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

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