



New Mexico Heart Institute
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Stress Echocardiogram

Color Flow Doppler Performed.
Spectral Doppler Performed.

Name: [REDACTED] Date: 8/4/2009
DOB: 2/5/1953 MEN* 523780276
A. GE/SEX: 56/F Technologist: Lesa Terrell RDCS
Study Quality: The images were of adequate diagnostic study quality.
Referring Physician: Debra Higgenbothom MD
Reading Physician: Brad Stamm MD
Indications: Abnormal ECG-794.31

Summary:

1. Anterior septum and inferior septum are abnormal.
2. Good exercise capacity for patient's age, performing 11 minutes on a Bruce protocol.
3. Hypertensive response to exercise.
4. Stress test was clinically negative for ischemia.
5. Stress EKG borderline suggestive of ischemia,
6. Stress echocardiogram suggestive of ischemia,
7. O2 sat were normal at rest and abnormal at stress. O2 sats were 92% at rest and were 89% during stress.
8. Located in the left anterior descending territory.
9. Positive stress echo test for ischemia in the left anterior descending distribution.
Abnormality at very high BP but this is an abnormal response

Medications: Lexapro, Insulin.
Medications held for stress test: None.

#14
ASAP
D.M.
8/6/09

[REDACTED]

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[REDACTED]
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DOBrFeb 5 1953

[REDACTED]
[REDACTED]

Patient:

Encounter Date: Oct 6 2009 11:00AM

Home:
Work:

CT Angiography Coronaries

cc: Ramo MD, Barry W

Indications

Abnormal Functional Stua>

Technique

Techniques:

64 slice axial images were obtained from the level of the carina/aortic arch to the diaphragm using 0.5mm slice thickness. 85cc of intravenous contrast was injected via an antecubital venous catheter at 5cc per second followed by a 30cc saline flush. Image reconstruction was performed utilizing retrospective ECG gating. Three dimensional and multiplanar reconstructions were obtained. 100mg of oral metoprolol, and 0.4mg of sublingual nitroglycerine were administered to the patient prior to the test to optimize image quality. The patient's resting heart rate was 66 beats per minute. **Tests Findings:**

The overall quality of the study is fair.

The overall heart size is within normal limits. The left ventricular wall is of normal thickness. The left atrium is normal. The right sided chambers enlarged. No intracardiac mass or thrombus is appreciated. There is no evidence of pericardial thickening or a pericardial effusion. There is no evidence of an intra-atrial communication. There is no valvular calcification noted.

Functional analysis reveals normal left ventricular function. The left ventricular wall motion is normal.

The visualized portions of the pulmonary circulation are normal. The ascending aorta is normal. The descending aorta is normal in size and demonstrates no atherosclerotic change.

Coronary Arteries: The coronary anatomy

is right dominant.

Patient: [REDACTED]
Encounter: Oct 6 2009 11 :OOAM EMRN:

SSN: [REDACTED]
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The Left Main coronary artery is normal.

The Left Anterior Descending coronary artery is normal.

The Left Circumflex coronary artery is likely normal, however, there is cardiac motion artifact noted in the mid position of the vessel which may limit accurate interpretation.

The Right coronary artery is normal.

Impression:

** Cardiac motion artifact was present during this exam which may limit the accuracy of my interpretation.

1. Calcium score of 0.
2. Normal left ventricular function. The ejection fraction is 73%.
3. No evidence of coronary artery disease
4. Non-cardiac structures to be over-read by radiology.
5. The results of this study will be discussed in detail with the patient's physician at their next appointment

Recommendations:

1. Follow with Dr. Ramo as scheduled

Please contact me should you have any questions.

Sincerely,

Brendan Cavanaugh, MD
Interpreting Cardiologist.

Signature

Electronically signed by: Joe Suelto ; 10/06/2009 12:44 PM MST.

Electronically signed by: Brendan J Cavanaugh MD ; 10/06/2009 12:48 PM MST.