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How to report a cardiovascular nuclear test

C. Marcassa, (Veruno)

Although substantial progresses have been made in the last years concerning the standardization of the acquisition, display, and interpretation of nuclear cardiology procedures (leading to improved quality of nuclear cardiac imaging), the quality of the "end product" (ie, the report) has not received sufficient attention. Nevertheless, the quality of reports to the referring physician determines the overall clinical value of nuclear cardiology in mainstream clinical cardiology.

The main purpose of a nuclear cardiology report is to communicate the findings and clinical implications of the stress test and nuclear images to a referring physician. Thus the report should help a referring physician in making clinical management decisions. The referring physician is entitled to a clear conclusion, and the report may indicate, when appropriate, whether the risk for future cardiac events is low, moderate, or high. Certain imaging findings may have different clinical implications, depending on the clinical context and the results of stress testing.

Although European as well as American Guidelines (1-4) detailed the required components of an optimized nuclear cardiology report, reports are still highly variable in form and content among different laboratories. A poor-quality report, which is purely descriptive and ambiguous, is at best of little value to the referring physician and at worst, confusing, useless, and potentially harmful for patient care. In addition, in many laboratories, the stress electrocardiogram report is a completely separate entity from the nuclear imaging report. This might be a potential problem when the results of the two tests are discordant.

References

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