We clarified that NS was very useful for evaluating the right ventricular function and cardiac reserve, ECG-gated equilibrium radionuclide angiography was performed with Tc-99m-RBC in 11 acquired valvular disease cases at pre and post-operative periods.

We can divide them into two group. Group-A, its value of right ventricular ejection fraction (RVEF) was not increased by exercise, group-B its value of RVEF was increased by exercise. After operation, improvement of RVEF and hemodynamics of group-B was delayed especially cardiac output (C.O.) was decreased at early post-operative period. The value of RVEF was almost improved at late post-operative period. The value of LVEF was not appeared significant change.

We reported the reliability of left ventricular function, it is useful to measure the right ventricular ejection fraction during exercise. We can predict the early post-operative states by this method.

The Nuclear Stethoscope (NS) is an apparatus provided as a safe, noninvasive and repeatable method for determining left ventricular ejection fraction (EF). The EF by NS is reliable and useful for evaluating of cardiac performance at rest and during exercise. In this study, we applied NS to the assessment of cardiac performance with exercise testing in cardiac patients. In 27 cardiac patients and 24 normal healthy, the EF by NS and hemodynamic parameters were measured during the multistage ergometric stress testing the supine position. As a result, the hemodynamics and EF during exercise was more useful for evaluating the cardiac performance than at rest. And the severity estimated by change of hemodynamics during exercise, almost, paralleled to that by the criteria of NYHA. But, both was not always agreed.

In conclusion, it was revealed that the evaluation of change of hemodynamics and EF during exercise stress testing was useful in evaluating the cardiac performance.

The Nuclear Stethoscope to assess peak filling rate (PFR) and time to peak filling rate (TPFR) as indexes of left ventricular diastolic performance in 6 normals and 39 patients with coronary artery disease (CAD). CAD patients consisted of three groups without previous myocardial infarction (MI) (Group AP: N=9) and with previous MI, both normal (<50%) ejection fraction (Group MI: N=14) and abnormal (<50%) ejection fraction (Group MI: N=16). 1) PFR was significantly depressed in Group MI-1 (1.98±0.69 EDV/sec: P<0.01), but not significantly different between normals (2.88±0.23) and Group AP (3.47±0.62), Group MI-1 (3.12±0.52). 2) TPFR were also not significantly different between normals (152±250 msec) and other groups (Group AP: 180±25, Group MI-1: 162±43, Group MI-2: 165±70).

In these all patients, ejection fraction and PFR correlated closely (r=0.88).