

61 year-old female  
History of MI and PTCA/stent  
and recurrent chest pain

**Dr Felix Keng**



## CLINICAL STATEMENT

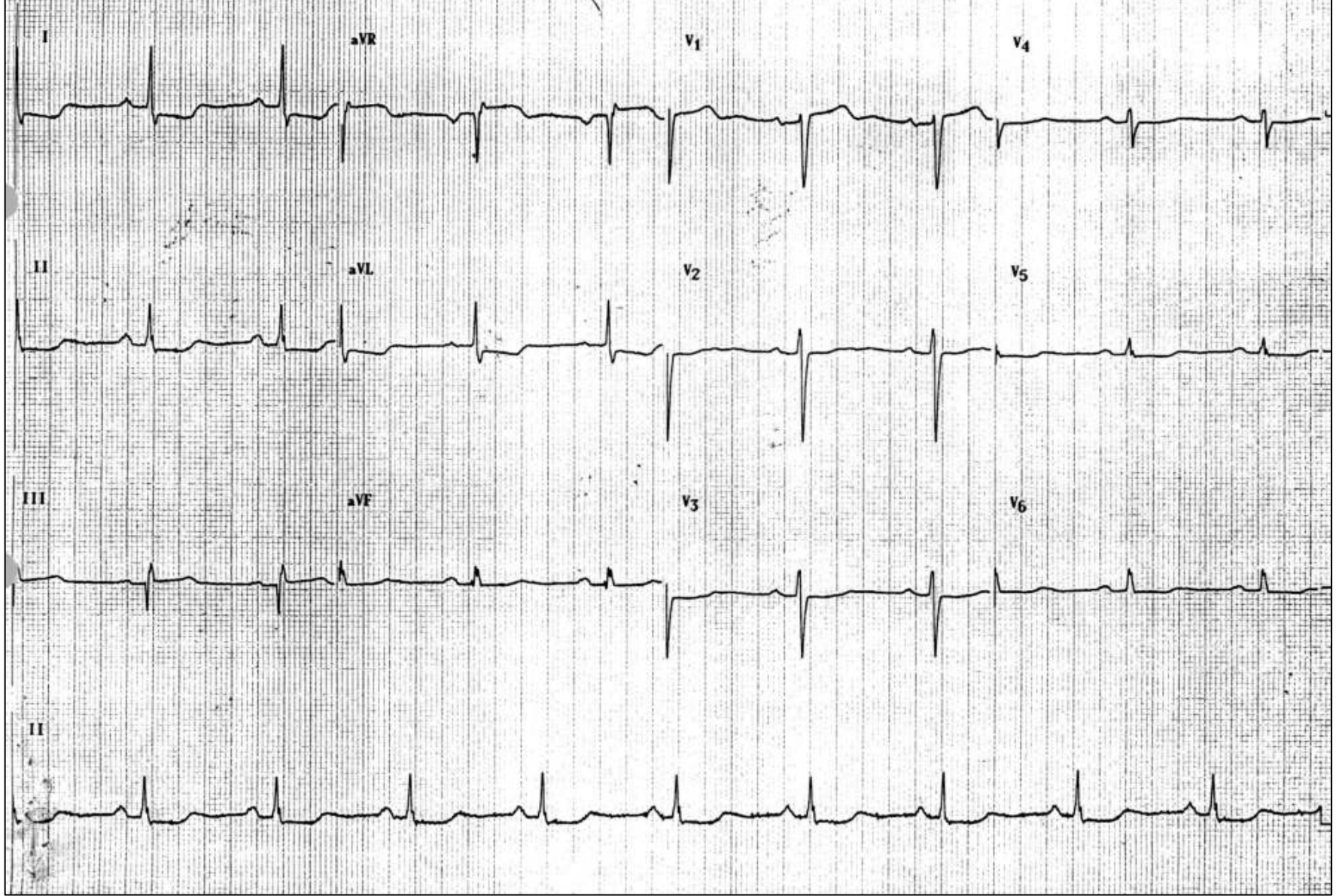
- Female 61 year-old
- 168 cm
- 86 Kg
- Bra size 40B
- CABG in 1993 for TVD
- Acute MI 8/12 before scan, PTCA/Stent

# CLINICAL STATEMENT

- CAD risk:
  - ✓ Family History
  - ✓ Hyperlipidemia
  - ✓ Diabetes Mellitus
  - ✓ Hypertension
- Study: Dipyridamole / Thallium for recurrent chest pain

12 Lead Simultaneous Date 06/09/98  
Rest SUPINE 25 mm/sec Gain x1 ST level V5 0.0  
Speed 0.0 mph HR 59 ER 0 ST slope V5 0  
Grade 0.0 Z BP 0/ 0 Filter .05 - 100Hz

# Baseline ECG



- Baseline ECG Interpretation
  - A) Normal
  - B) Abnormal

- Baseline ECG Interpretation
  - A) Normal
  - B) *Abnormal***

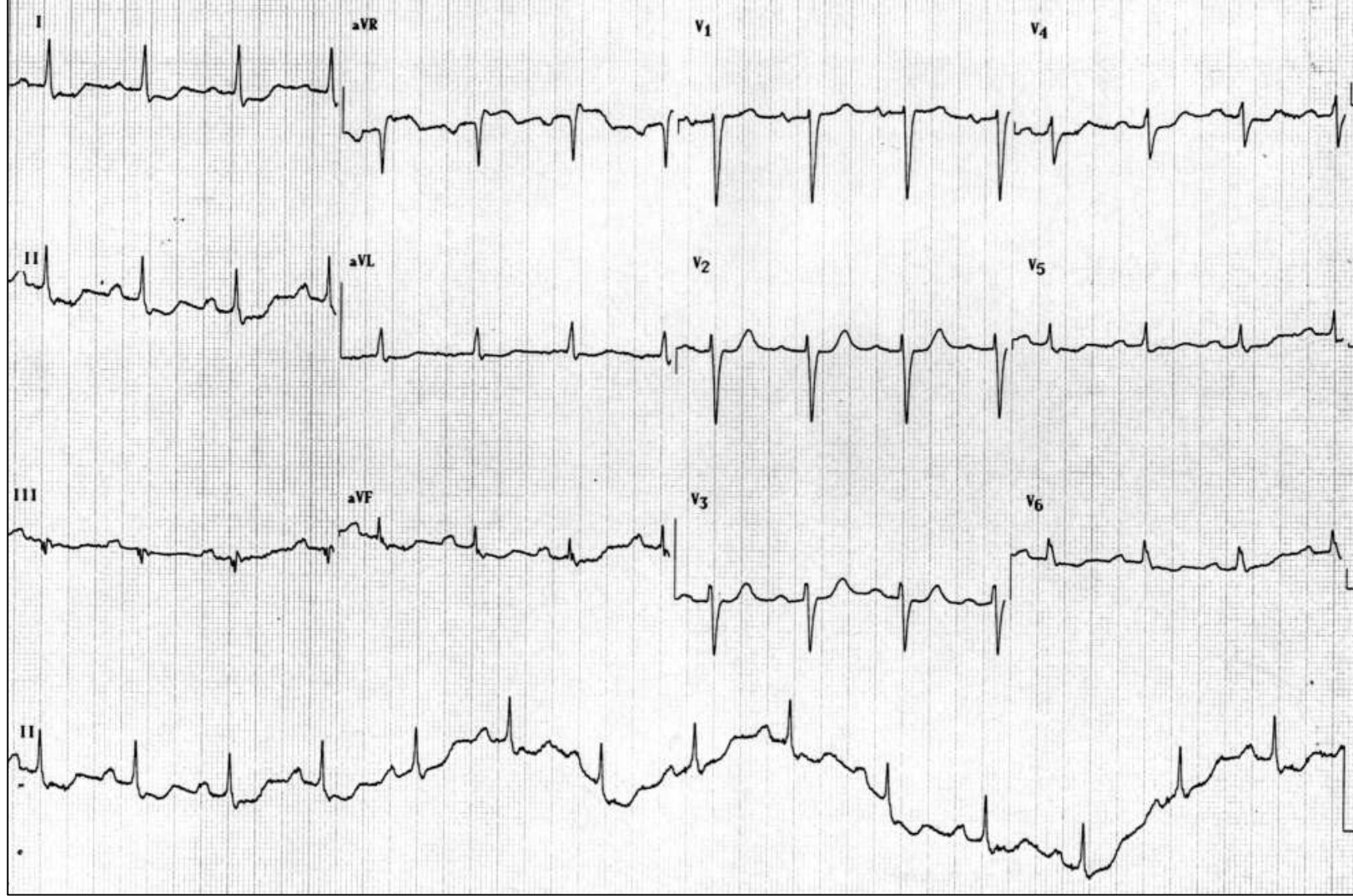
**Comments:**

There is ST depression in lateral and infero-lateral wall (I, II, aVL) indicating possible on-going ischemia.  
No evidence of MI.

12 Lead Simultaneous Date 06/09/98  
Stage: 4 1:01 25 mm/sec Gain x1  
Speed 0.0 mph HR 85 ER 0  
Grade 16.0 % BP 0/ 0 Filter .05 - 100Hz

ST level V<sub>5</sub> - 0.6  
ST slope V<sub>5</sub> 1

# 7 min DIP



- Stress ECG interpretation
  - A) Inconclusive
  - B) Normal
  - C) Ischemic



- Stress ECG interpretation

**A) *Inconclusive***

B) Normal

C) Ischemic

***Comments:***

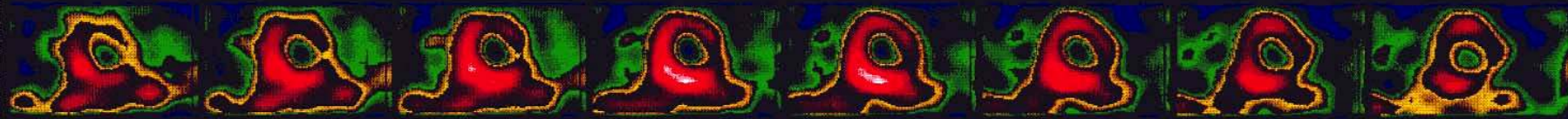
No additional changes, so since basal ECG was abnormal, stress ECG findings are inconclusive.

2053

09 Jun 98



SHORT AXIS-STR



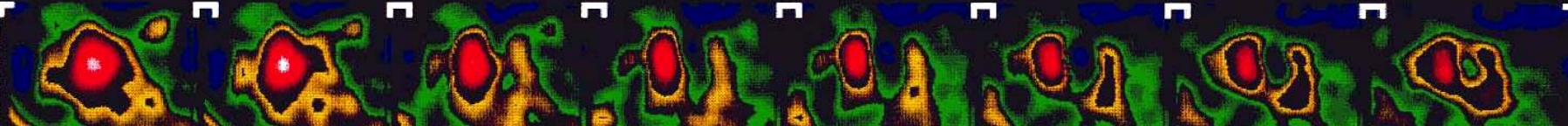
SHORT AXIS-DLY



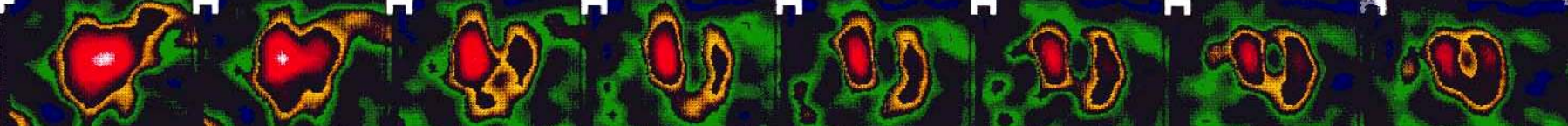
VERTICAL-STR



VERTICAL-DLY



HORIZONTAL-STR



HORIZONTAL-DLY

Dipyridamole / Thallium

- Scan interpretation?
  - A) Normal
  - B) Ischemia
  - C) Infarct
  - D) Ischemia + Infarct

- Scan interpretation?
  - A) Normal
  - B) Ischemia
  - C) Infarct
  - D) Ischemia + Infarct***

**Comments:**

There is a large, partially reversible defect on the lateral wall, indicating non-transmural MI + ischemia (Cx territory).  
There is also a fixed apical defect, indicating MI.

## Teaching points:

- In patients with previous CABG or PTCA, recurrent chest pain is an indication for myocardial perfusion imaging (MPI).
- The test can be useful to detect presence and severity of ischemia, as well as to identify the culprit vessel.
- Often, extension and severity of perfusion defects largely exceed abnormal ECG findings.