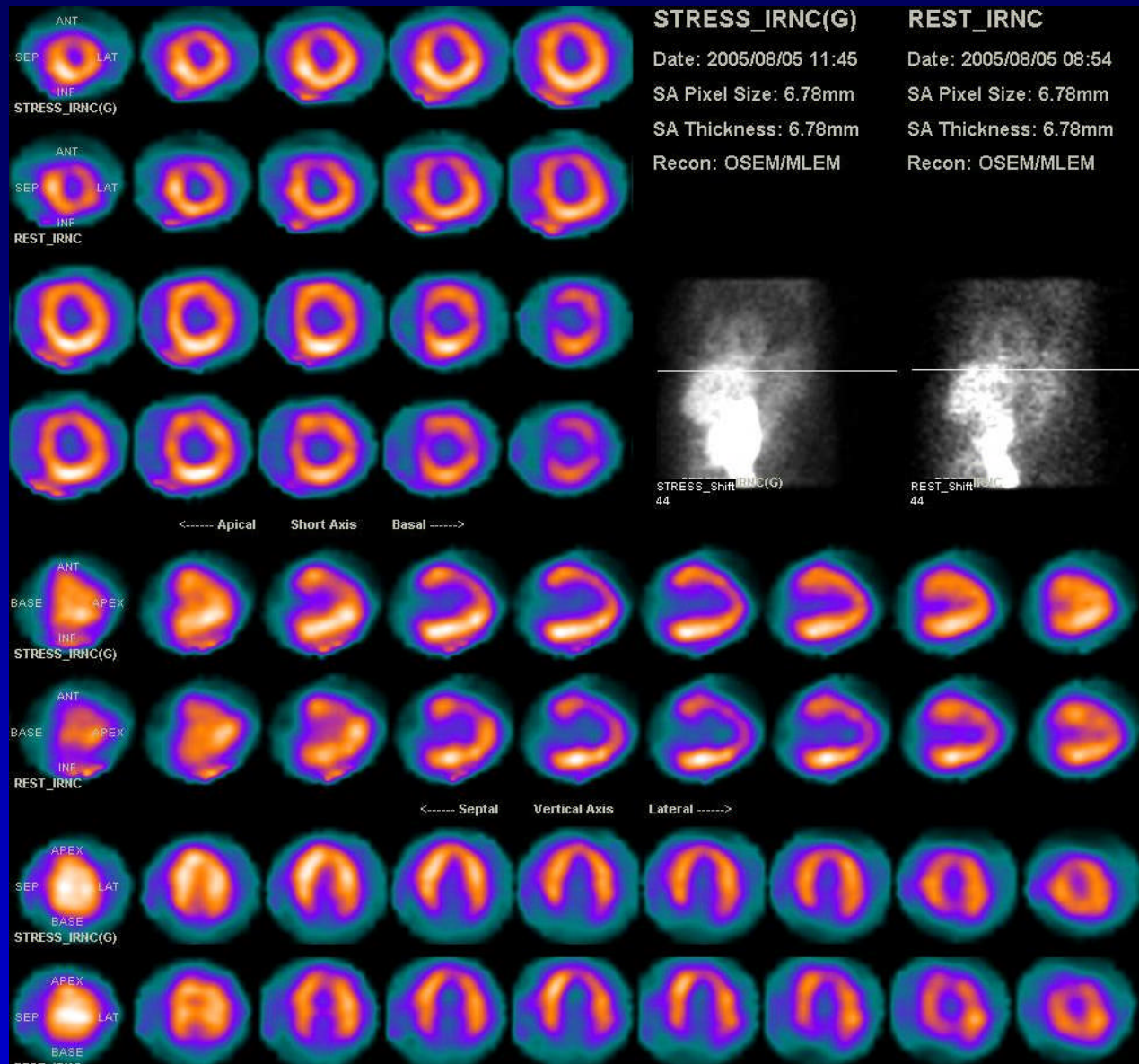


No reversible defects. Normal Function. Inferior wall attenuation

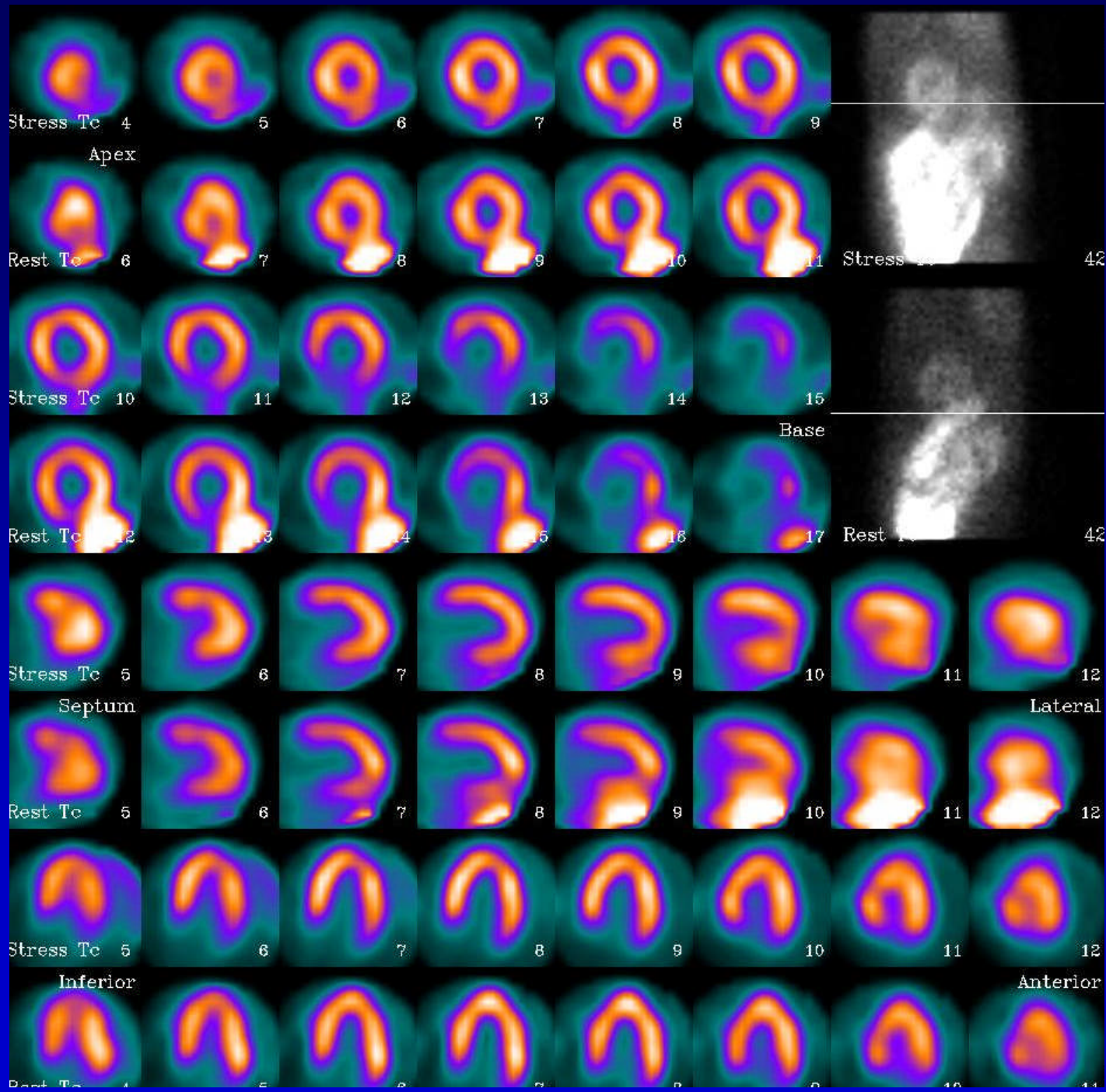


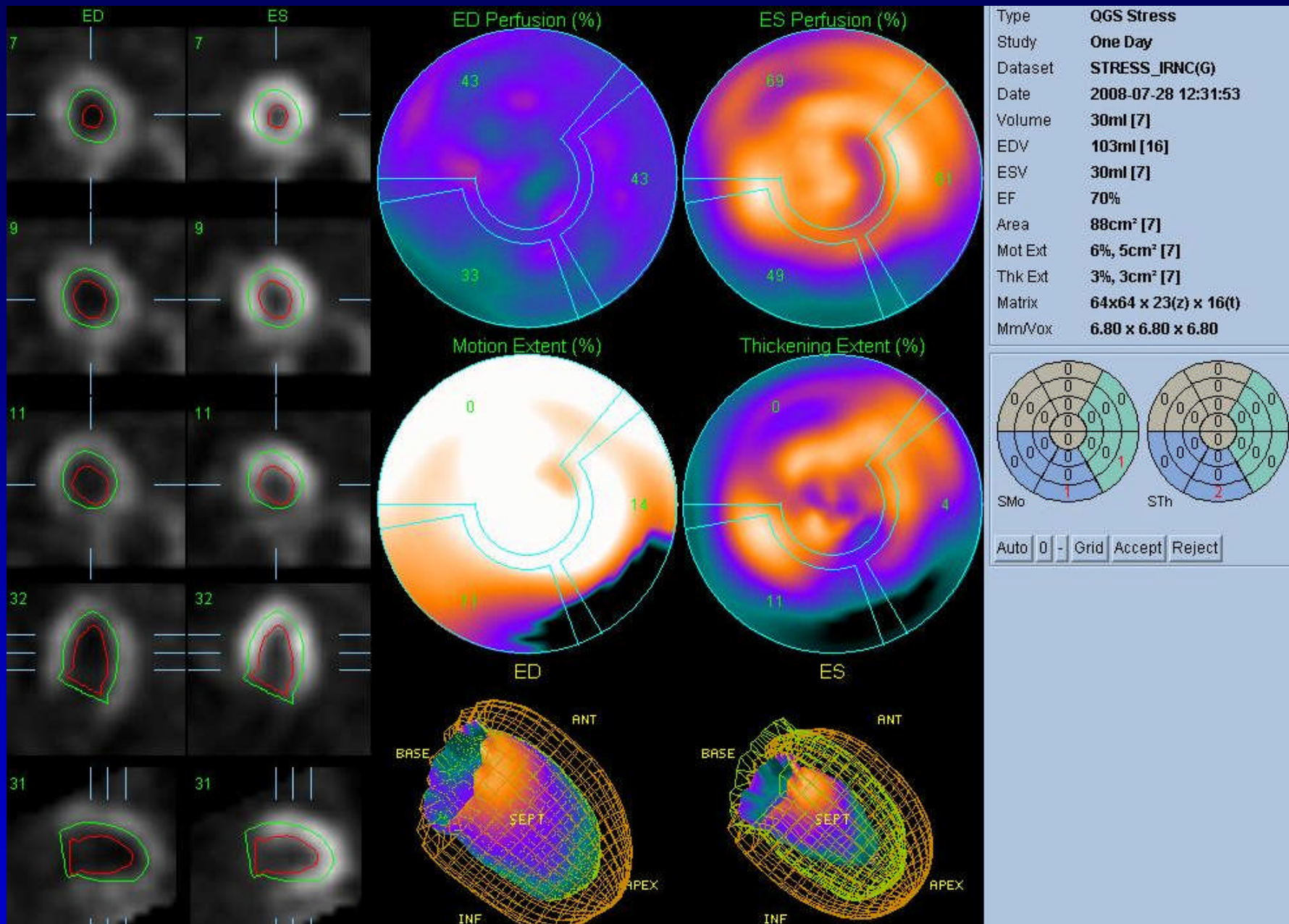


No reversible defects. Normal Function. Inferior wall attenuation

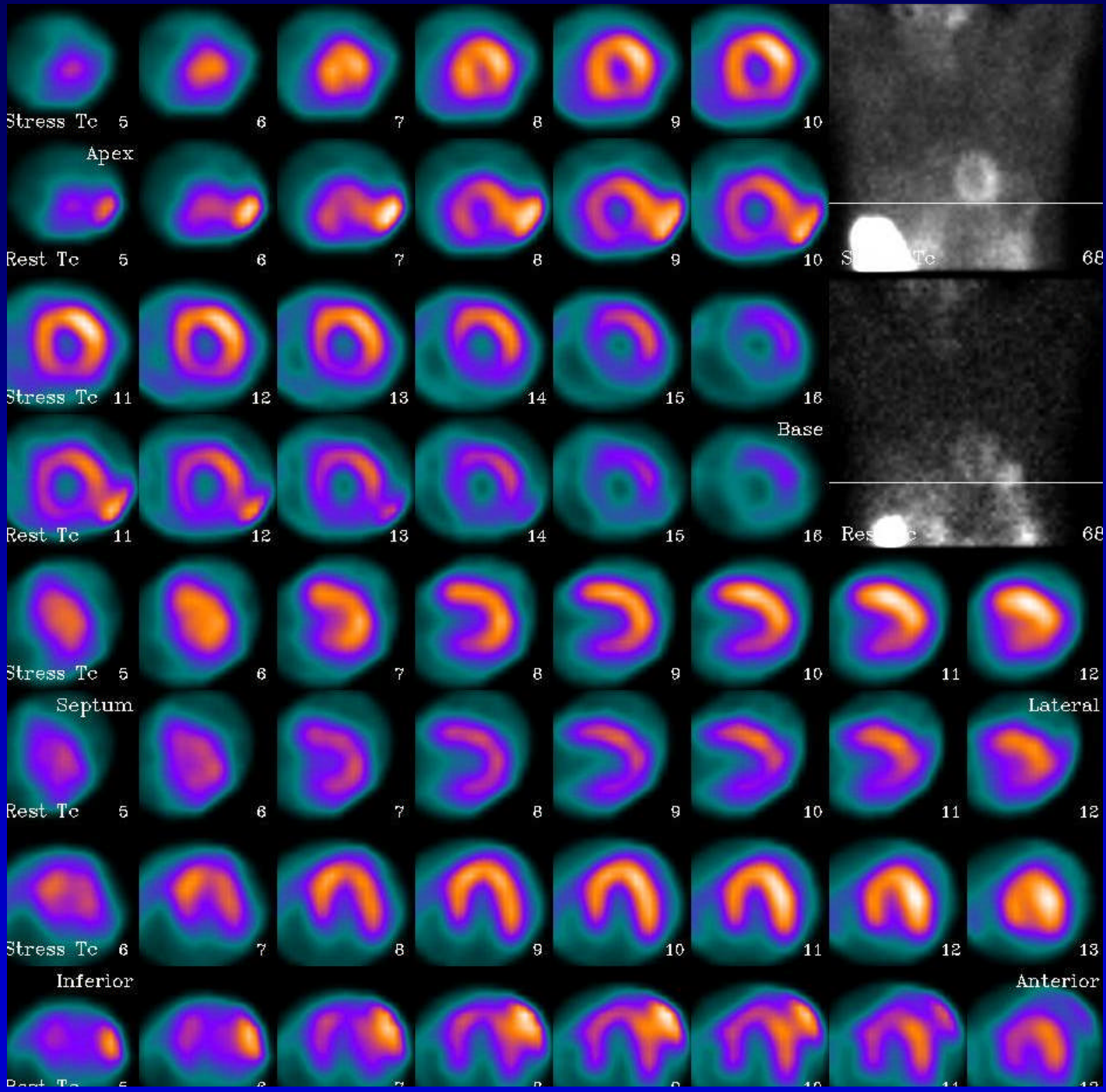


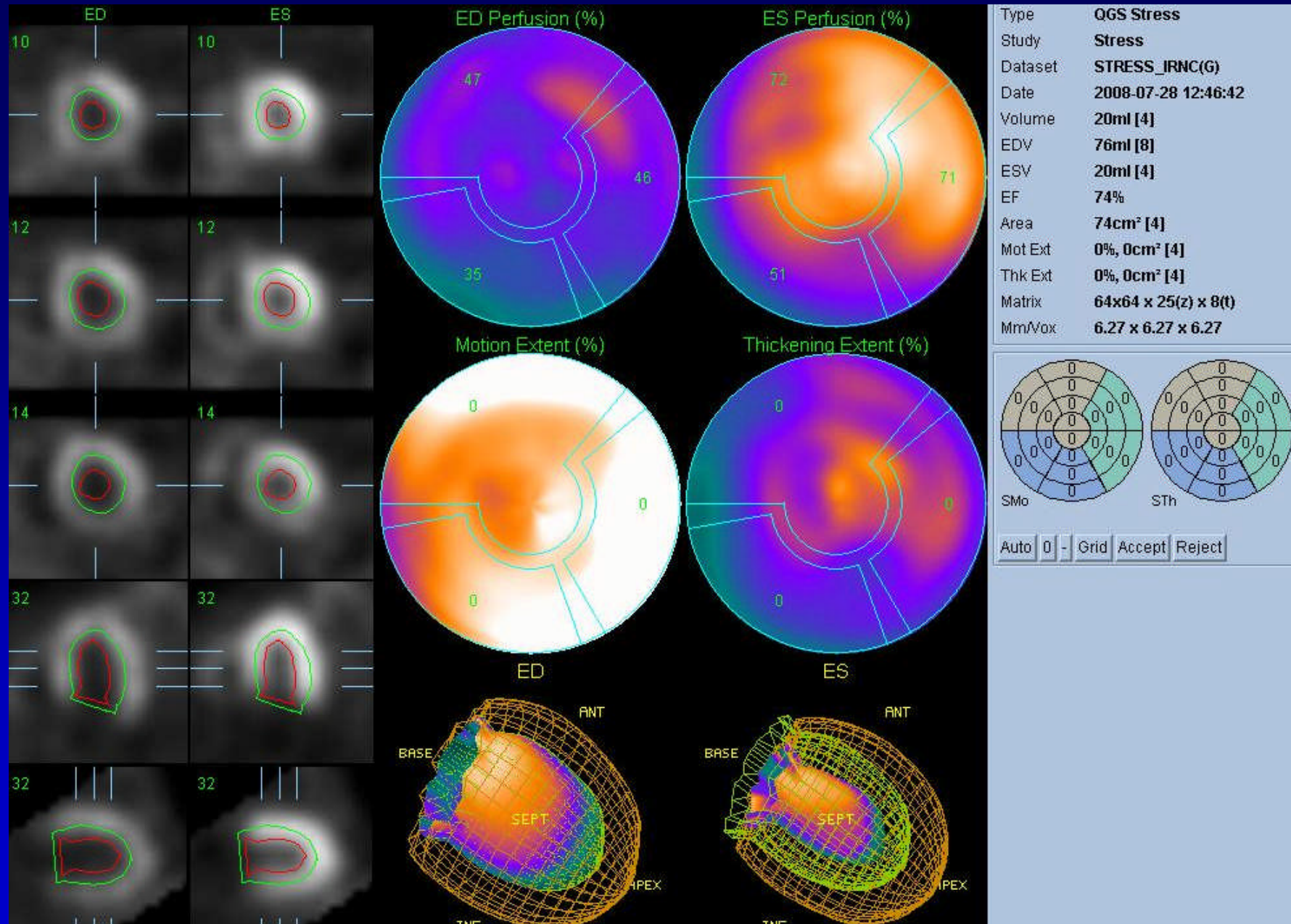
A fixed anterior wall defect which could be an attenuation artifact (breast attenuation in females) or a scar from prior MI. Correlation with Gated images is helpful in differentiation. Scar shows hypokinesis and an artifact shows normal wall motion and thickening



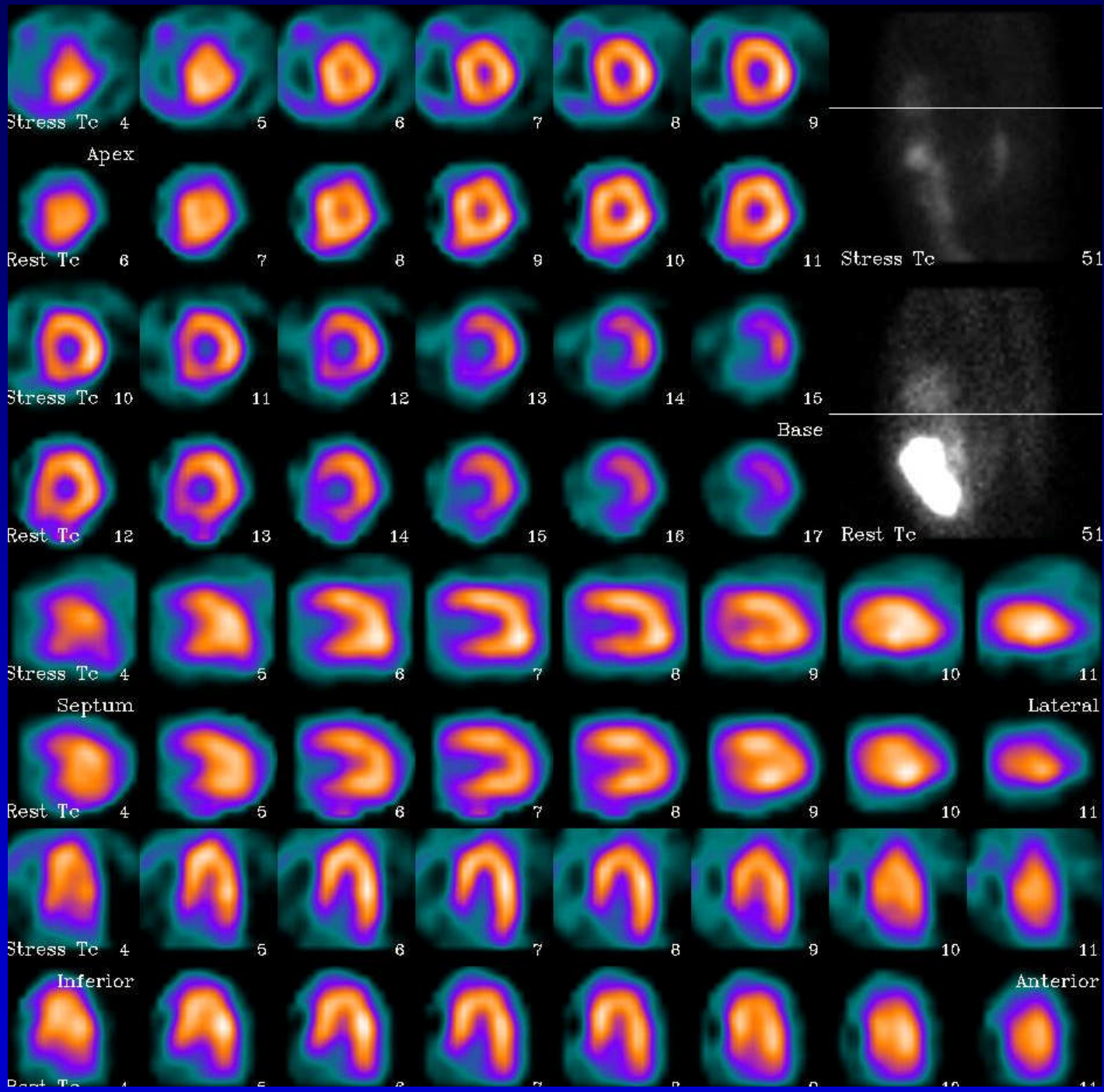


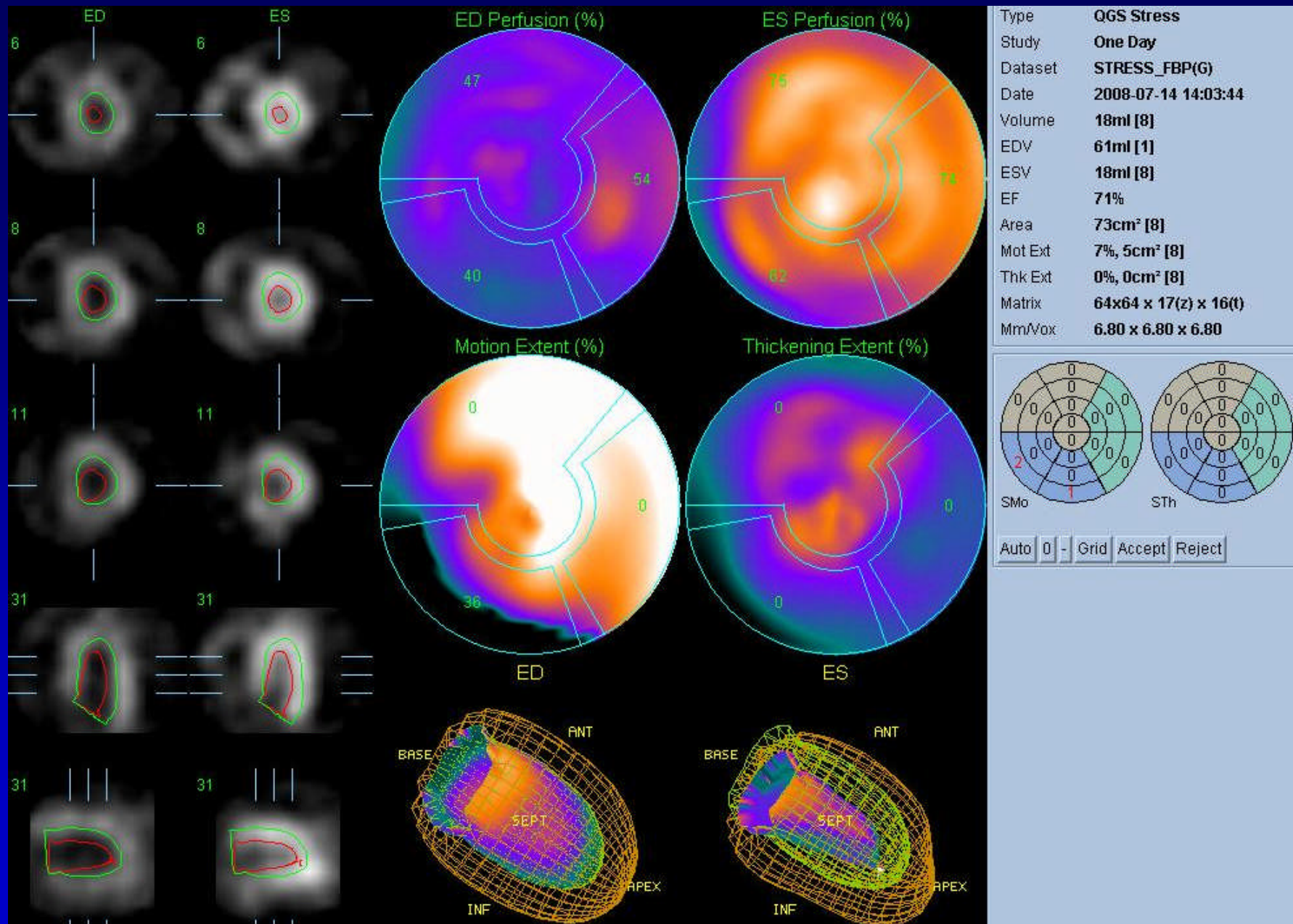
No reversible defects. Normal function. Artifactual extra-cardiac uptake in stomach



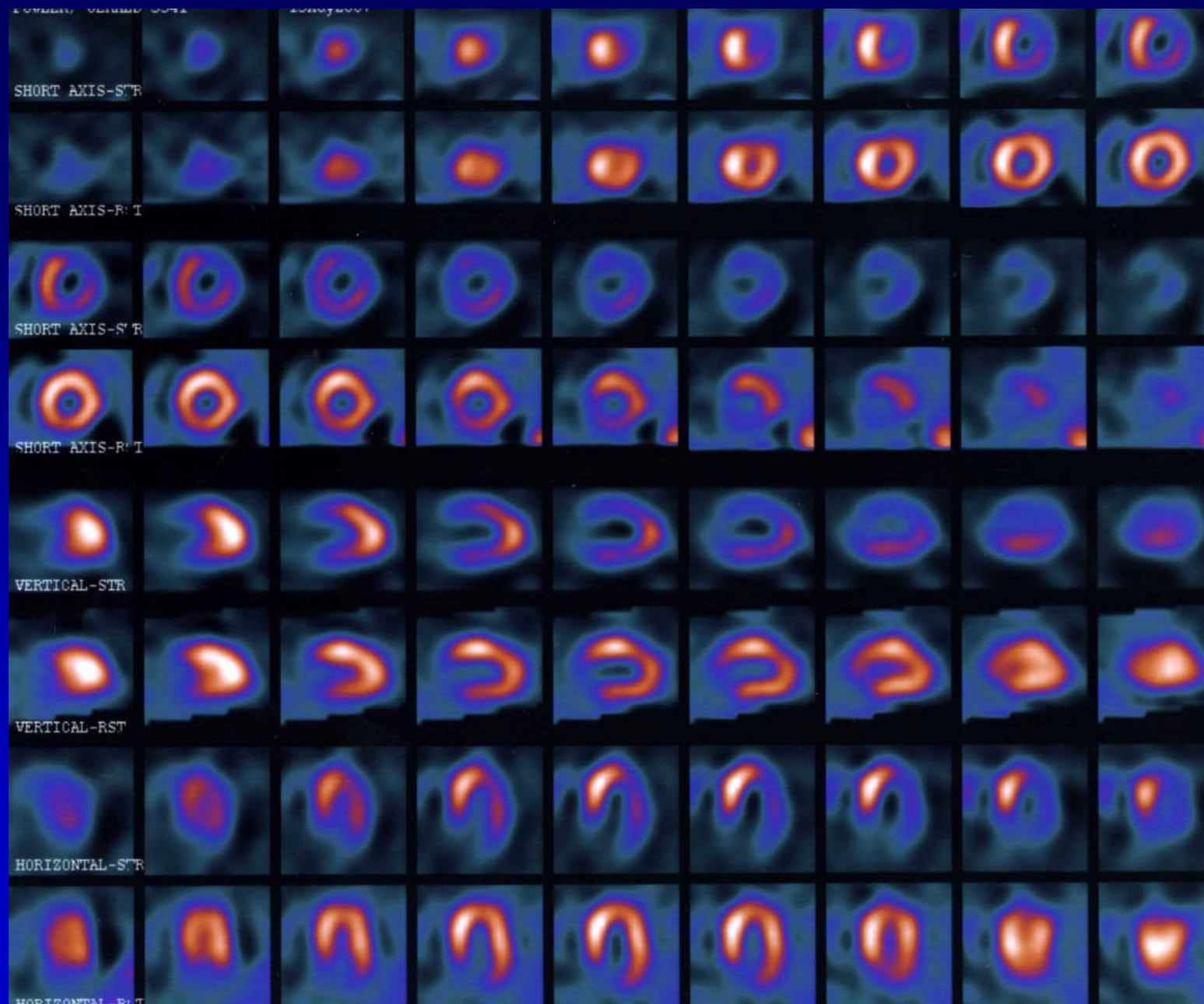


No reversible defects. Normal function. Artifactual extra-cardiac uptake in colon

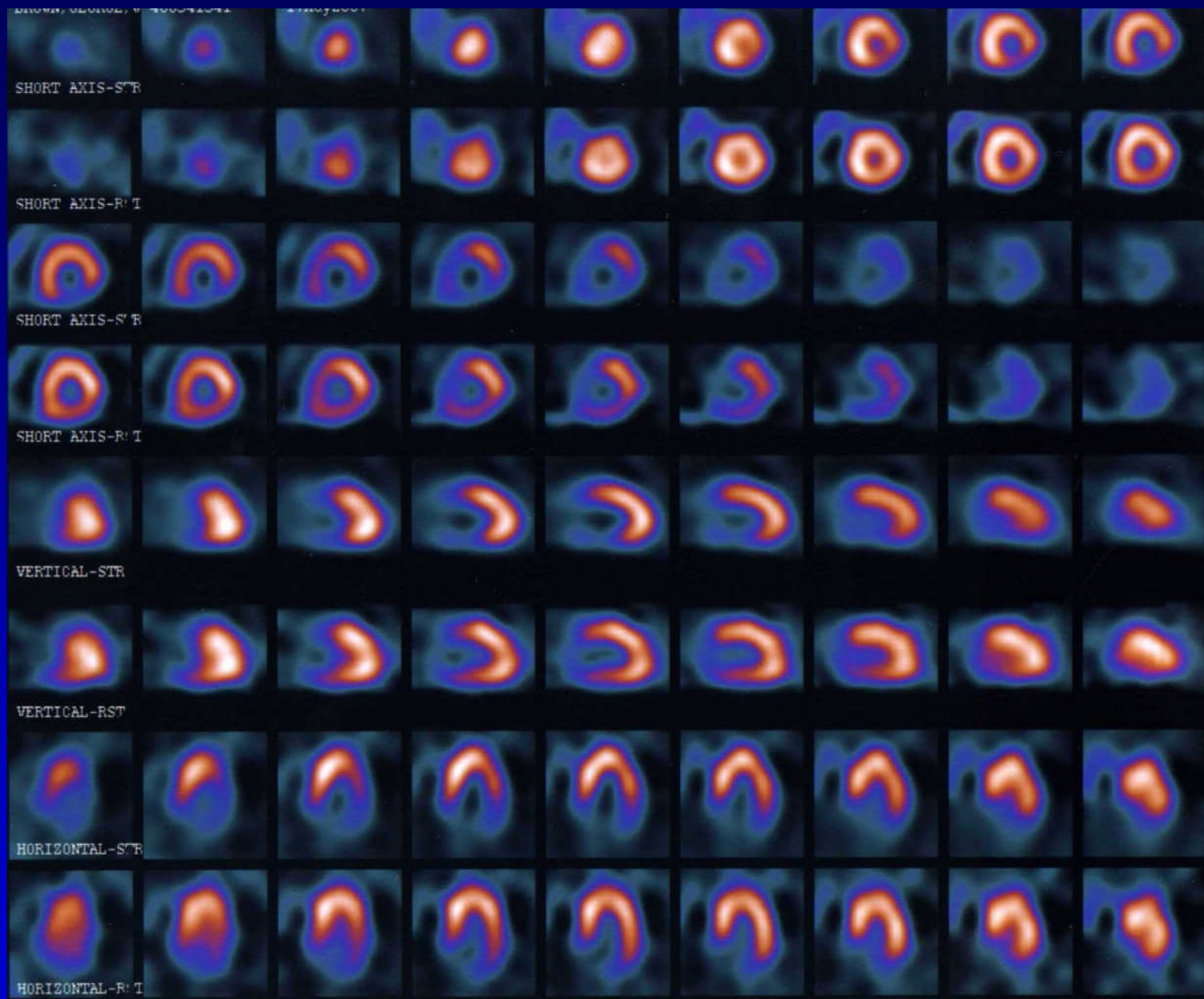




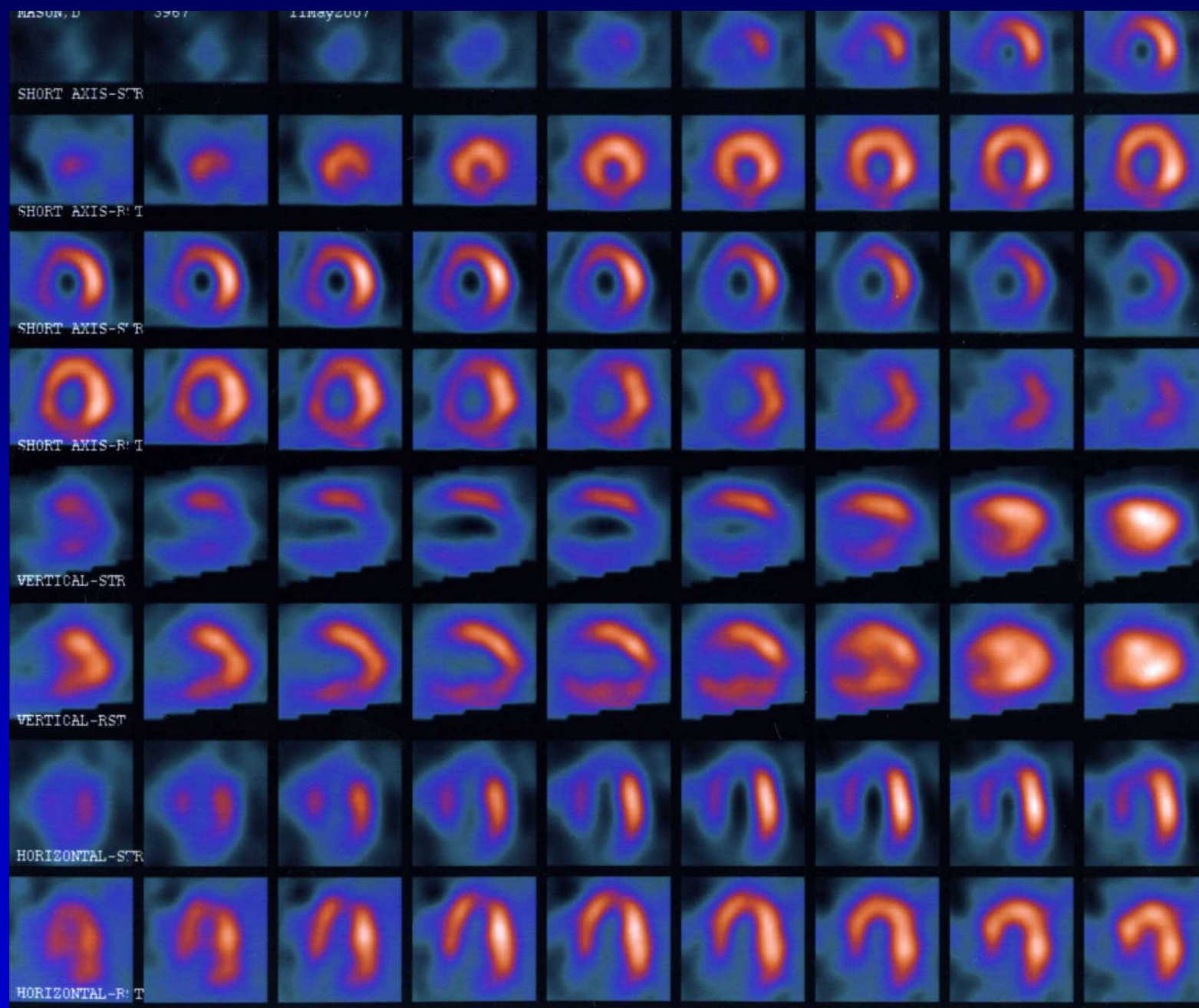
No reversible defects. Normal Function. Patient motion and Arm attenuation



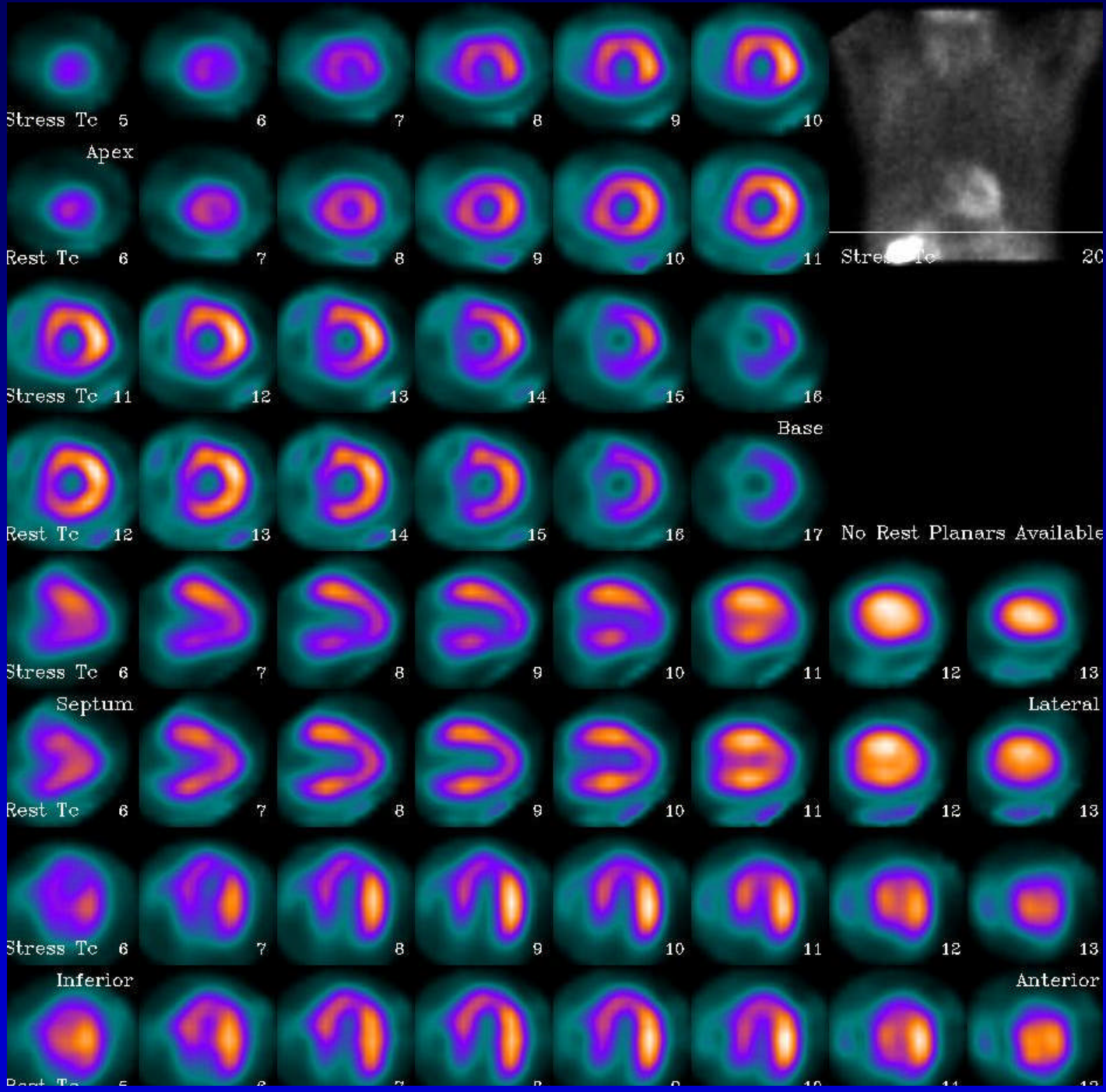
Circumflex and RCA Ischemia

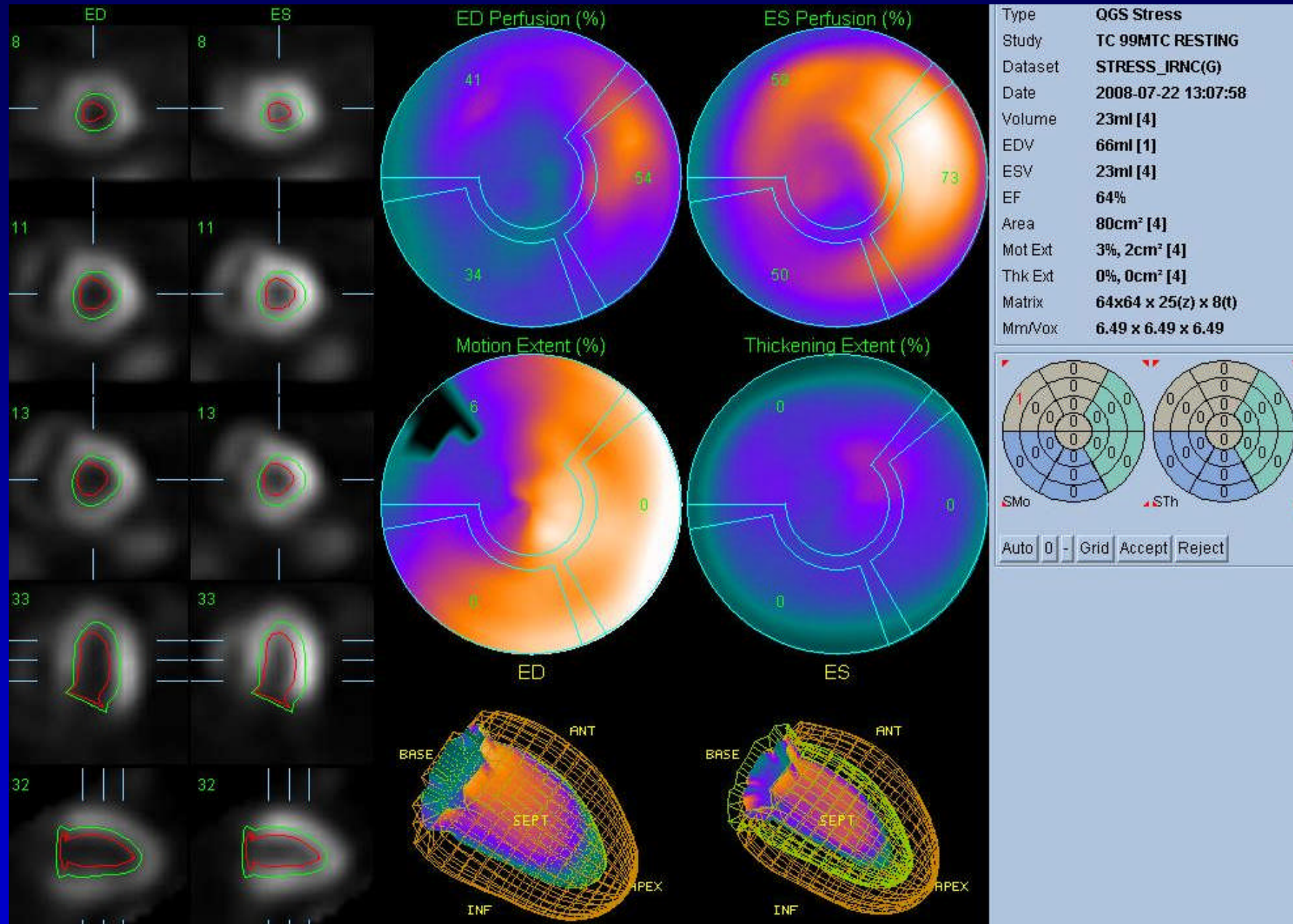


RCA and Circumflex Ischemia

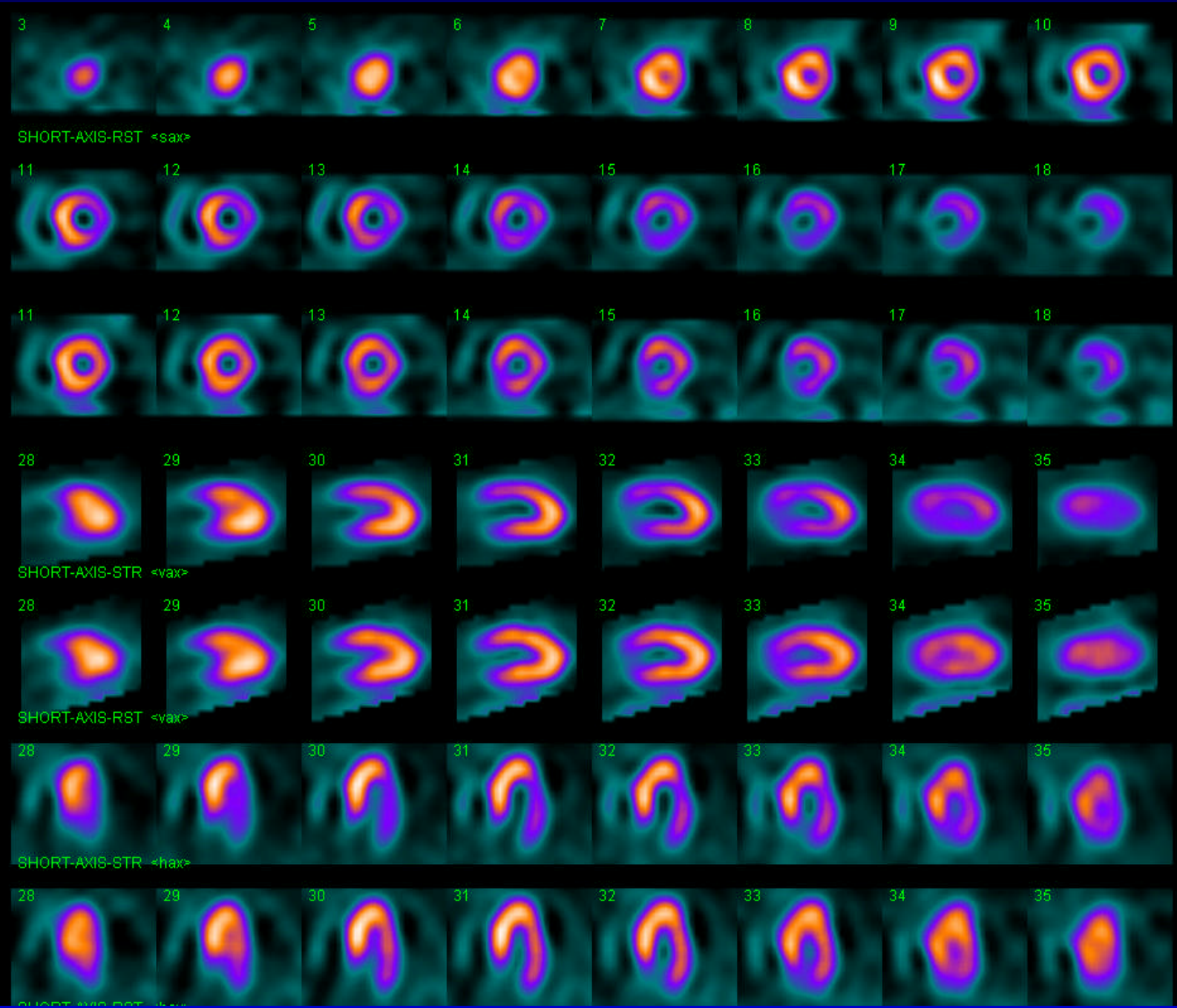


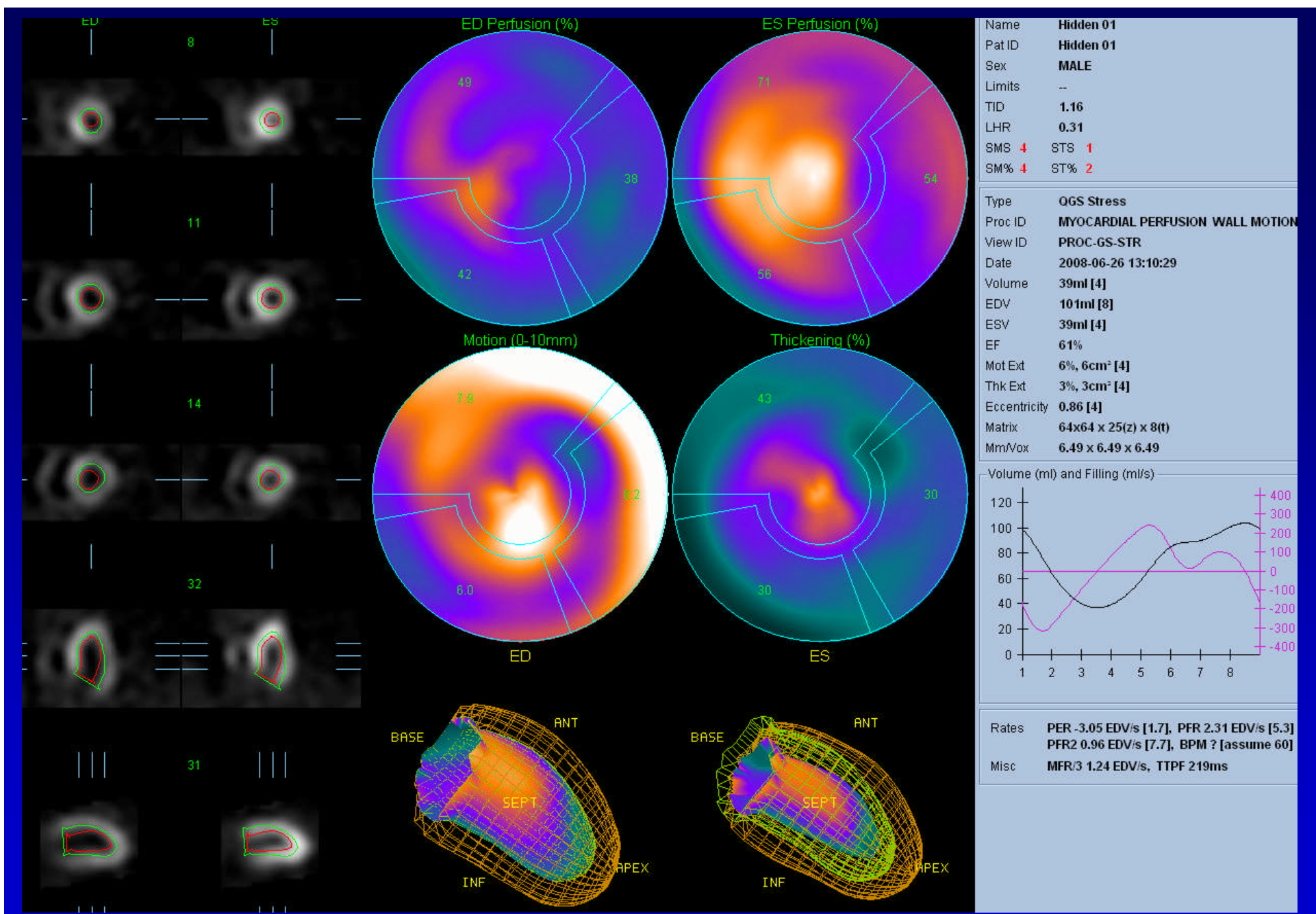
LAD and RCA Ischemia



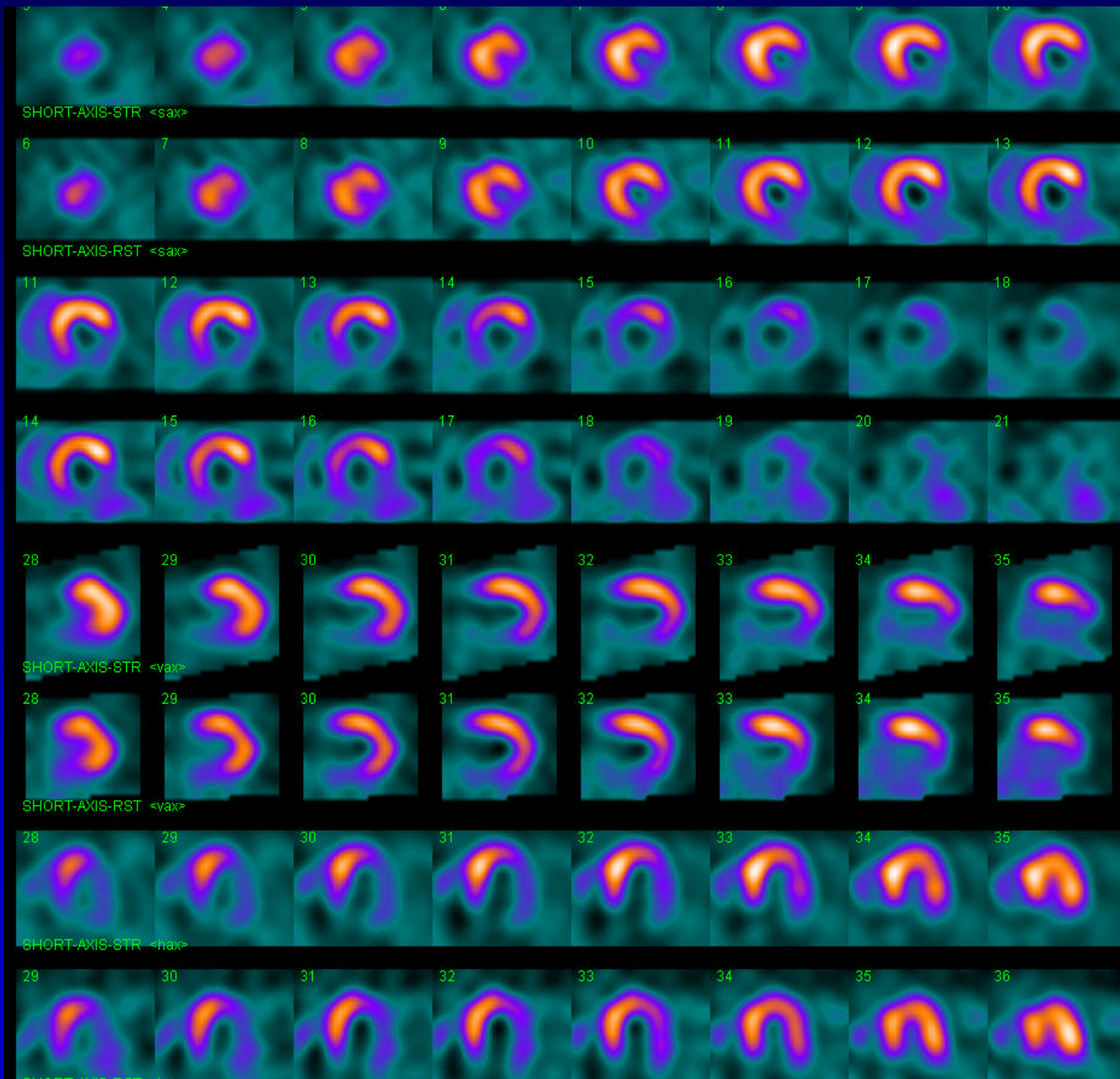


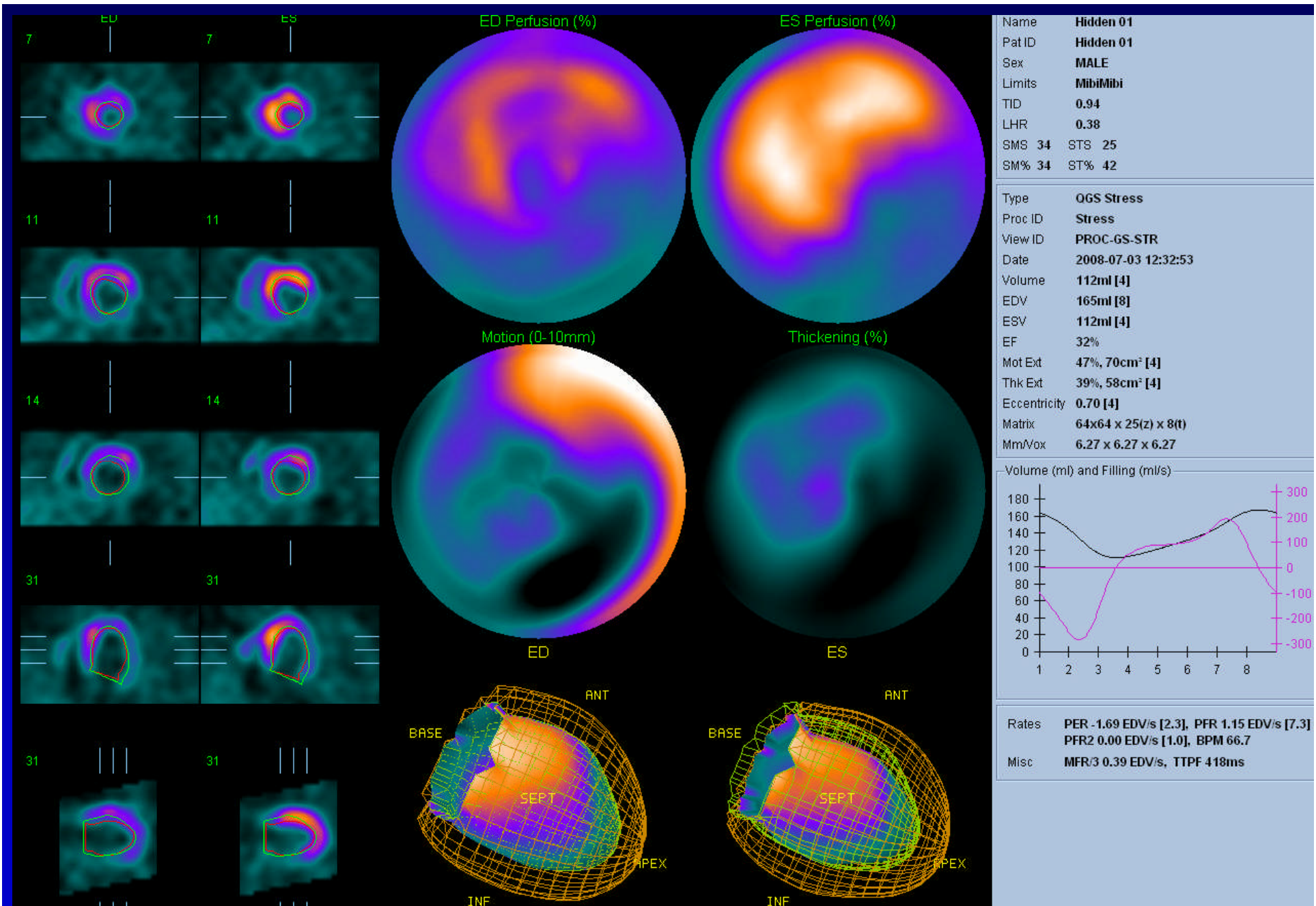
Reversible defect in the inferior wall and apex. Normal function



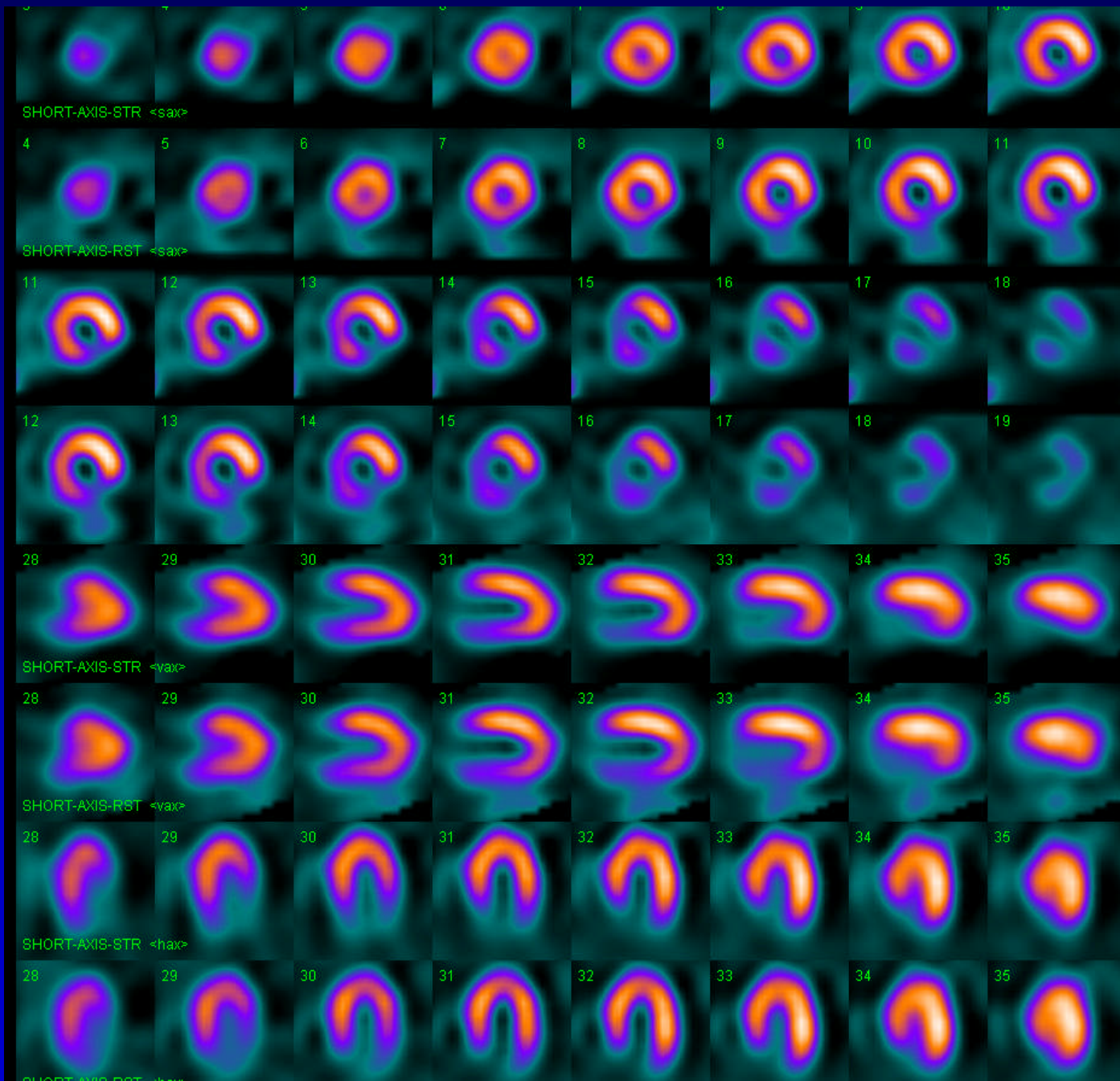


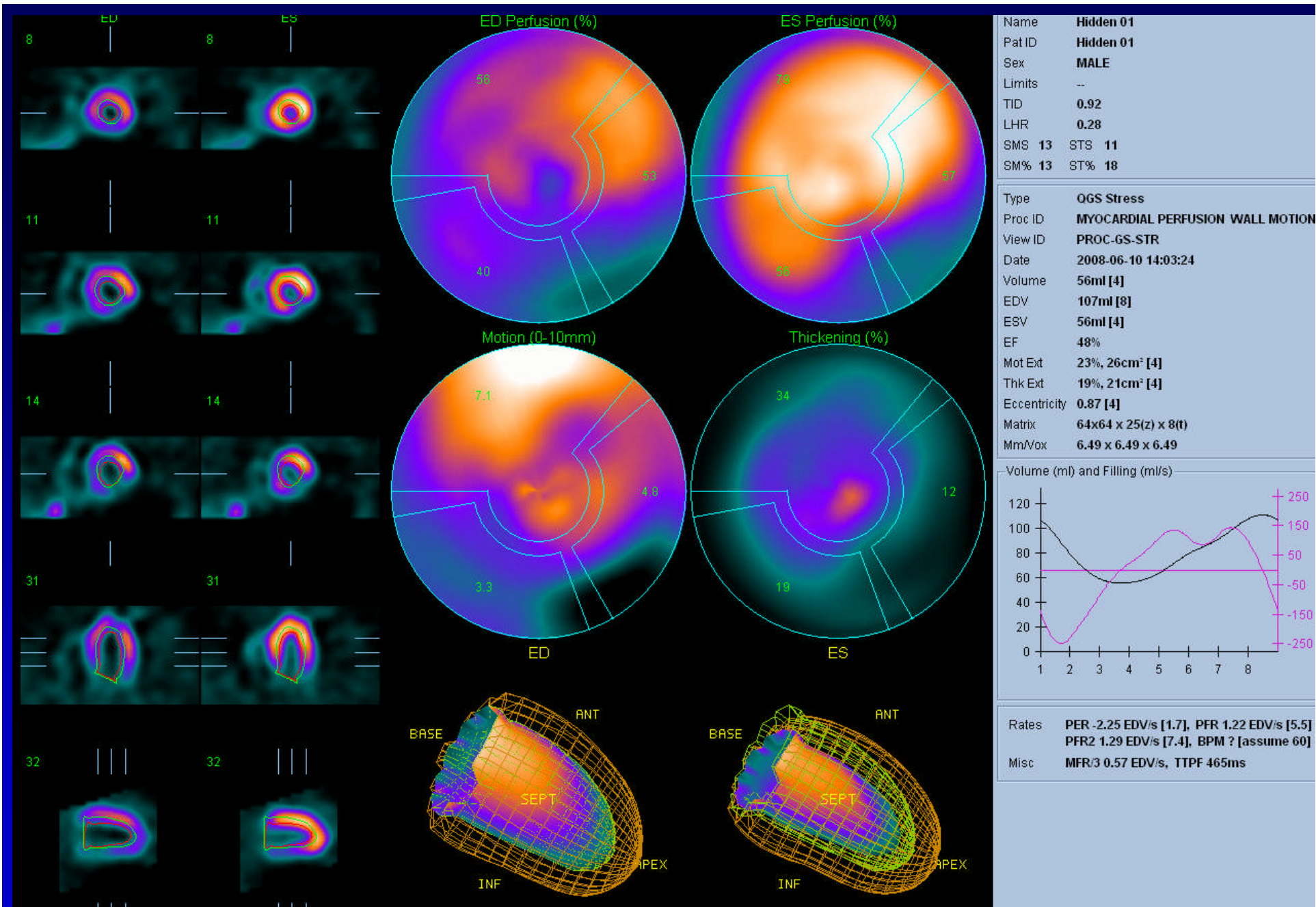
Reversible defect in the lateral wall. Normal function



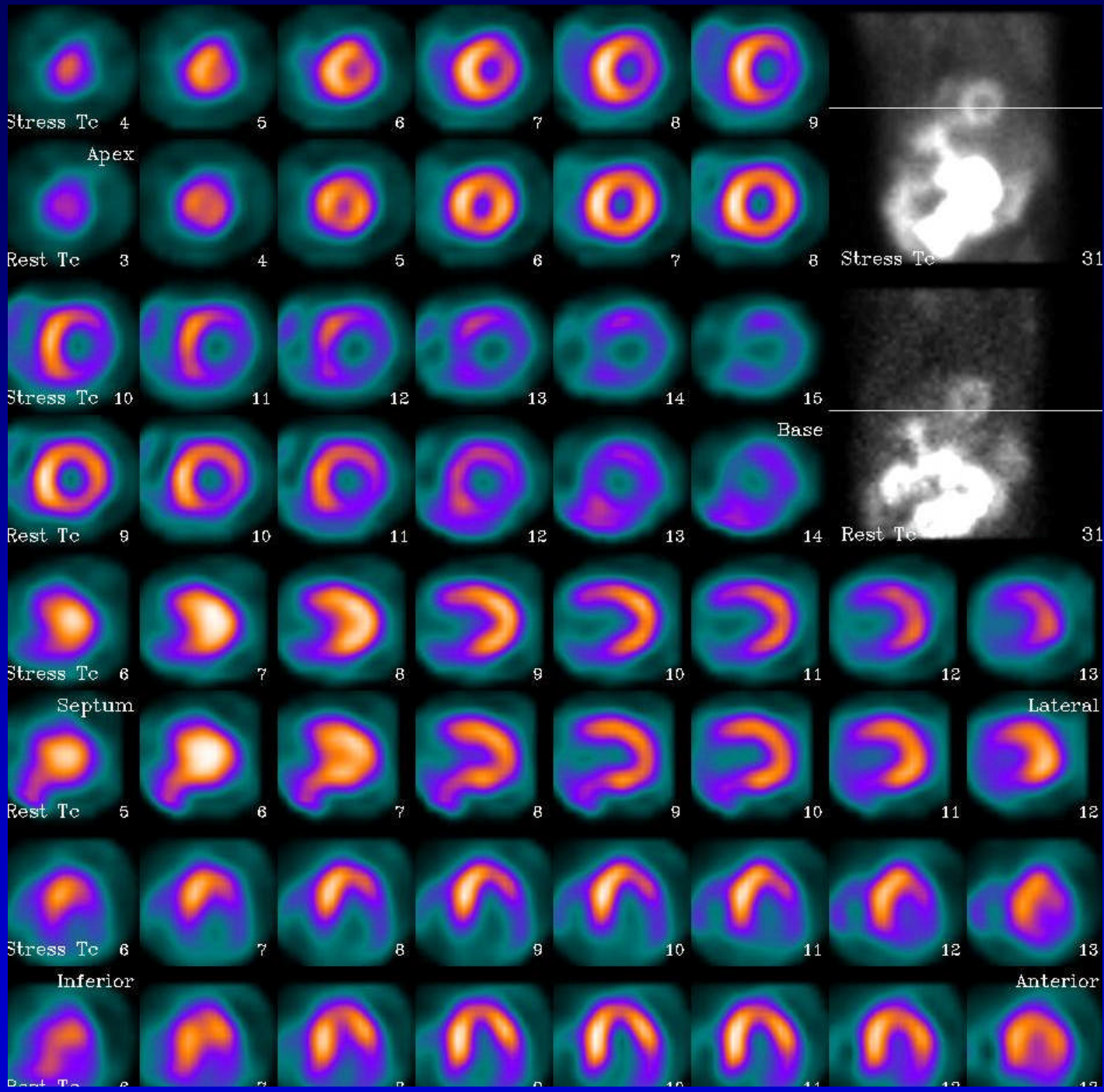


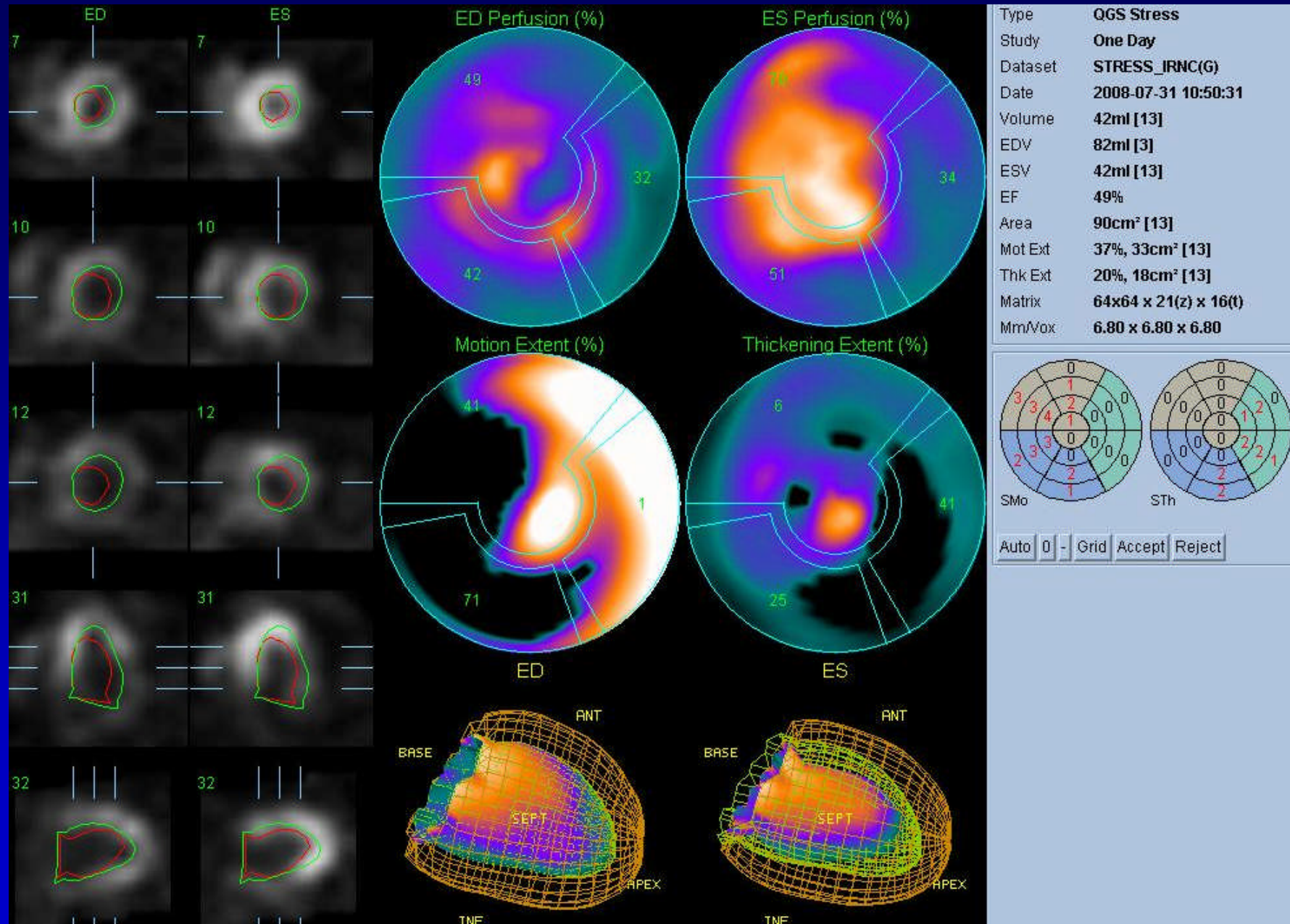
RCA Infarct. No Ischemia. Global Hypokinesia. Ischemic Cardiomyopathy



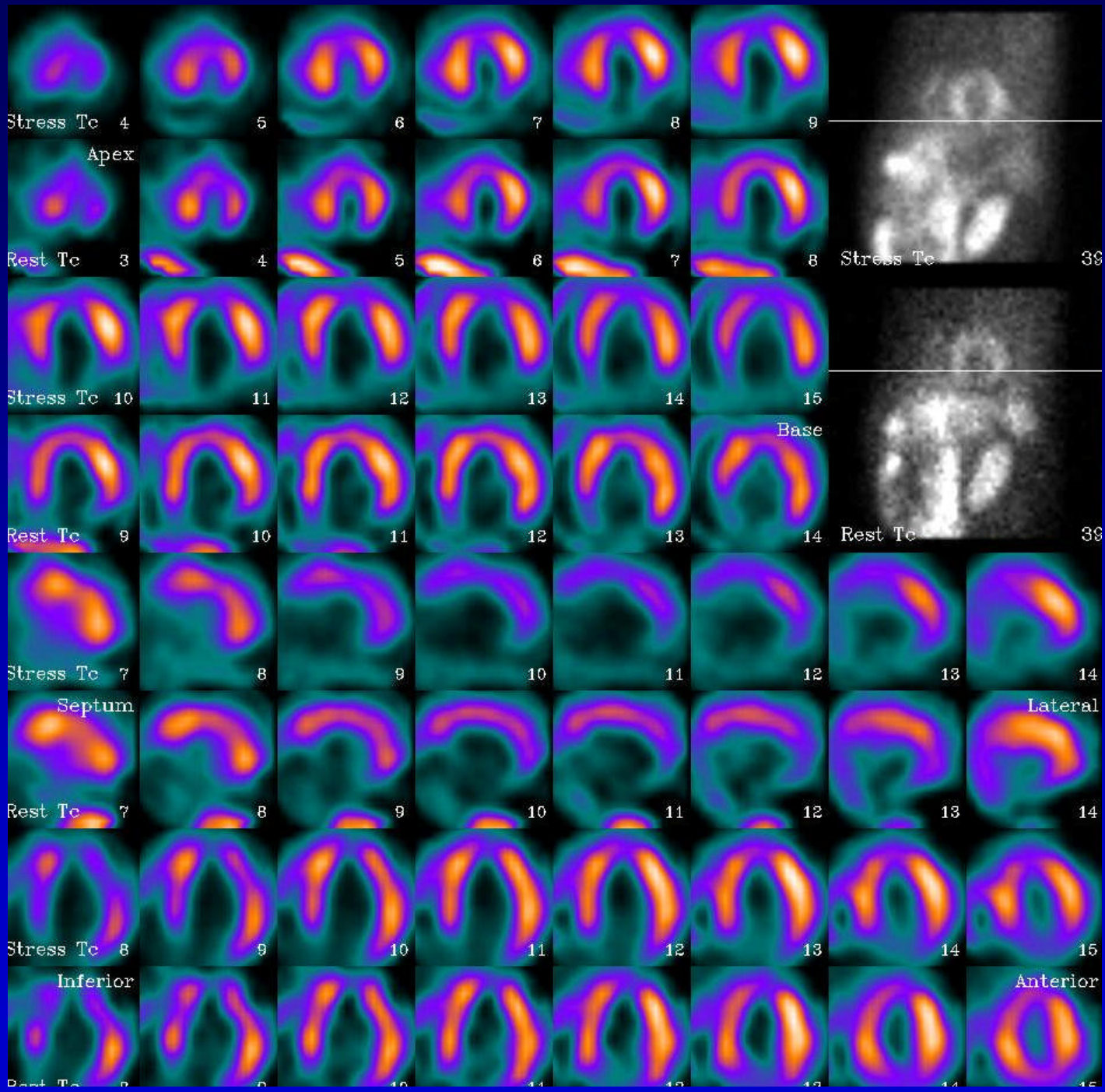


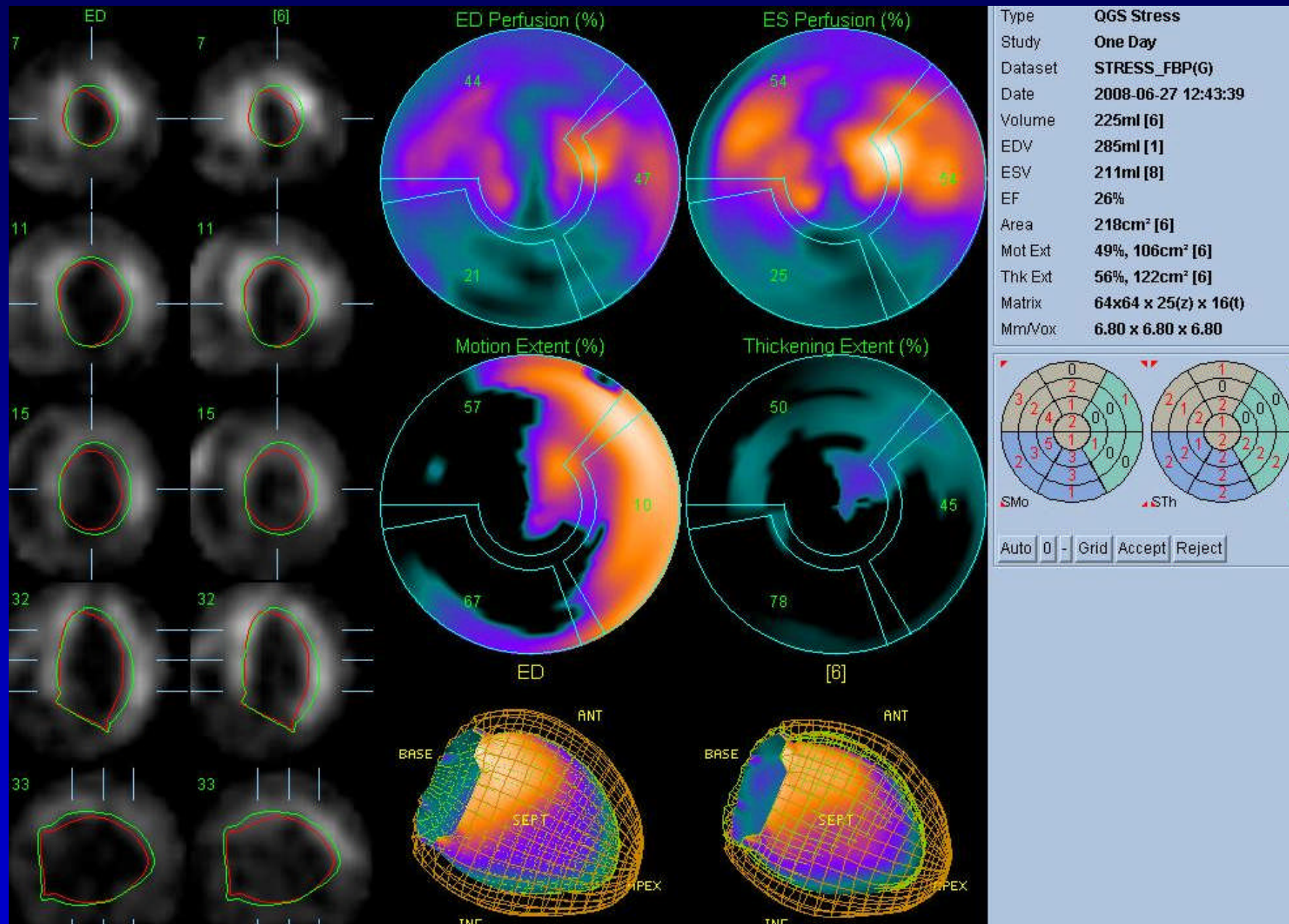
RCA infarct. No Ischemia.



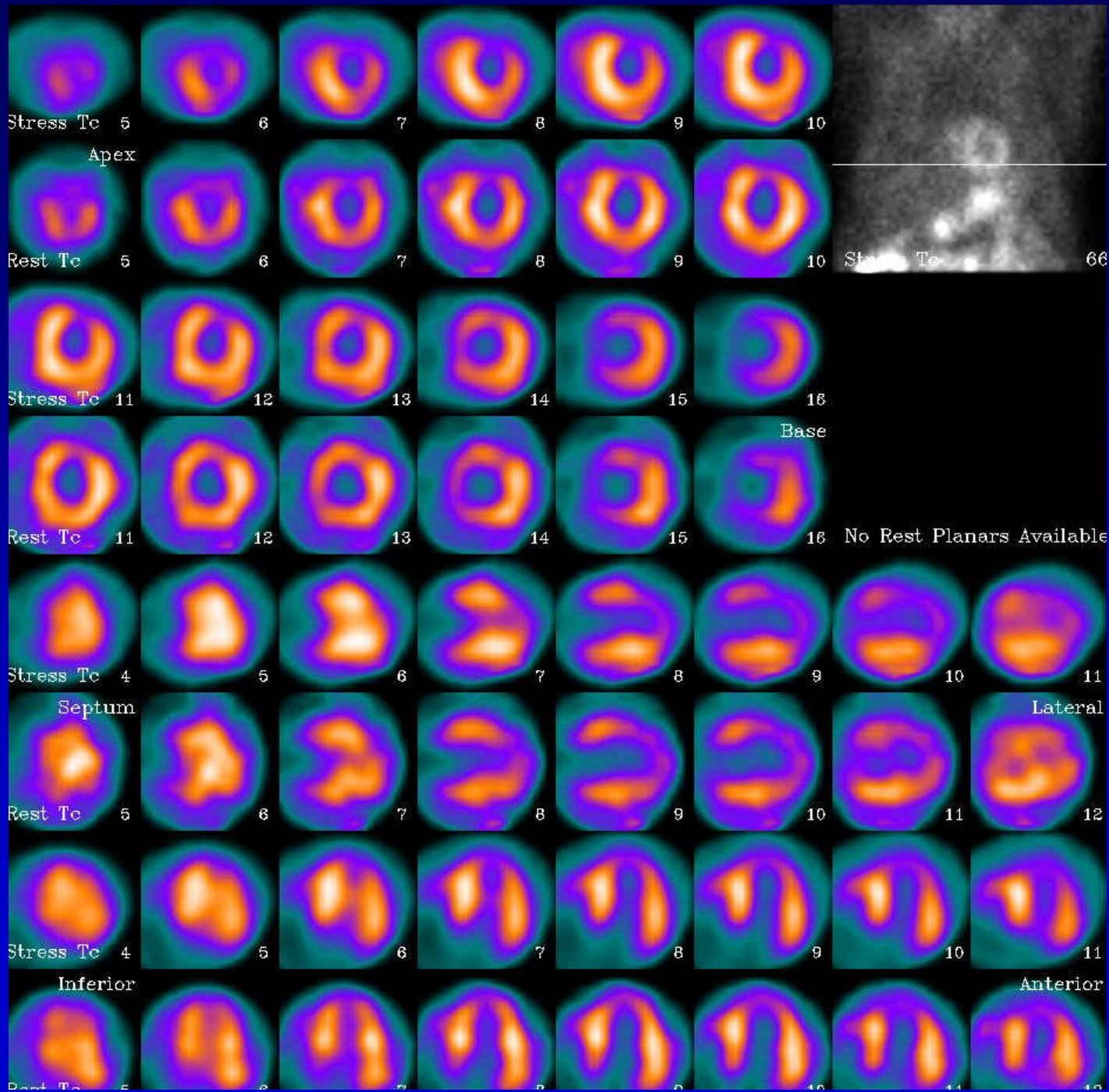


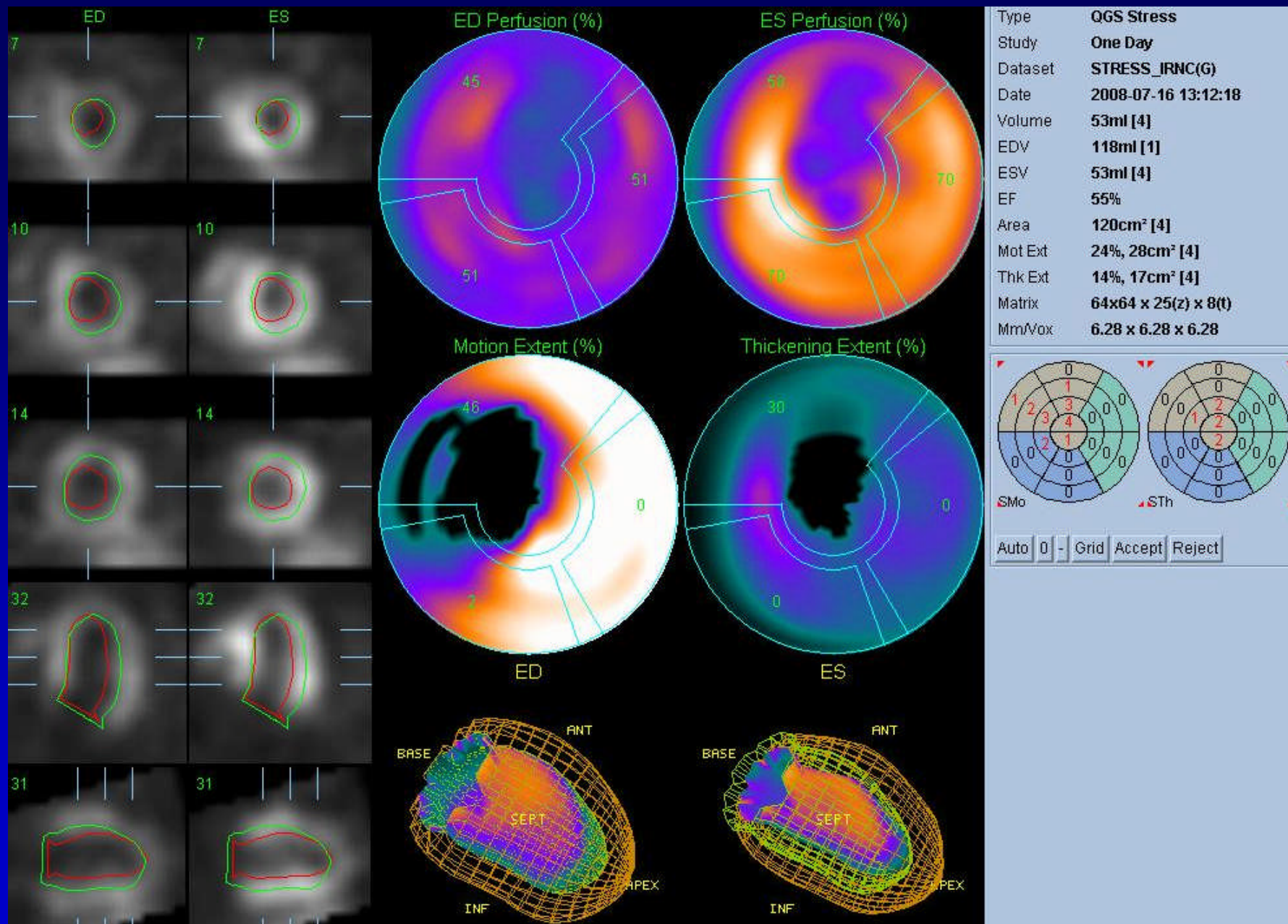
Reversible lateral wall defect. Transient ischemic dilatation.
Septal Hypokinesis



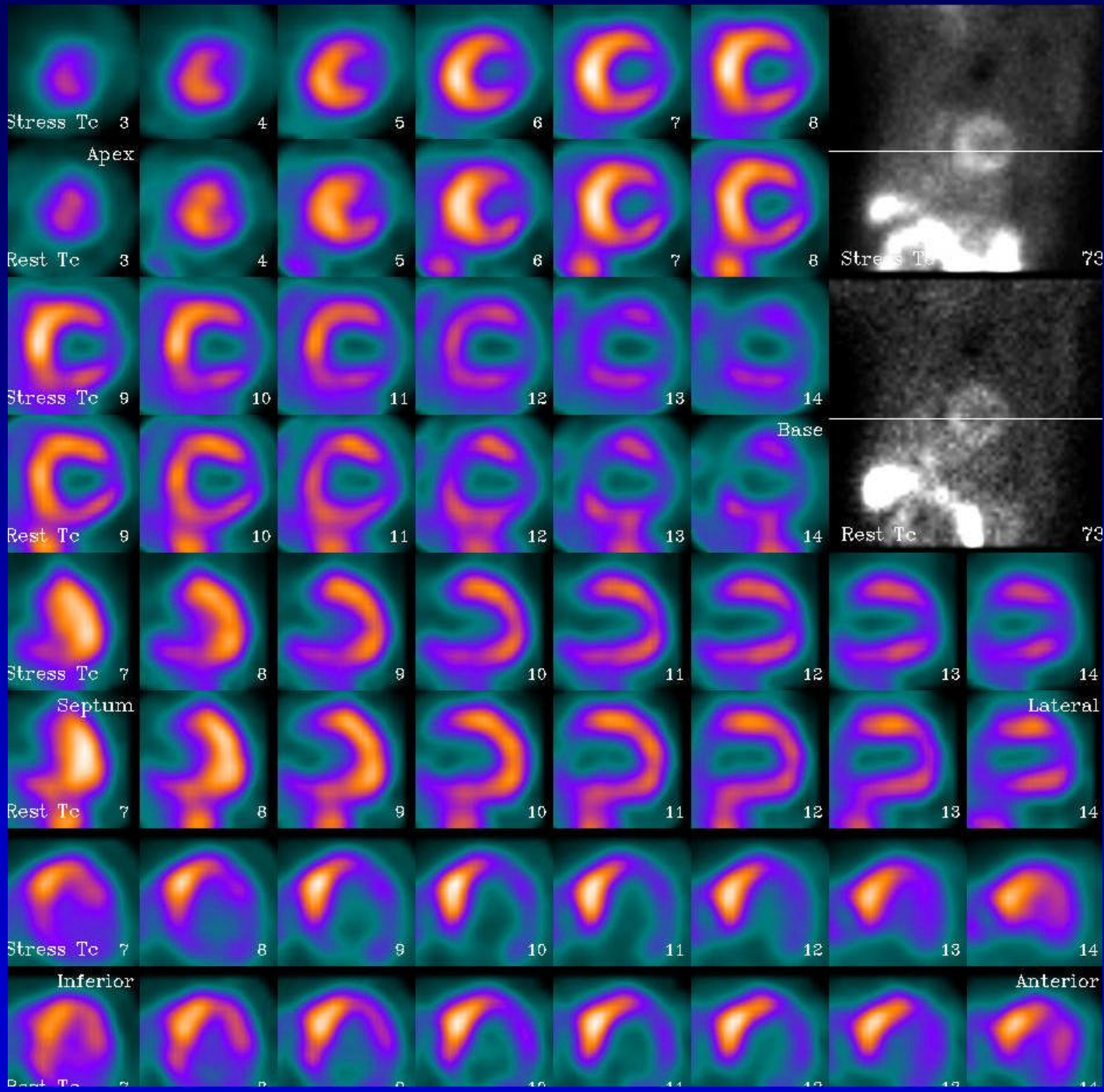


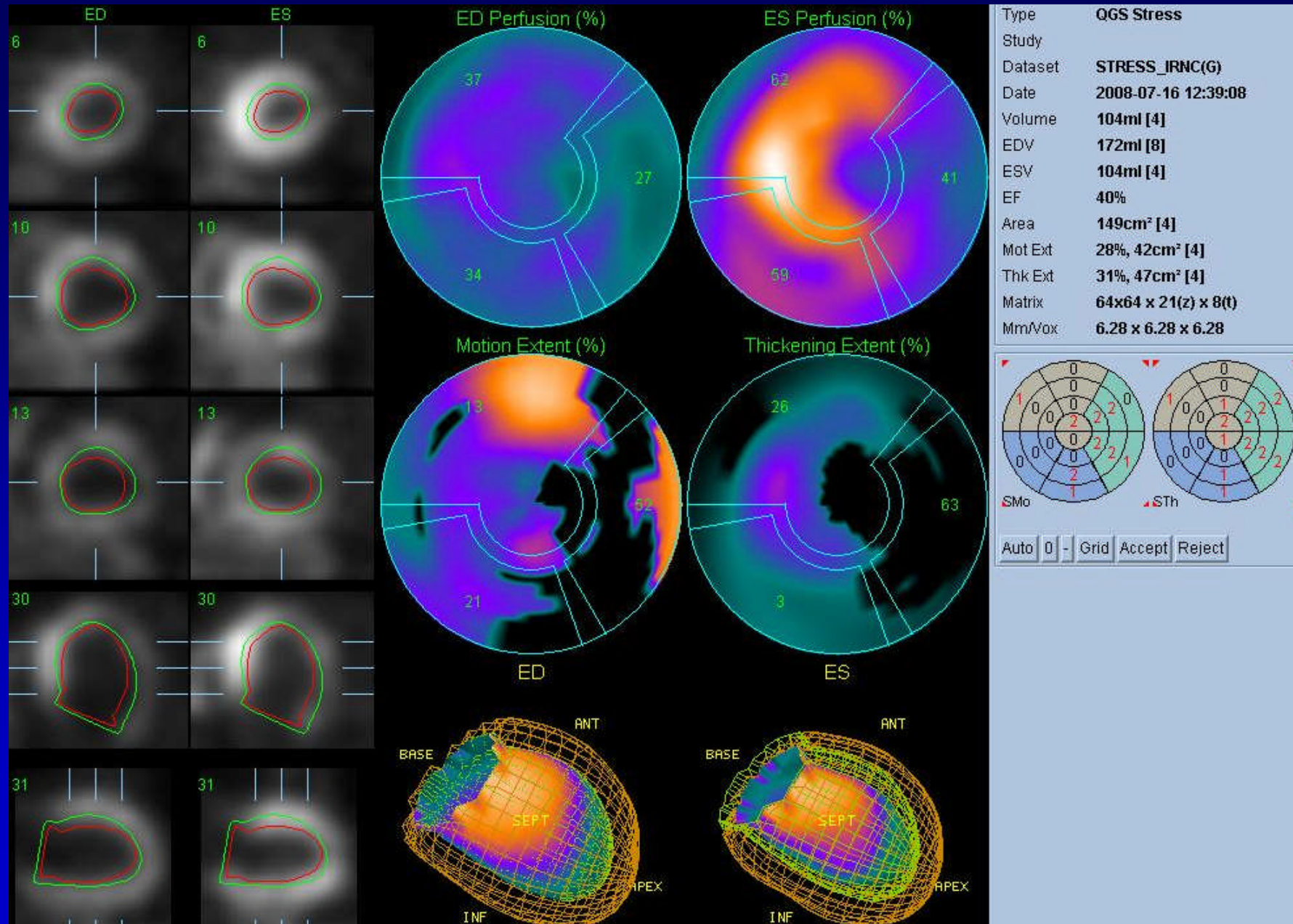
Fixed defects in the inferior wall and apex. Reversible defect in anterior wall. Dilated left ventricle. Global hypokinesia. Septal dyskinesia. Ischemic CMP



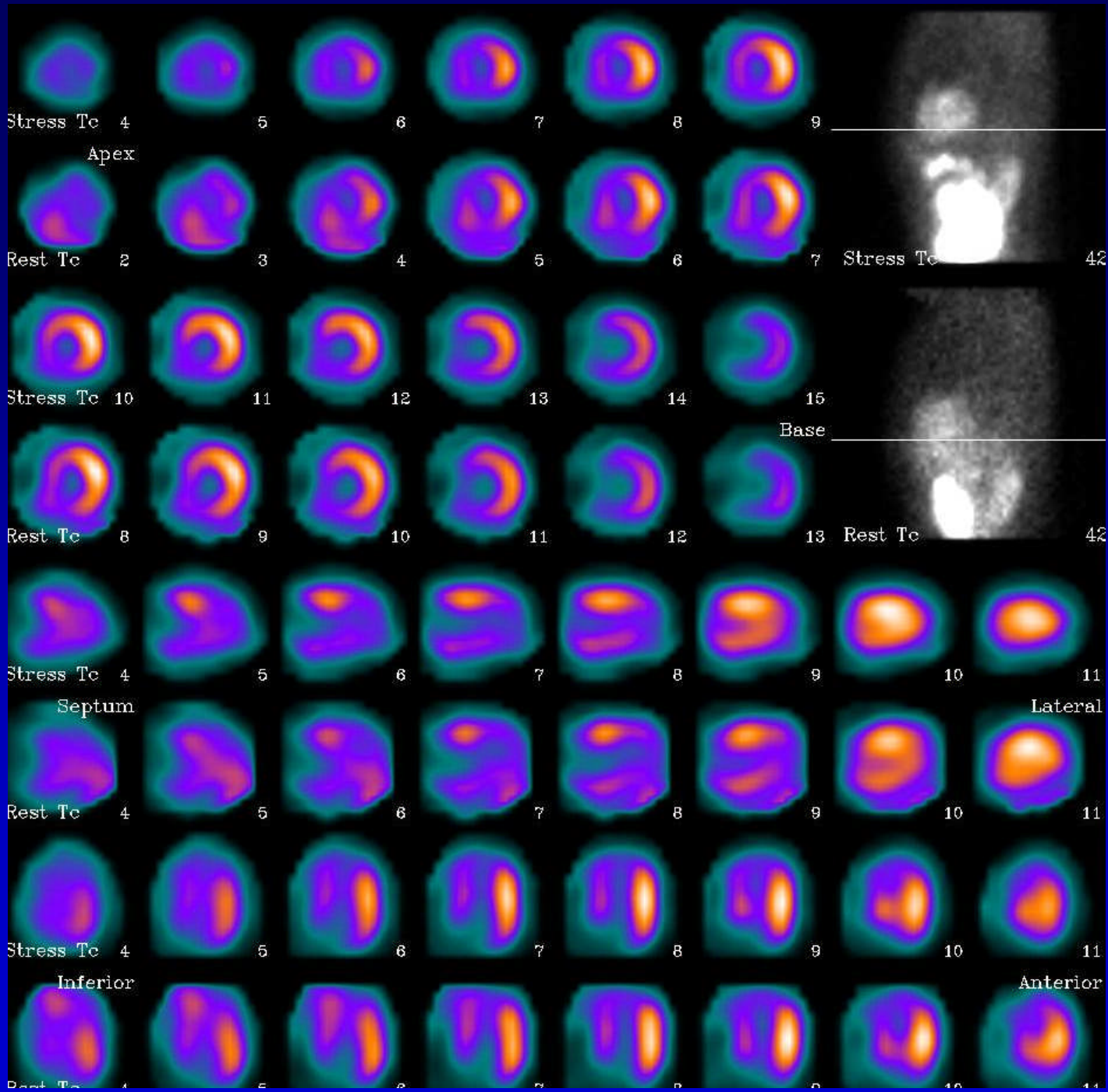


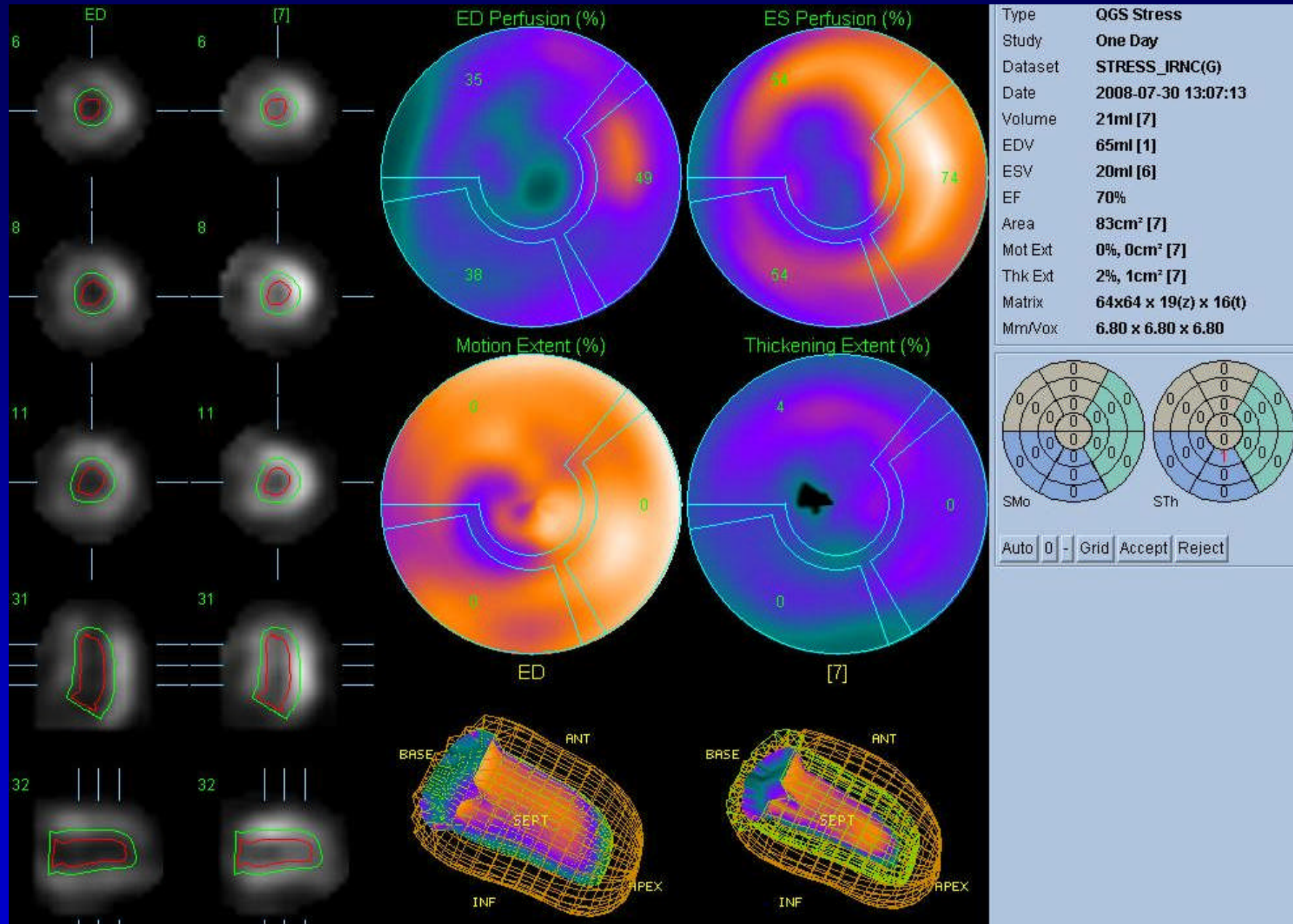
Partially reversible defect in the anterior wall. Reversible defect in lateral wall. Dilated left ventricle. Anterior hypokinesia, Septal dyskinesia



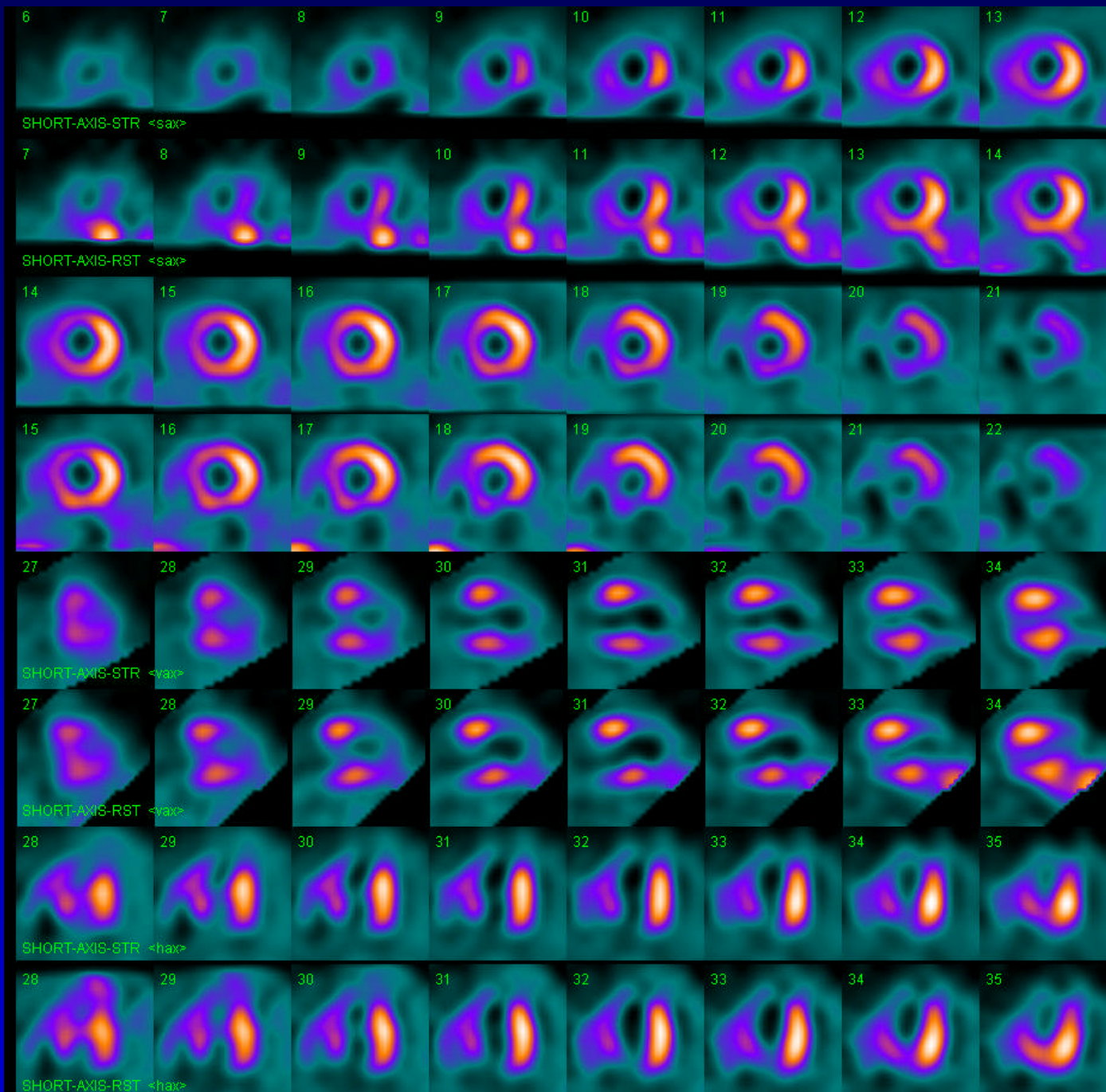


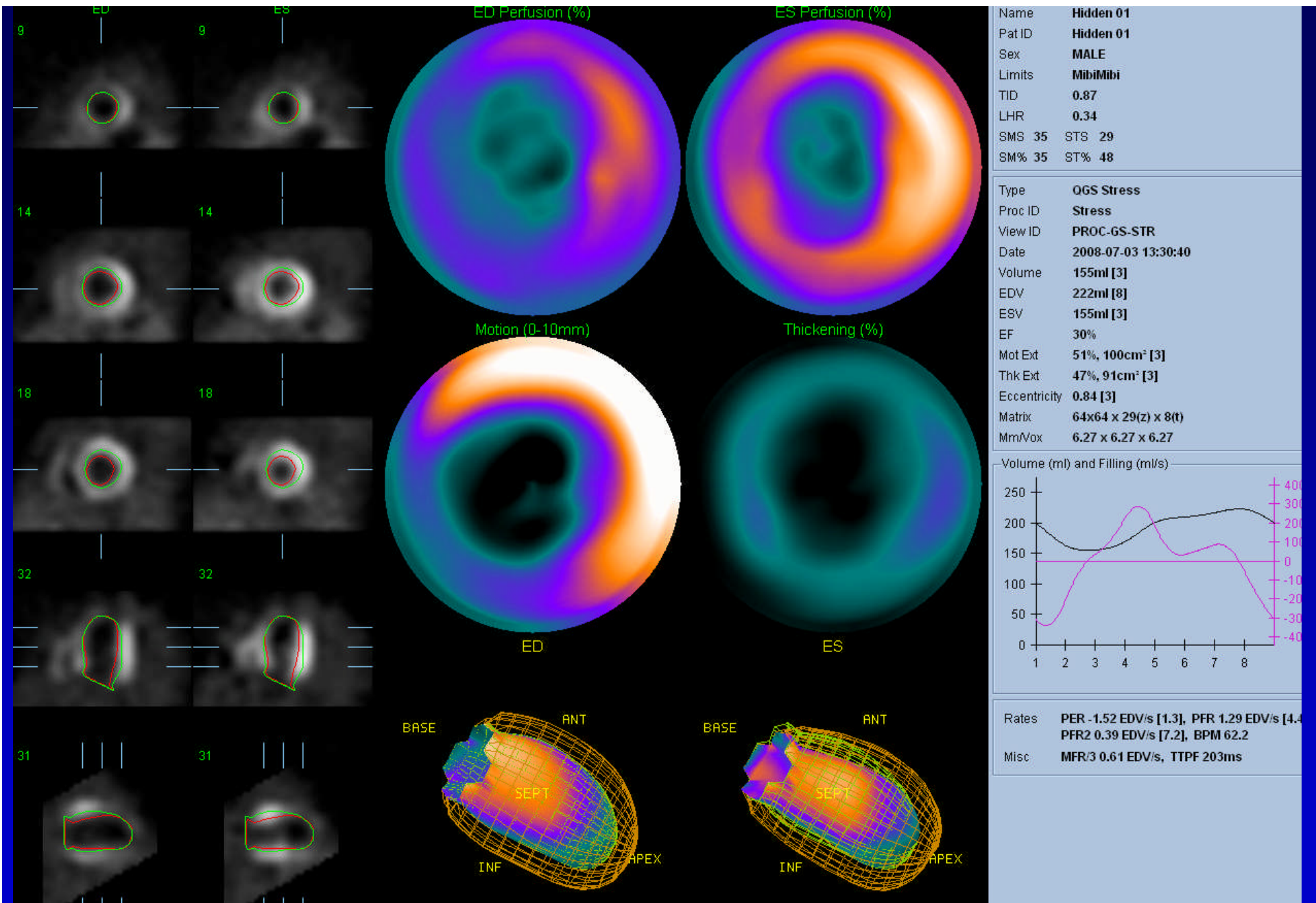
Predominantly fixed defect in the lateral wall with partial reversibility. Global hypokinesia. Dilated left ventricle



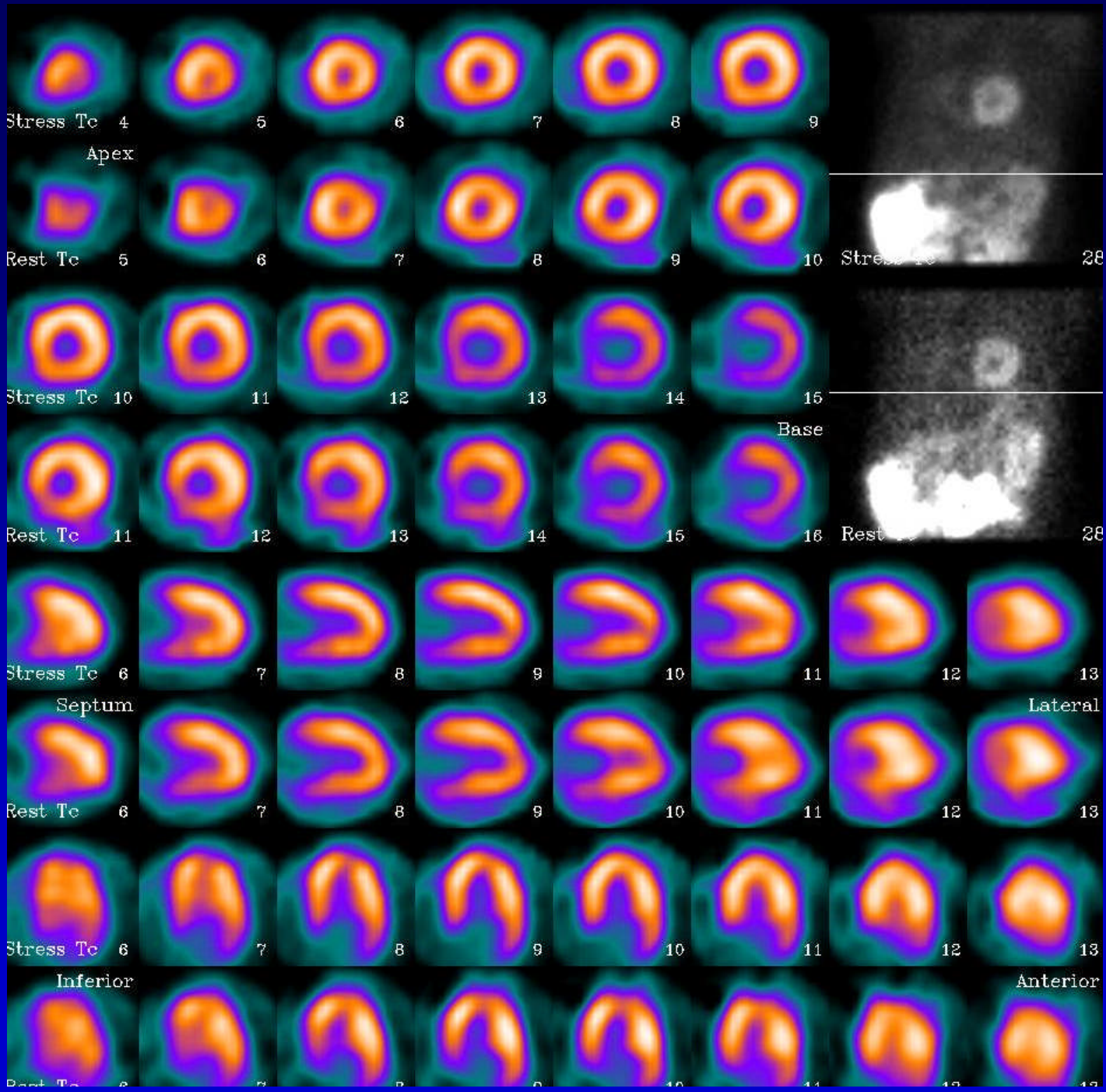


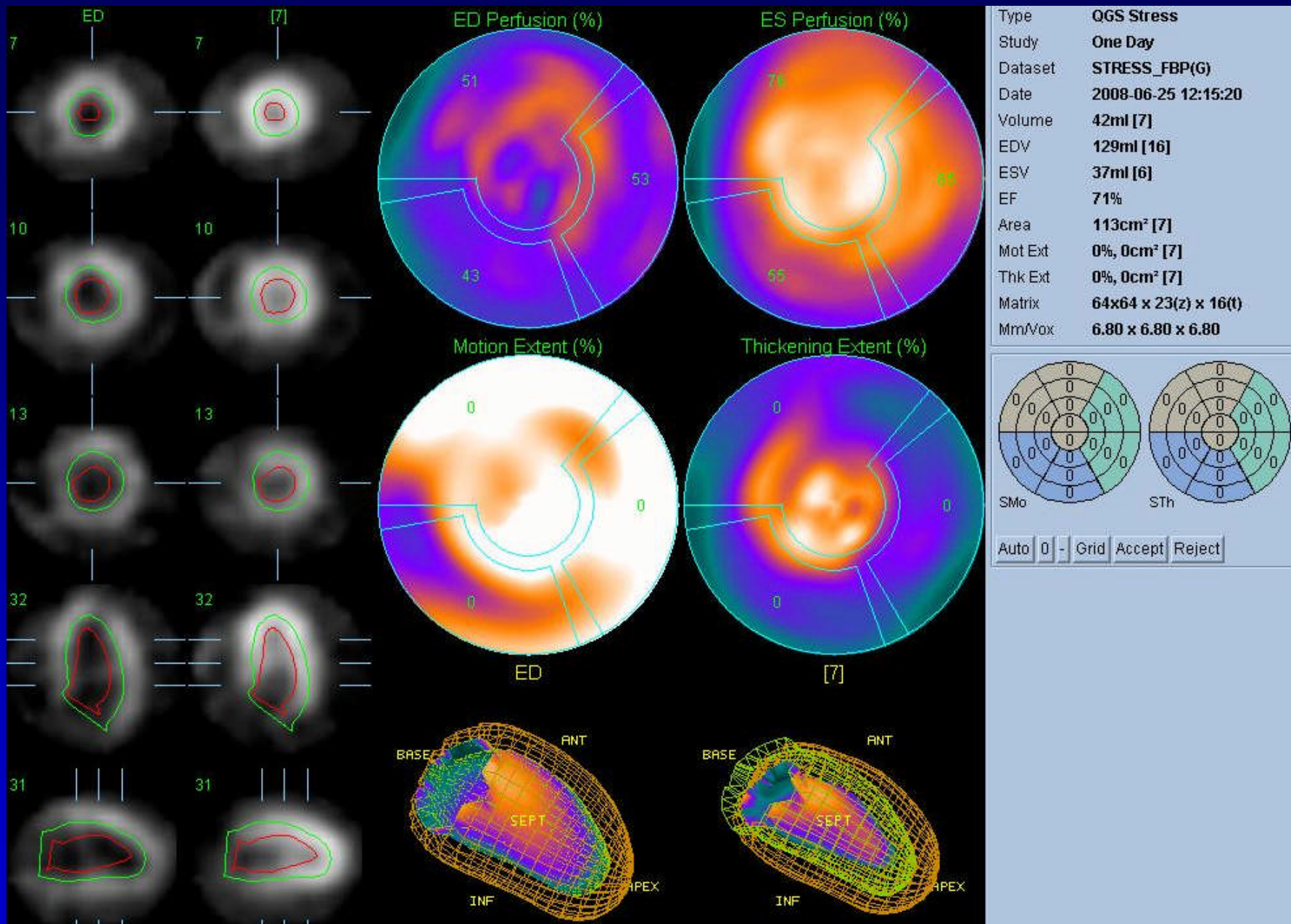
Fixed defect in the septum and apex. Normal function.
 ? hibernating myocardium in the LAD territory.



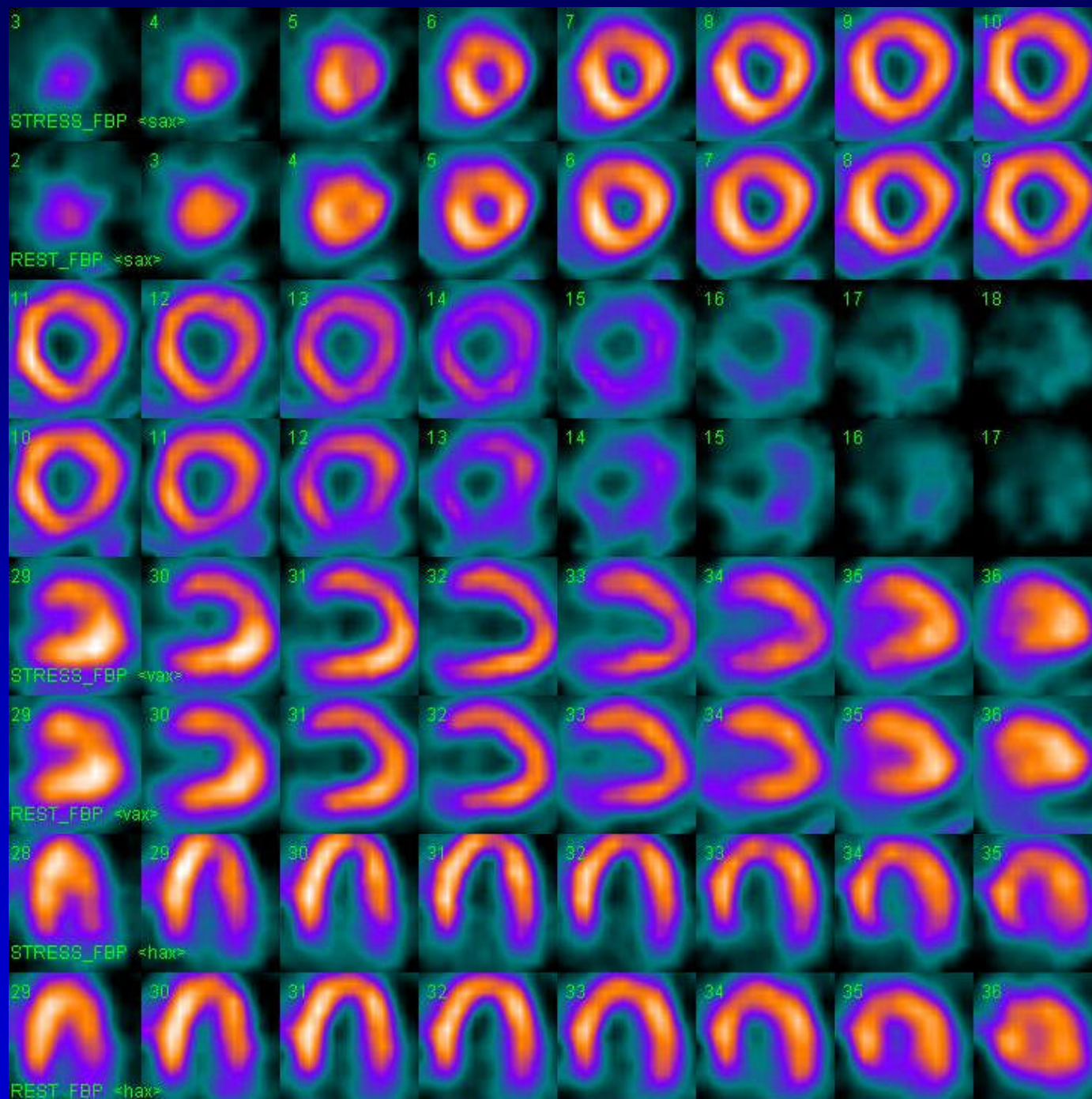


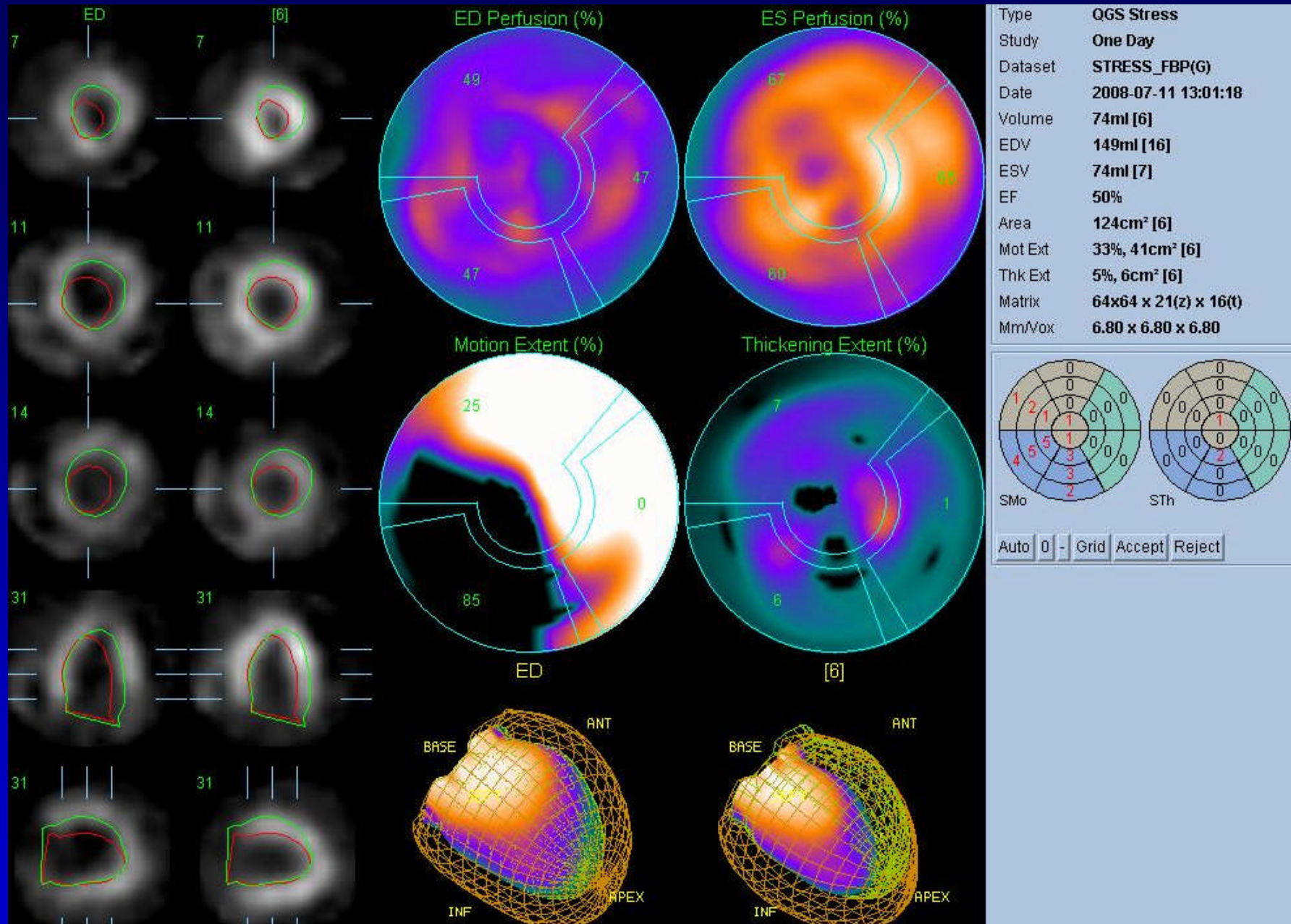
Fixed apical and septal defect. Global hypokinesia and apical dyskinesia/aneurysm



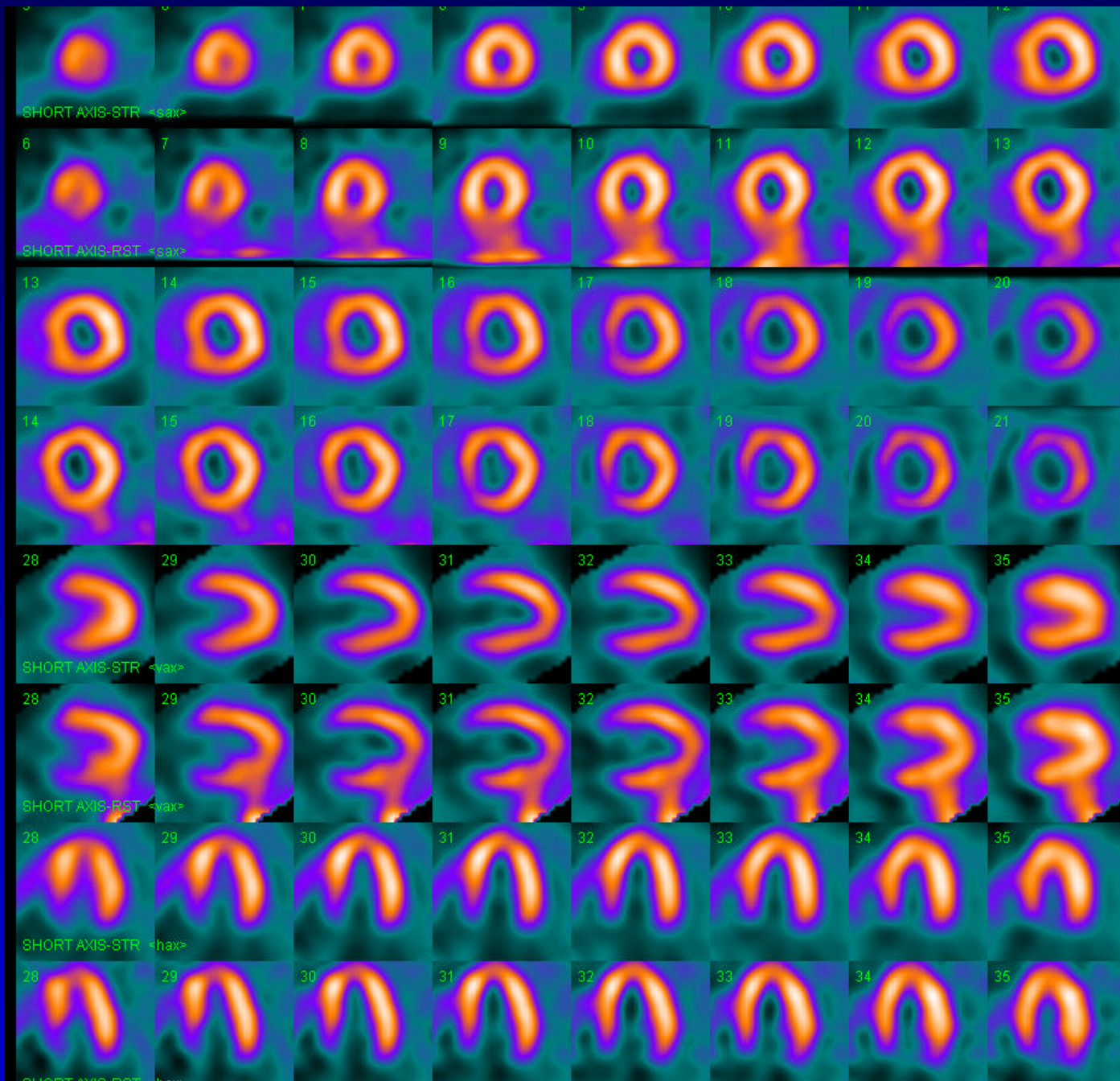


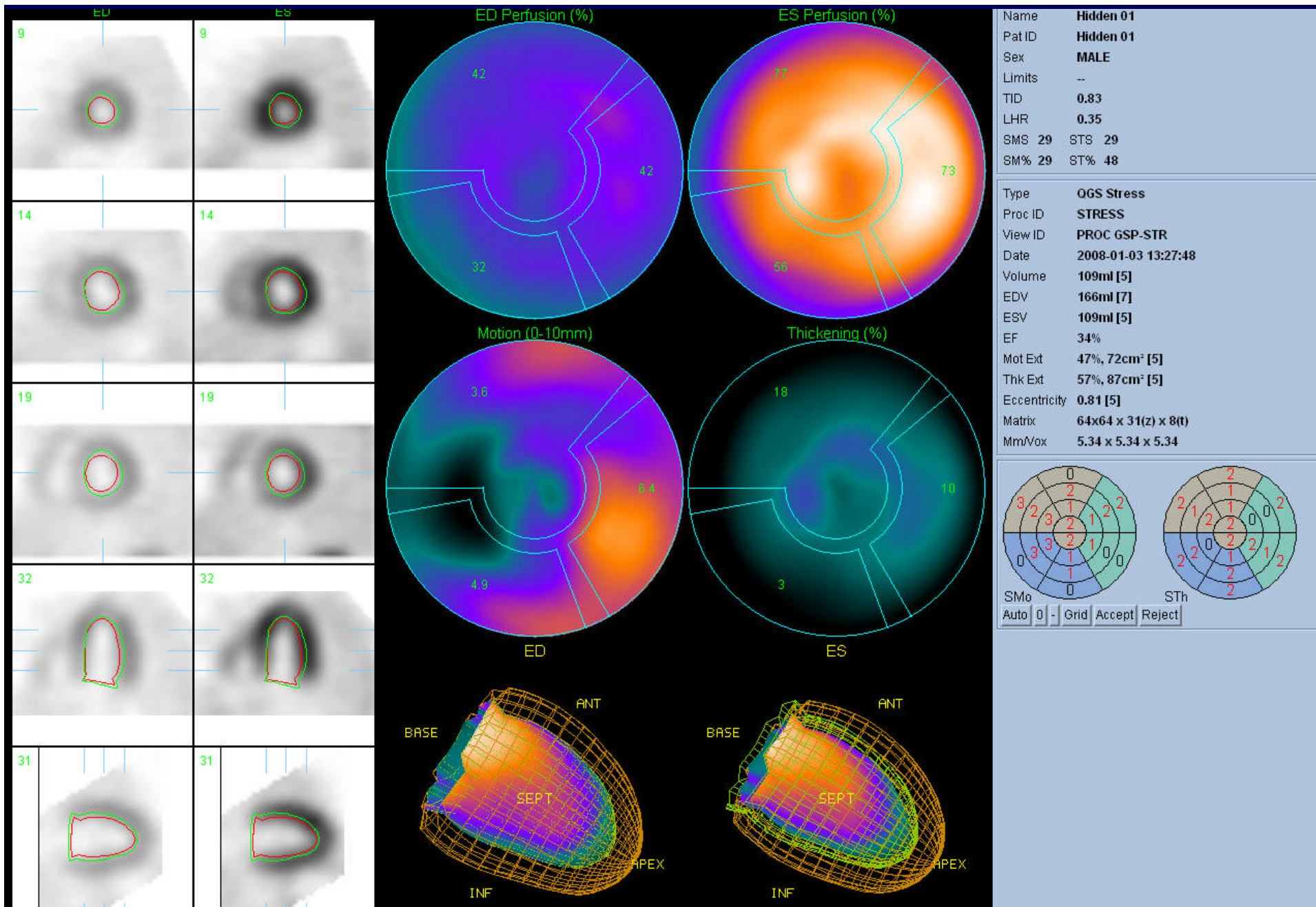
No reversible defects. Normal Function. LVH



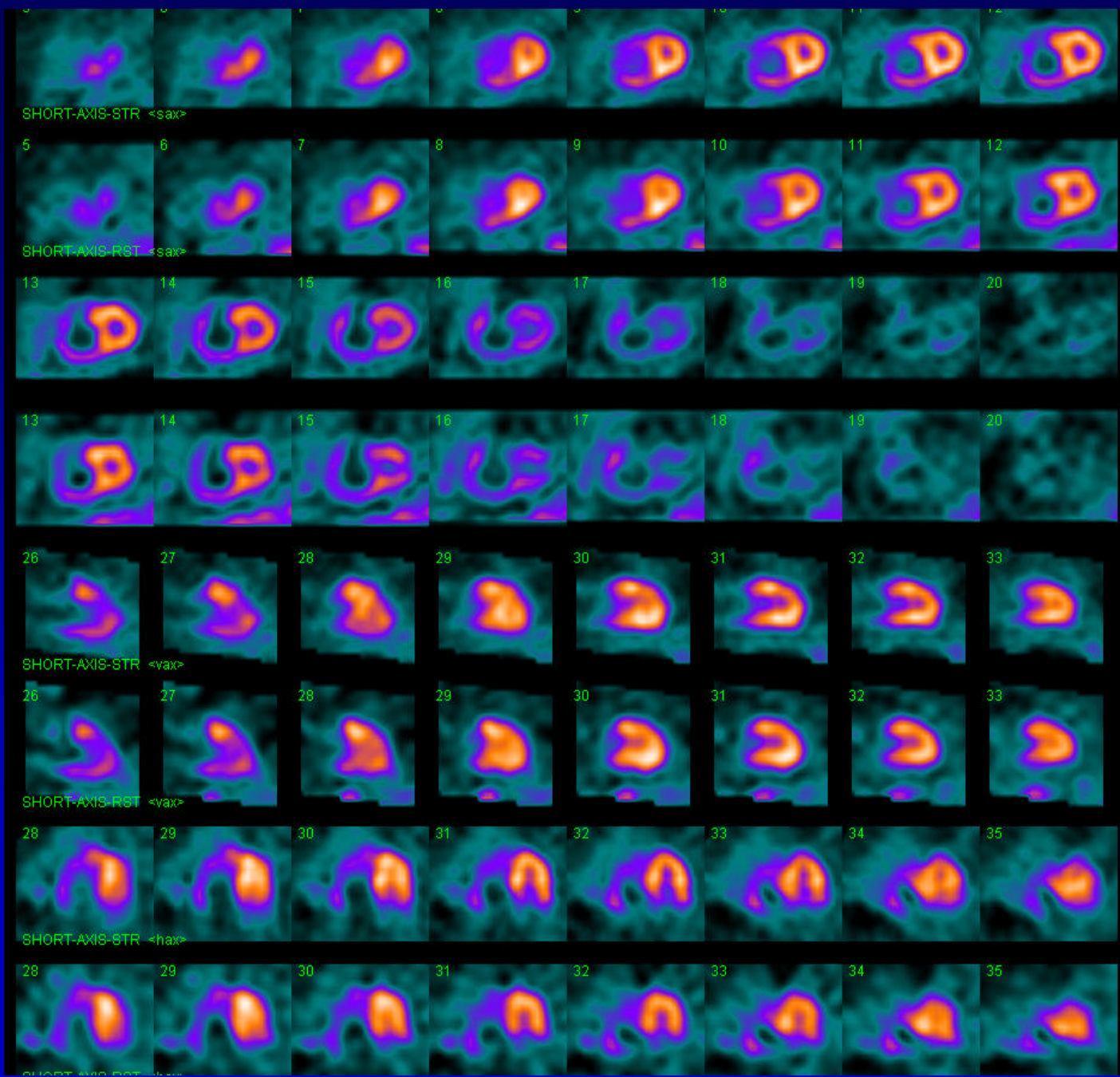


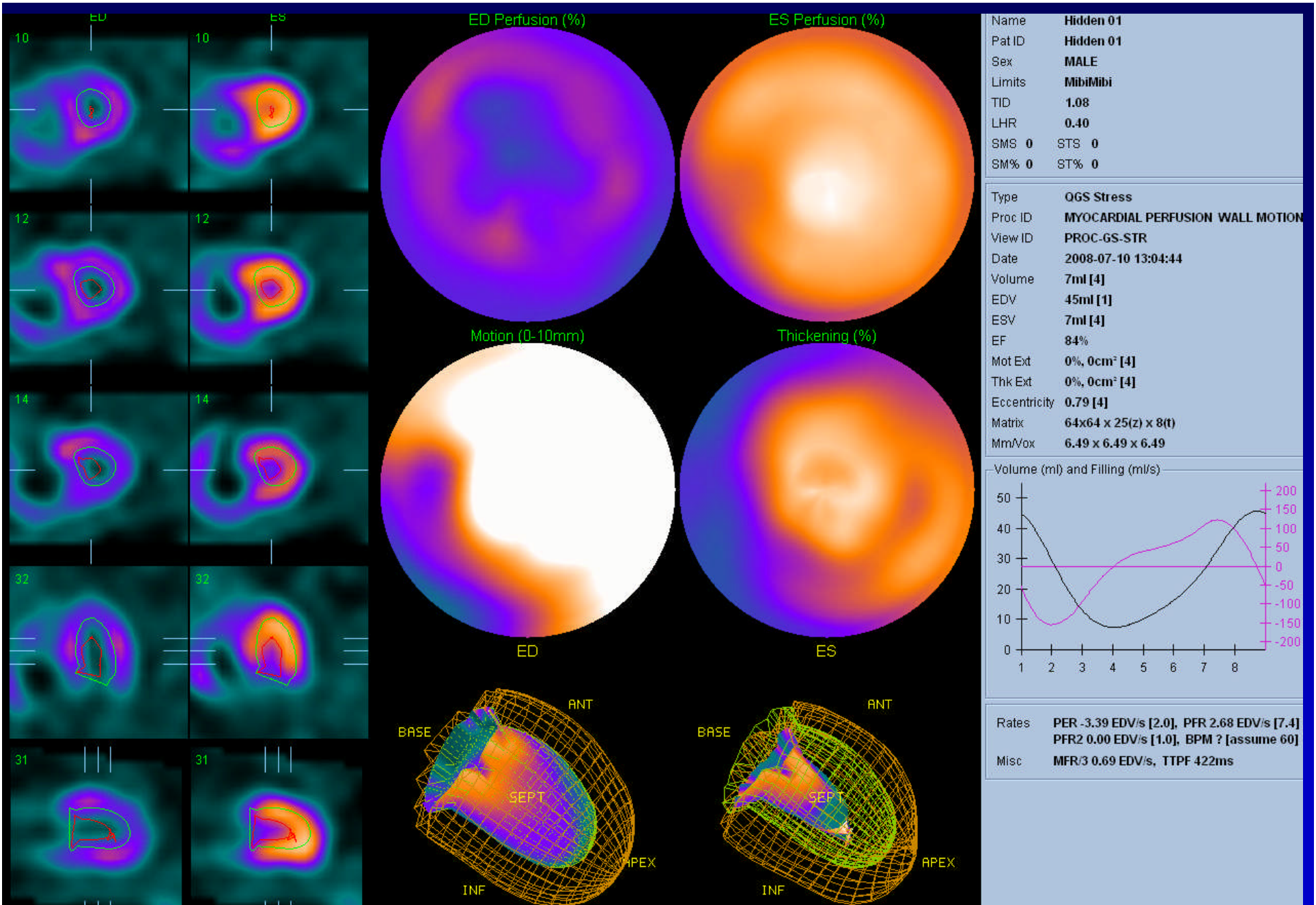
Subtle anterior Ischemia. Dilated ventricle. Septal dyskinesia from prior CABG



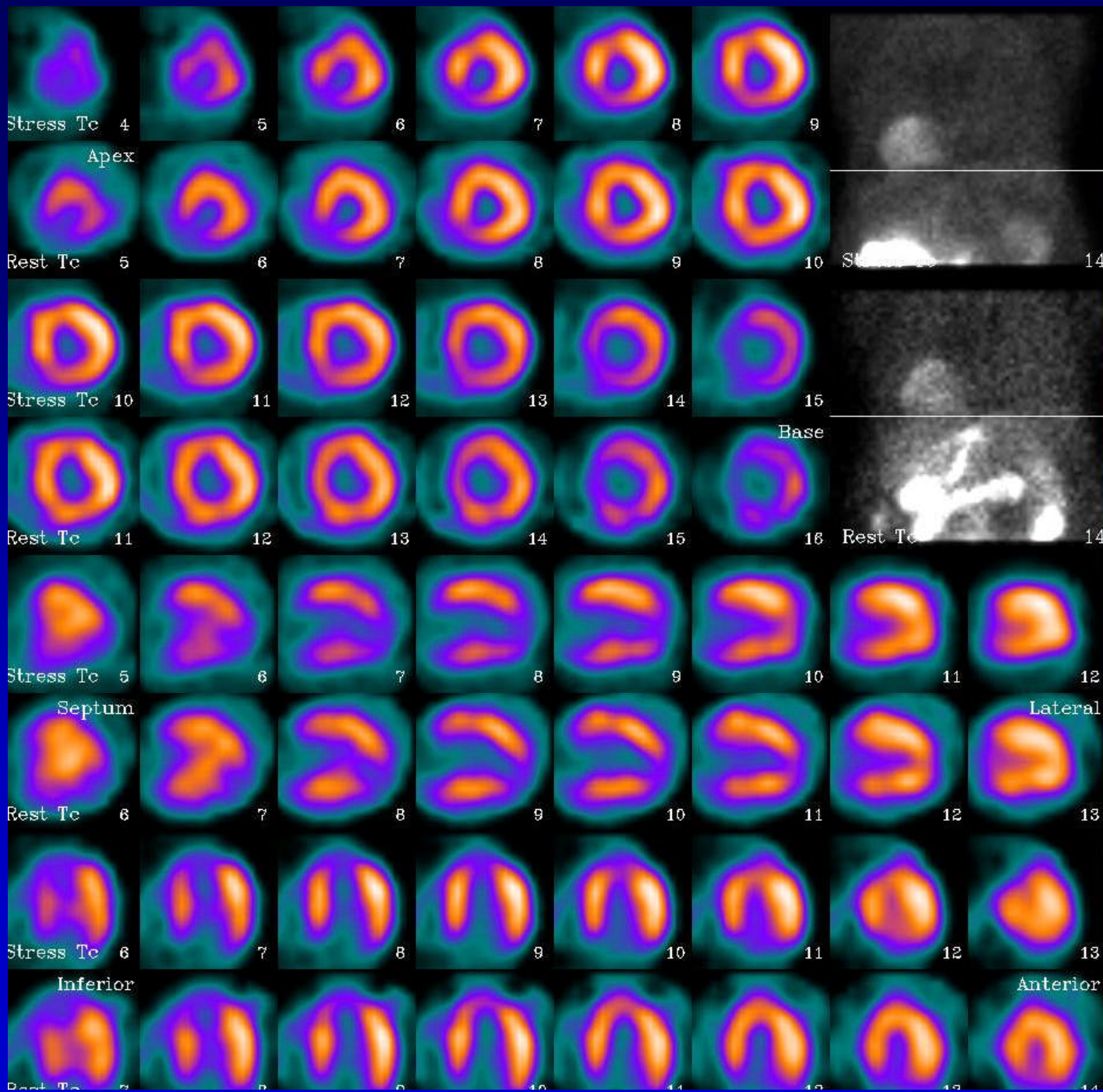


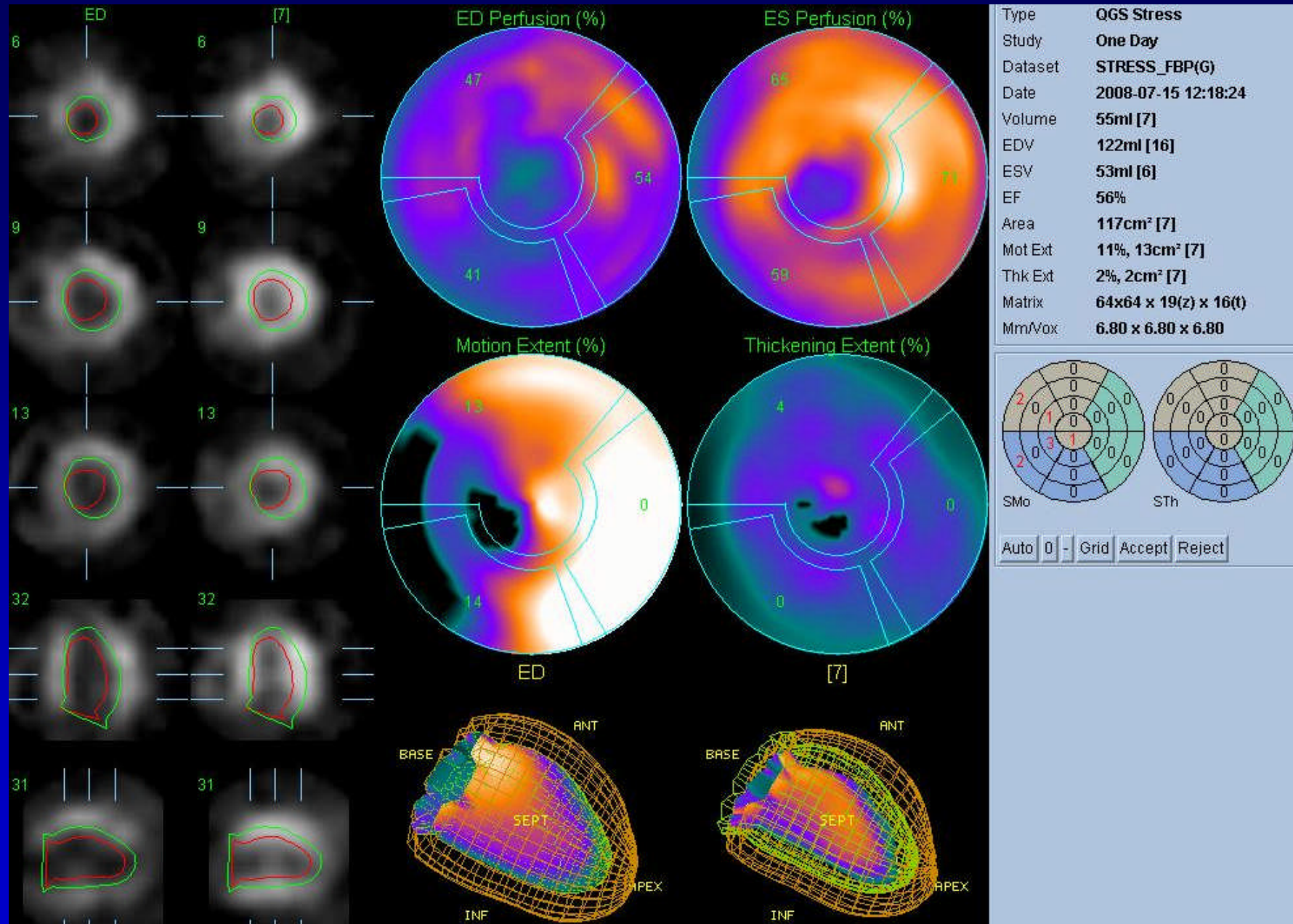
No reversible defects. Non-Ischemic Cardiomyopathy



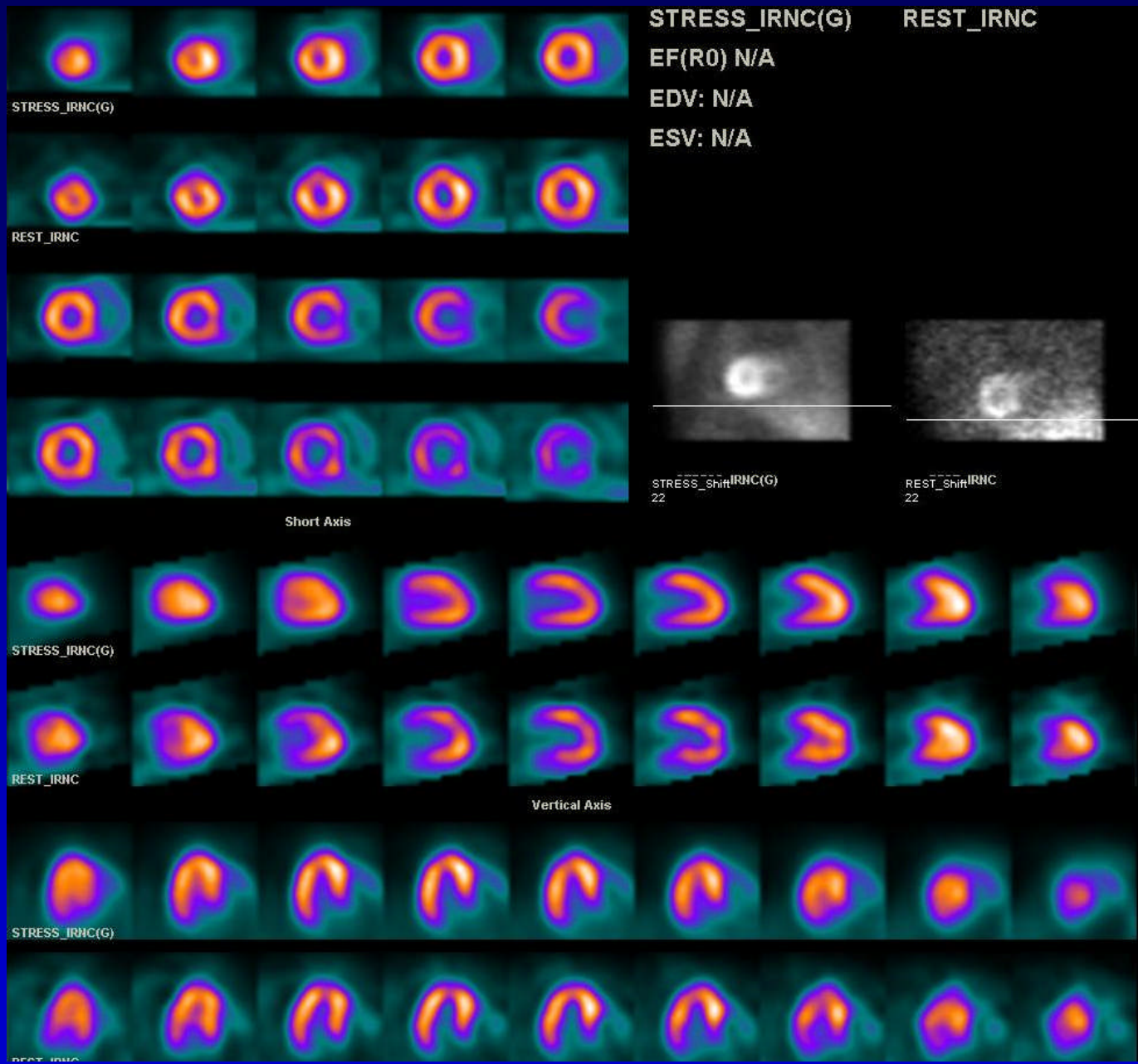


No Ischemia. Normal Function. Right Ventricular Hypertrophy

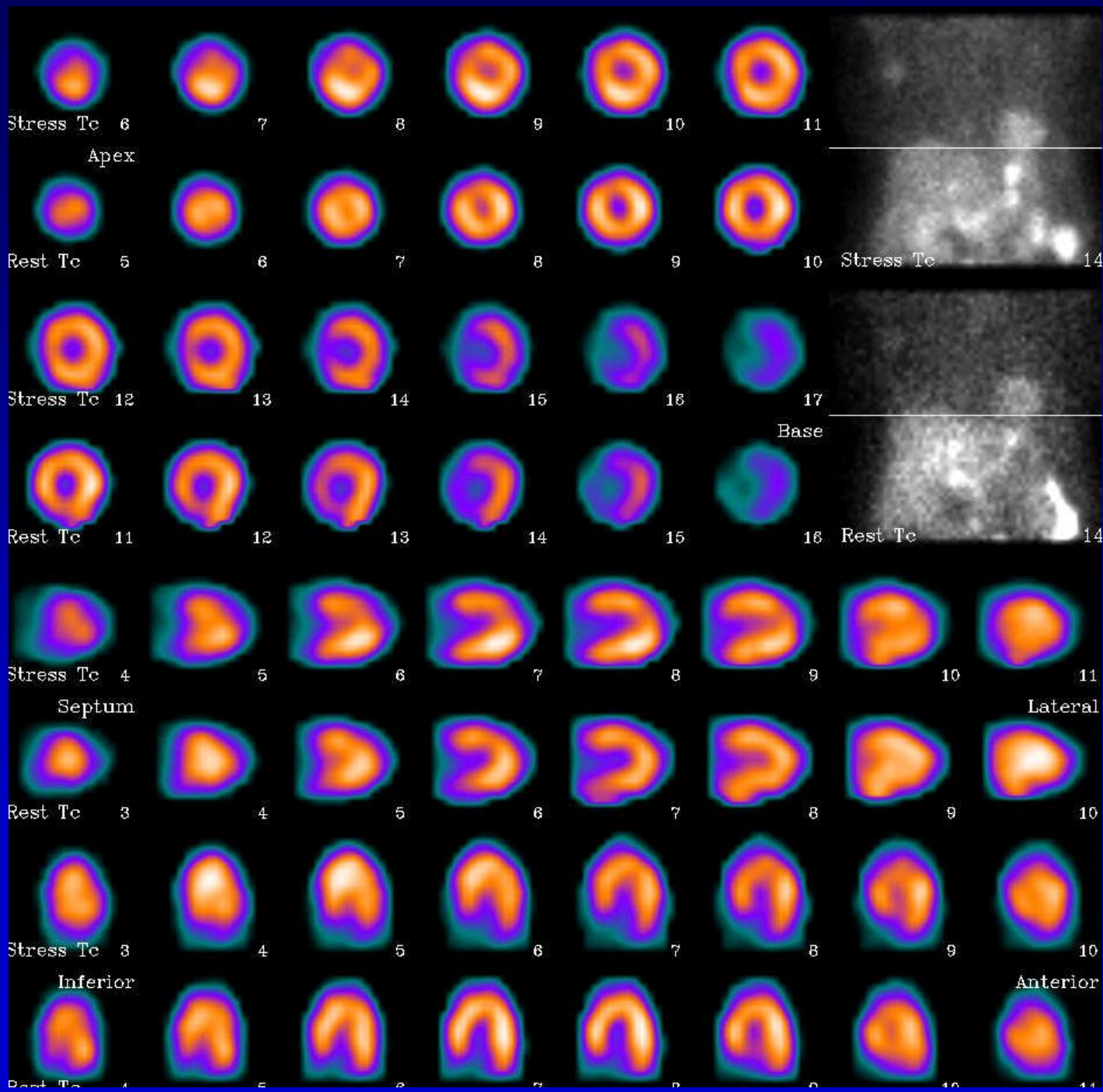


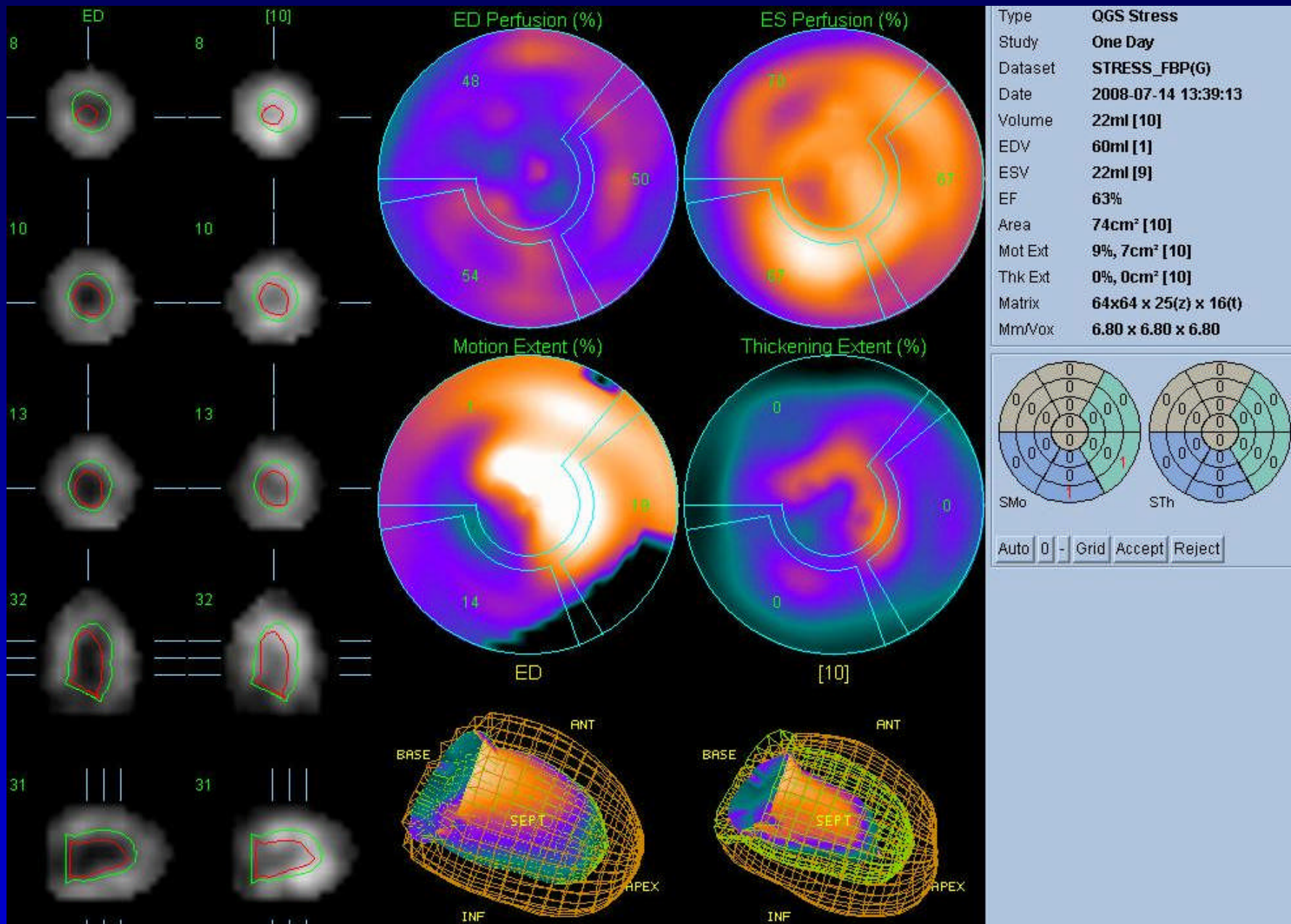


Partially reversible apical defect. Normal Function. Dextrocardia

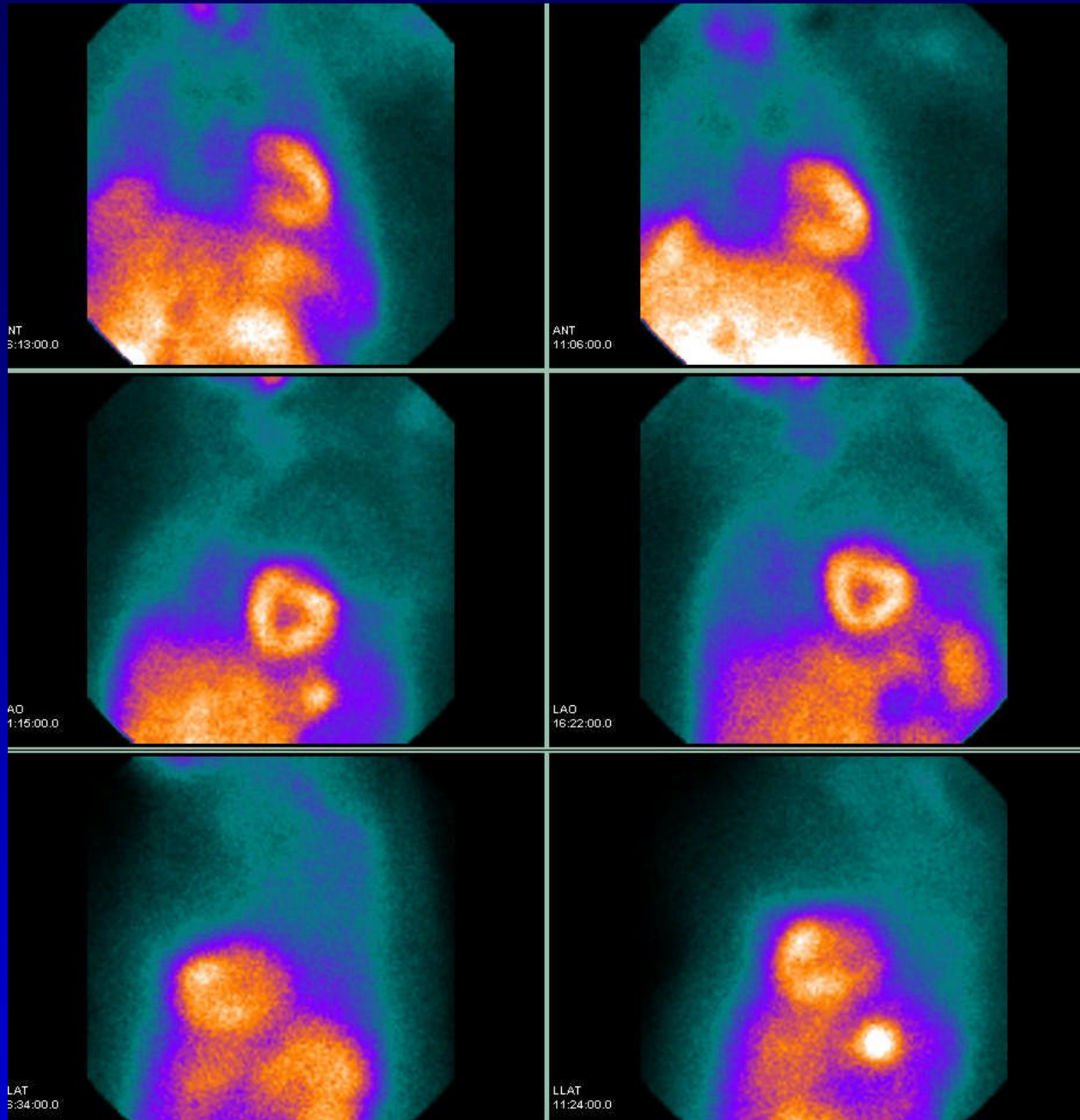


Dextrocardia





No reversible defects. Normal function. Uptake in the right axillary adenopathy from NHL.



Normal Planar Study