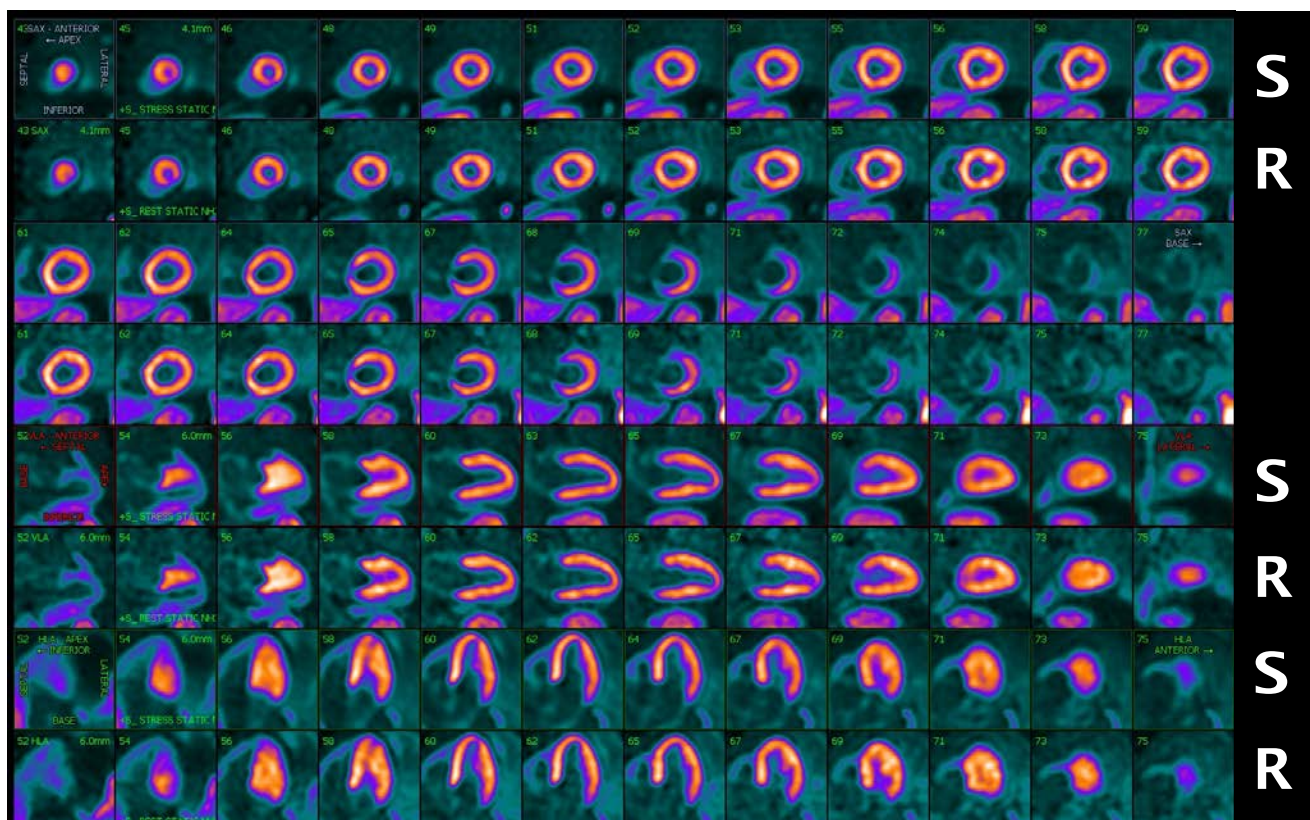


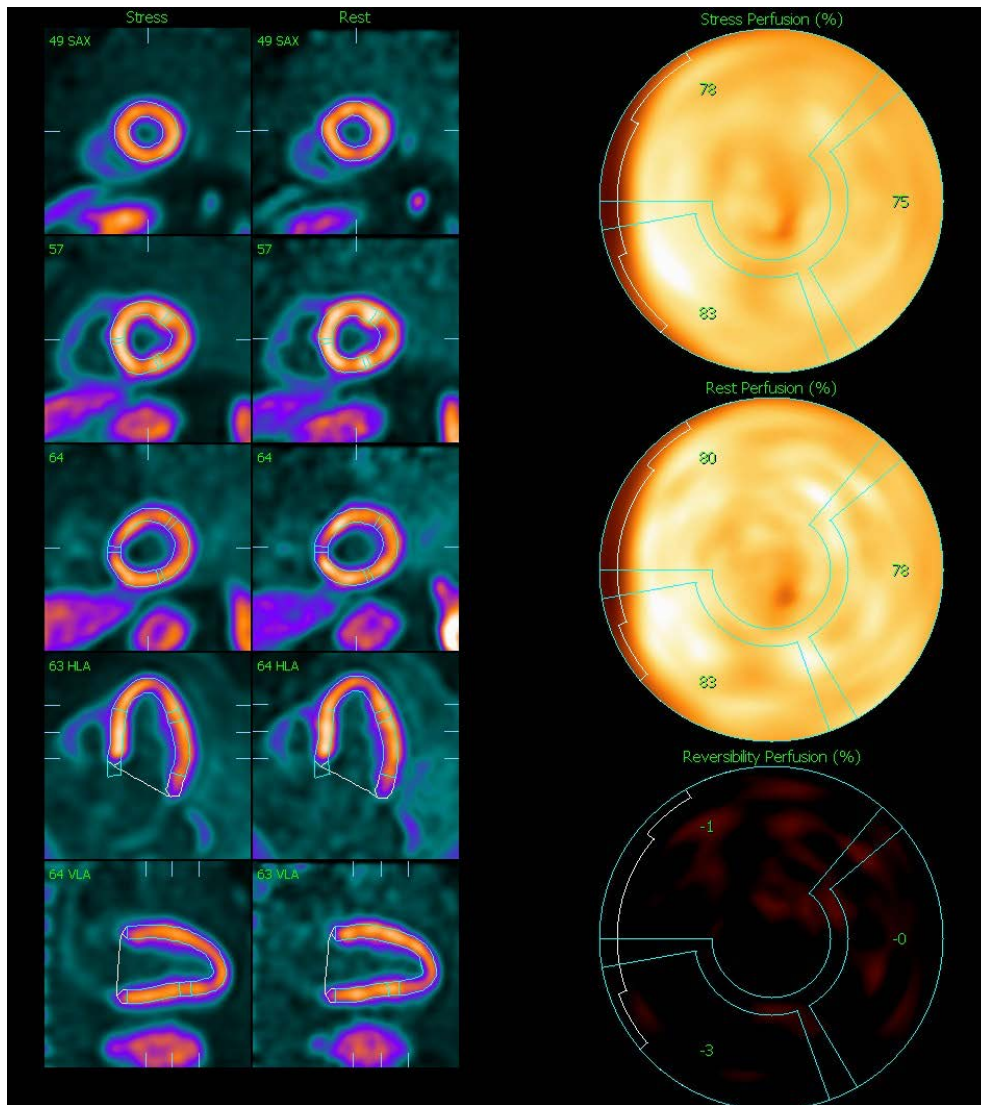
CASE STUDY: Post COVID PET/CT to Identify Myocardial Microvascular Dysfunction

University of Kansas Medical Center

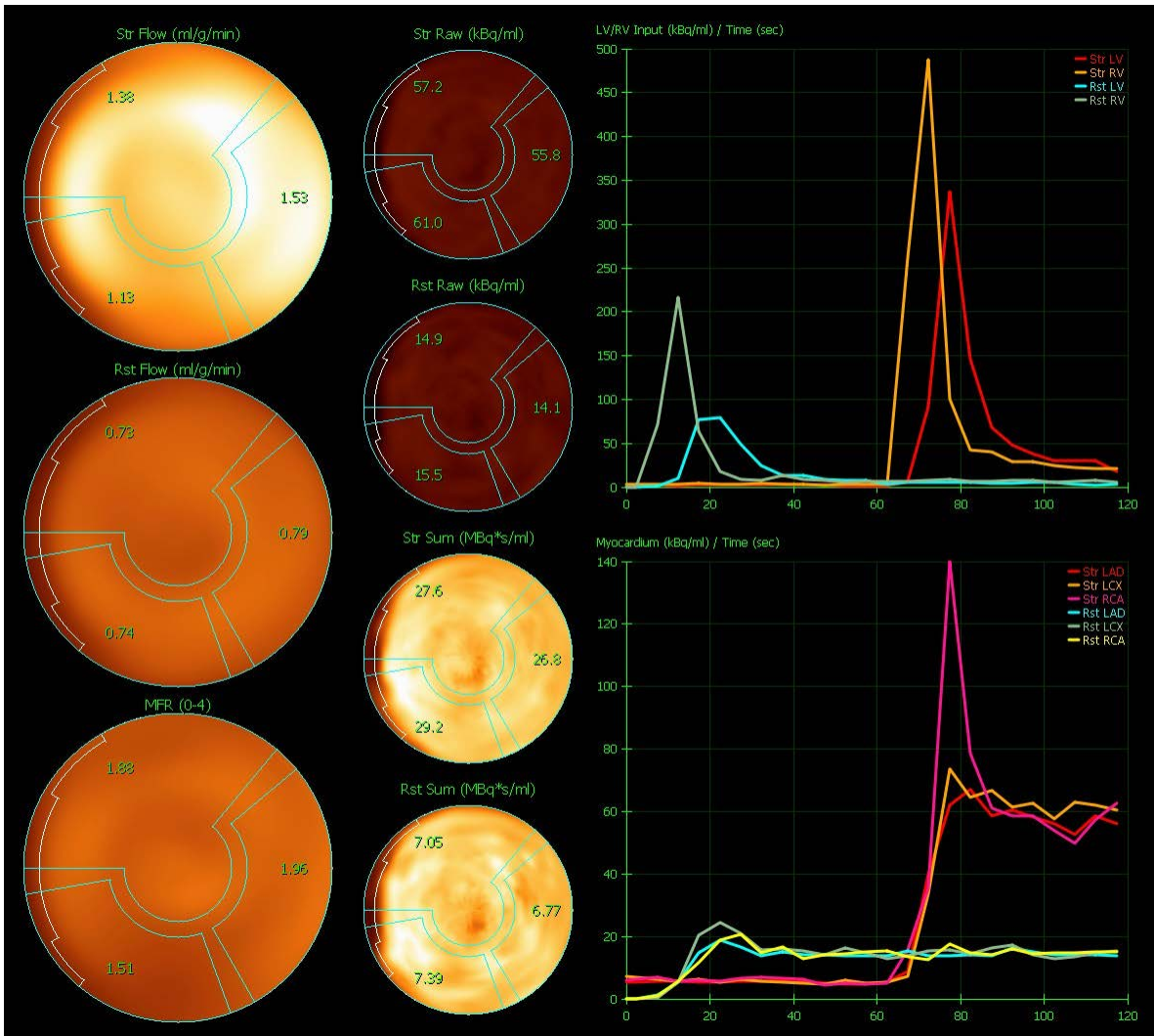
67 yo. M firefighter who tested positive for COVID-19 in March 2020. He was quarantined and recovered with a negative follow-up nasal swab exam. Presented to the Emergency Department in May 2020 with atypical chest pain and a history of LAD and RCA stent angioplasty 14 years ago. During that time he also noted atypical symptoms. A follow up Thallium SPECT exercise stress MPI was negative for ischemia in February 2019. In the ED the EKG showed nonspecific T wave abnormalities across the precordium. Troponin was negative. Echocardiography noted mild diastolic dysfunction but no regional wall motion abnormality and LVEF=50%. N-13 Ammonia regadenoson stress low dose rest-high dose stress imaging showed no perfusion abnormality but peak stress myocardial blood flow and myocardial flow reserve were globally diminished in all three vascular territories suggesting diffuse microvascular dysfunction.



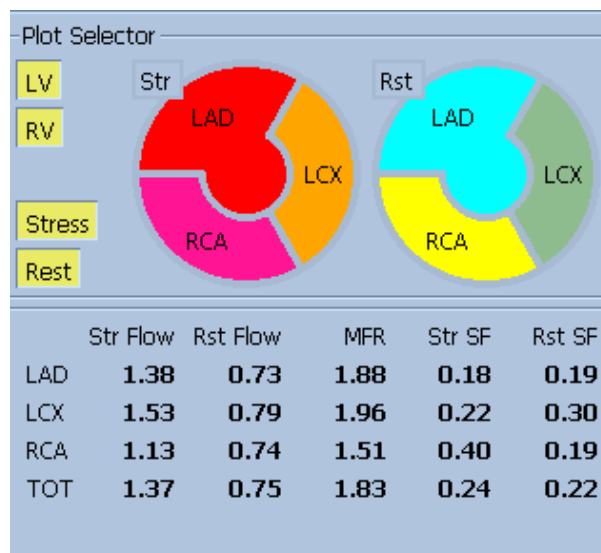
SA, HLA, VLA, Stress / Rest Slices



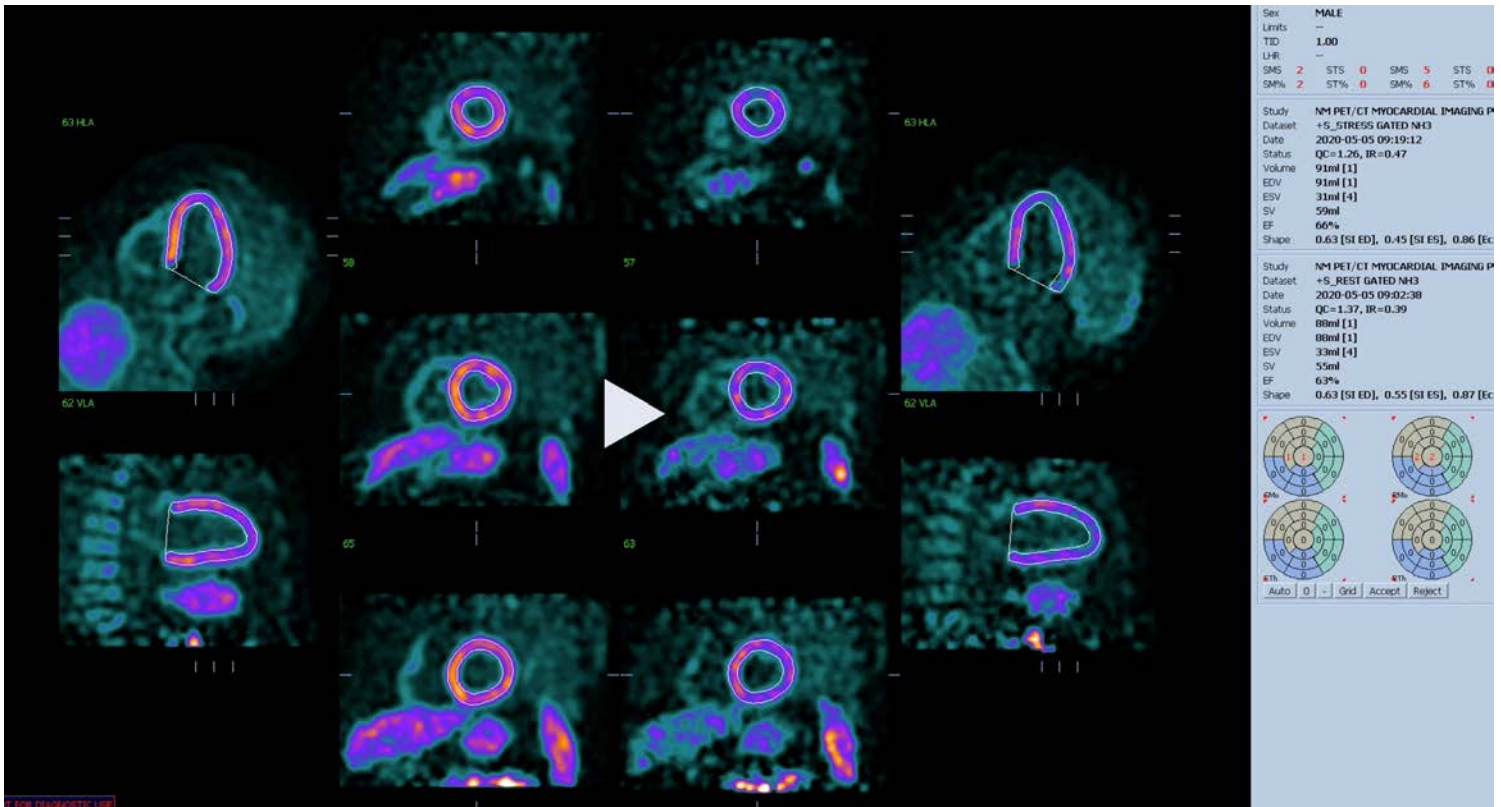
Stress / Rest and Reversibility Extend Ischemia Percentage



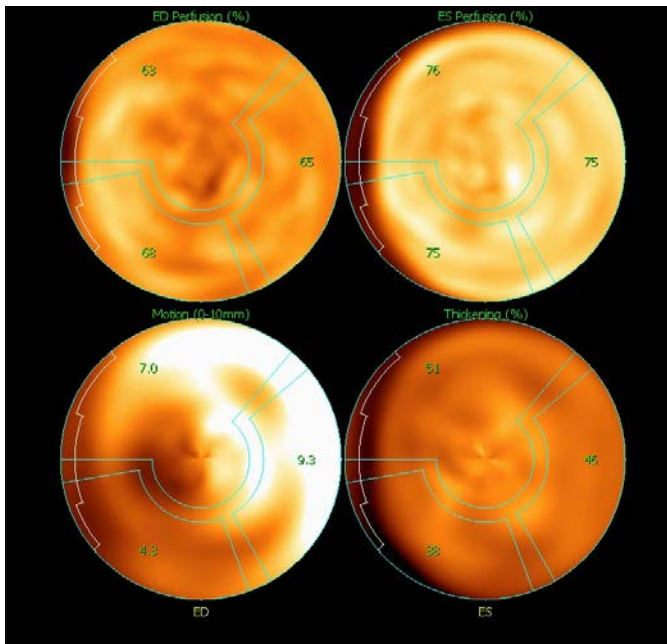
Global and Regional Myocardial Blood Flow and Quality Control Curves



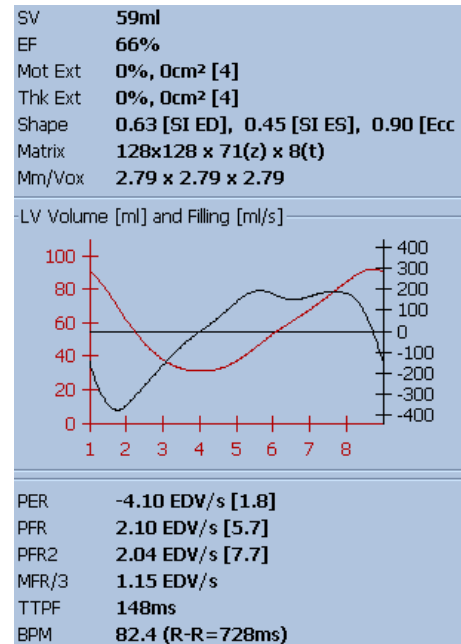
Global, Regional and Reserve Myocardial Blood Flow Values



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.