

## **NUCLEAR CARDIOLOGY STUDIES IN GENERAL PRACTICE**

### **1. SESTAMIBI (MIBI) STRESS MYOCARDIAL PERFUSION STUDIES (PTO for preparation) (EXERCISE OR PHARMACOLOGICAL)**

#### **A. DIAGNOSIS OF CORONARY ARTERY DISEASE**

- *SCREENING OF PATIENTS WITH HIGH RISK FACTORS – DIABETES, SMOKING, HYPERTENSION, STRONG FAMILY HISTORY, HYPERLIPIDAEMIA*
- *ABNORMAL REST ECG*
- *TYPICAL CHEST PAIN BUT A NEGATIVE EXERCISE ECG*
- *ATYPICAL OR TYPICAL CHEST PAIN WITH A POSITIVE EXERCISE ECG*  
*35-40% OF EXERCISE ECG'S ARE EITHER FALSE POSITIVE OR FALSE NEGATIVE*
- *EQUIVOCAL EXERCISE ECG.*
- *UNINTERPRETABLE EXERCISE ECG DUE TO :  
LEFT BUNDLE BRANCH BLOCK, LVH OR PACEMAKER*
- *UNEXPLAINED SHORTNESS OF BREATH ON EXERSION – ANGINA VARIANT*
- *UNEXPLAINED SYNCOPAL EPISODE*
- *LEFT VENTRICULAR DYSFUNCTION OF UNCERTAIN CAUSE*
- *MEDICAL ASSESSMENT PRIOR TO CERTAIN JOBS (PILOTS OR HEAVY VEHICLE DRIVERS)*
- *UNEXPLAINED AF*

#### **B. AFTER STENTING OR CORONARY ARTERY GRAFT SURGERY (DETECTS SEVERITY AND EXTENT OF ISCHAEMIA, LOCALISES CULPRIT TERRITORY)**

- *RECURRENCE OF CHEST PAIN*
- *SHORTNESS OF BREATH ON EXERSION*

### **2. GATED CARDIAC BLOOD POOL STUDIES (No preparation) (EJECTION FRACTION AND WALL MOTION)**

- *DISTINGUISHES CARDIAC FROM RESPIRATORY CAUSES OF SHORTNESS OF BREATH AT REST OR ON EXERSION*

EJECTION FRACTION > 50% = NON CARDIAC CAUSE



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Hours: 8.00am - 5.00pm

EJECTION FRACTION < 50%

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CARDIAC CAUSE MORE LIKELY