

## CASE STUDY:

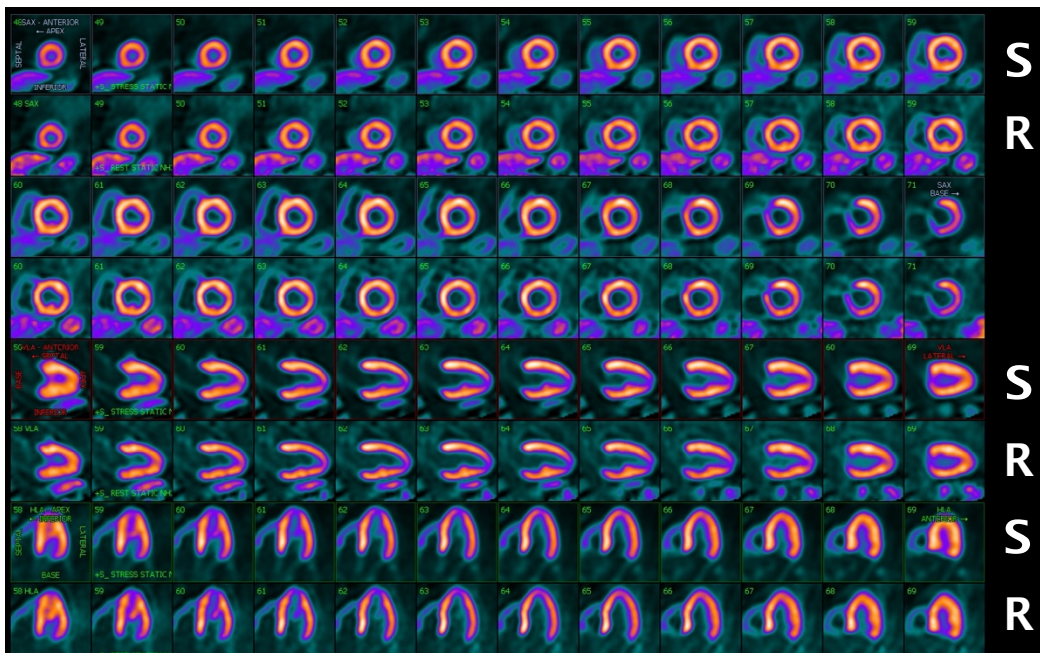
# Low Risk Surgical Clearance, Avoidance of Coronary Angiogram

University of Kansas Medical Center

81 yo. M with Hx of CAD, HTN, dyslipidemia, chronic tobacco use, chronic kidney disease stage III, transitional cell carcinoma of kidney with prior right nephroureterectomy in 2014, and recently discovered bladder cancer. Prior MI 2017 Rx of PCI to mid LAD, PE now on apixaban.

Prior cardiac investigations included a CATH on 05/01/2017: 40% proximal LAD narrowing and a 90% mid vessel narrowing with focal thrombus. The LCX is nondominant with 40% proximal narrowing, 40% mid vessel narrowing, and 40% first marginal narrowing. The RCA was a large, dominant vessel with 30% proximal, mid and distal narrowing. Patient had successful PCI with deployment of drug-eluting stent at the site of 90% mid LAD stenosis with 0% residual narrowing. ECHO w/ normal systolic function, EF of 55-60%. Diastolic function is normal. Mild aortic regurgitation.

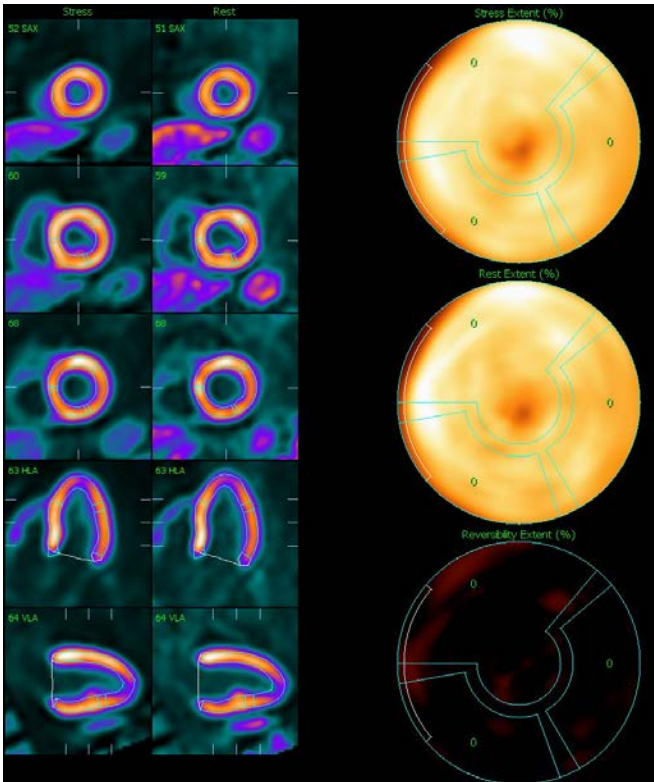
Presented to the hospital for elective cystectomy and cardiology was consulted for perioperative risk stratification. In discussion with the patient he described exertional chest pain with some atypical features. During that hospitalization, an ischemic evaluation was recommended prior to noncardiac surgery. He had a PET/CT performed that demonstrated a resting EF of 63% and stress EF of 70%. No wall motion abnormalities.



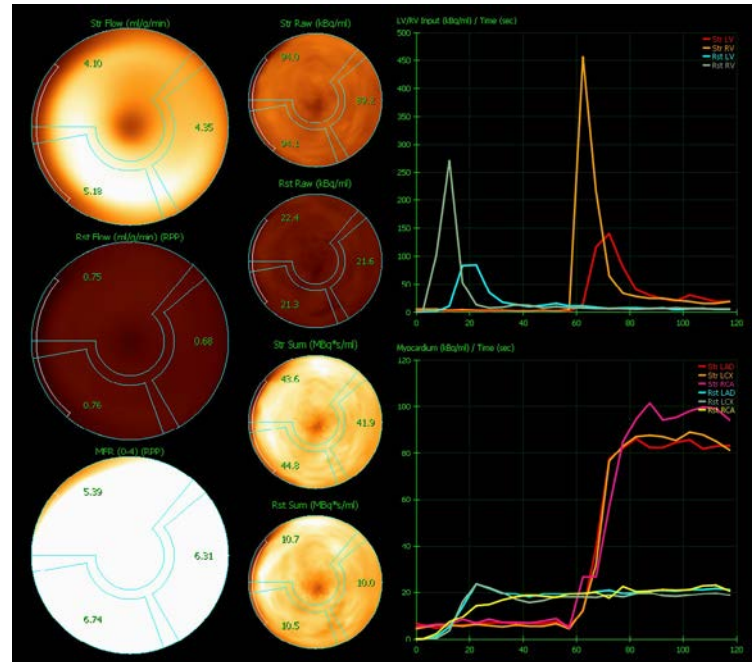
SA, HLA, VLA, Stress / Rest Slices

No myocardial ischemia or infarction. The heart appears to be normal in size. At least mild coronary artery calcifications are identified with what appears to be a stent involving the LAD. No pericardial effusion. Prior right nephrectomy. Normal global and regional myocardial flow and myocardial flow reserves. All segments are definitely viable. High-risk indicators or not present. In aggregate this study indicates a low risk for cardiovascular events.

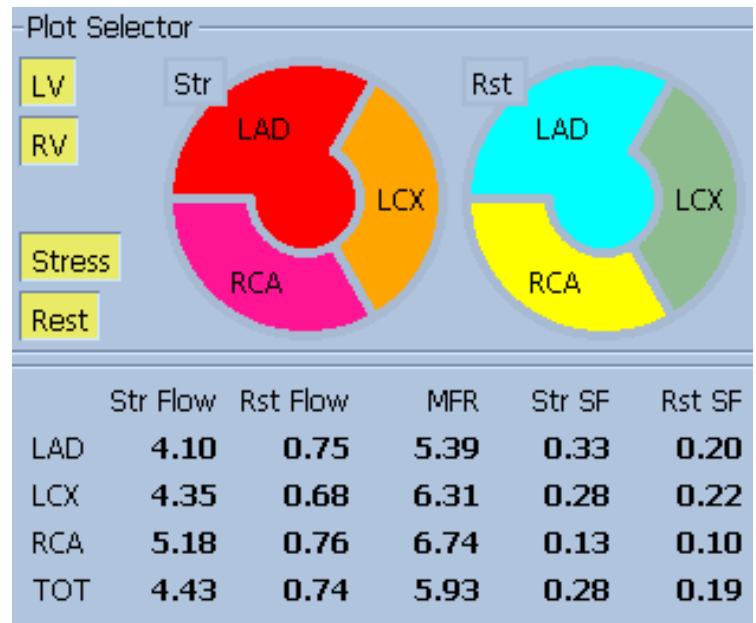
The patient was medically optimized and had a negative ischemic evaluation prior to noncardiac surgery, which precluded the need for an invasive coronary angiogram.



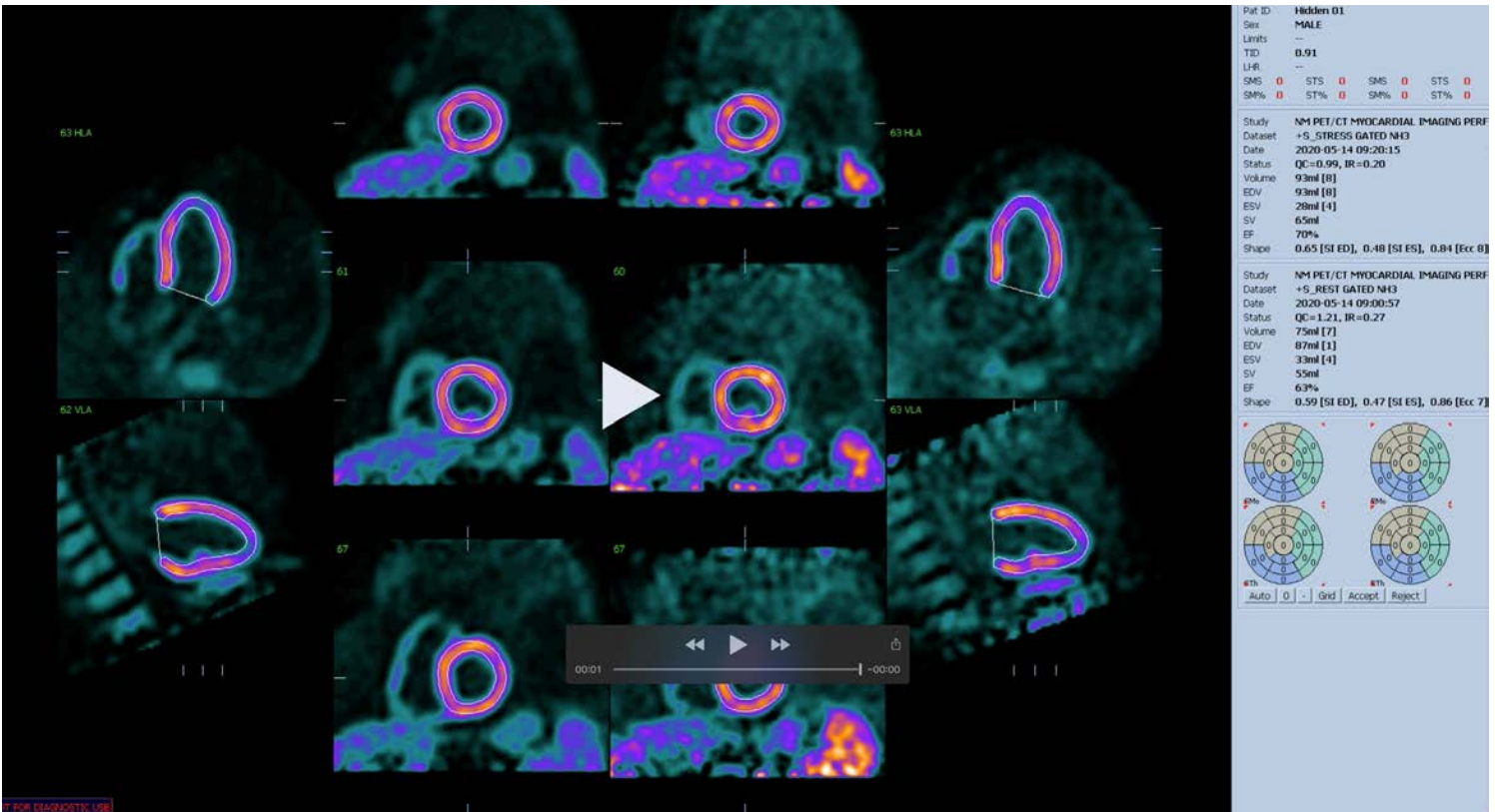
Stress / Rest and Reversibility Extent Ischemia Percentage



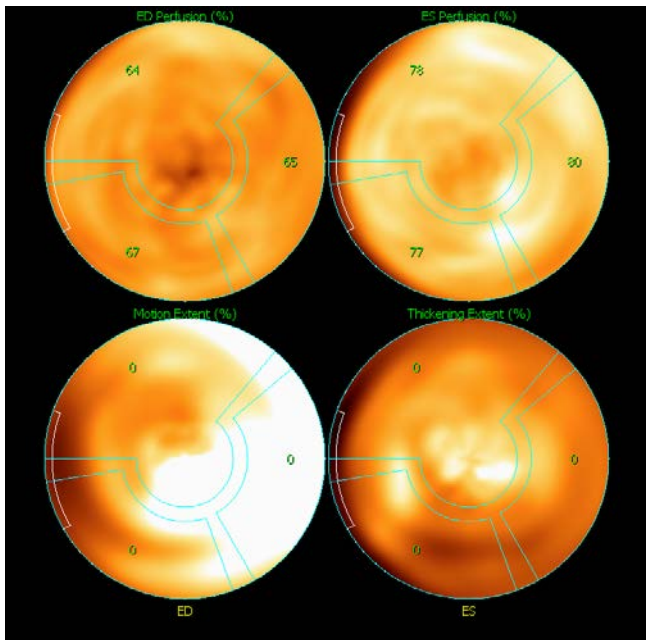
Global and Regional Myocardial Blood Flow and Quality Control Curves



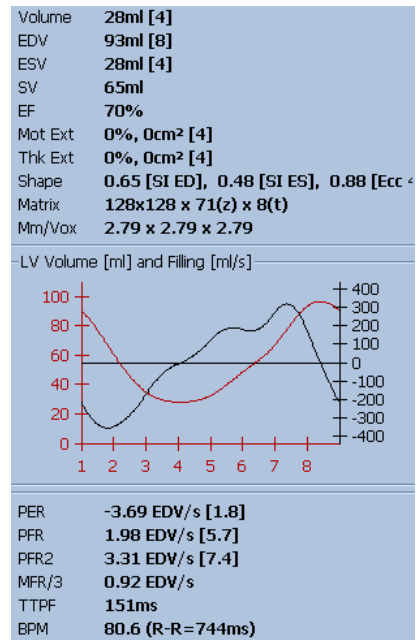
Global, Regional and Reserve Myocardial Blood Flow Values



Eight Frame Stress / Rest Gated Cine. Click on image to link to video.



ED, ES, Motion, Thickening Percentages



Functional Data Including Ejection Fraction

This information is not intended as medical advice. Responsibility for patient care resides with the healthcare professional on the basis of his or her professional license, experience and knowledge of the patient. For full Prescribing Information including indications, contraindications, warnings, precautions and adverse events, please see the appropriate product labeling.