ZENITH CARDIOLOGY

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Echocardiogram Indications

Indications for echocardiography that a general practitioner can order under Australian Medicare, with the specific wording for each indication as per the Medicare benefits schedule (MBS):

- Suspected valvular heart disease: “presence of a murmur or other clinical signs suggesting the possibility of valvular disease.”
- Heart failure: “symptoms or signs of heart failure, including dyspnoea (shortness of breath), fatigue, or peripheral oedema.”
- Ischemic heart disease: “history of myocardial infarction or unstable angina, or clinical suspicion of coronary artery disease.”
- Atrial fibrillation or other arrhythmias: “unexplained arrhythmia, including atrial fibrillation, requiring evaluation of left atrial size or structural heart disease.”
- Congenital heart disease: “suspected or confirmed congenital heart disease, for initial assessment or follow-up of structural abnormalities.”
- Cardiomyopathy: “clinical suspicion or diagnosis of dilated, hypertrophic, or restrictive cardiomyopathy.”
- Hypertension with suspected complications: “hypertension with clinical suspicion of left ventricular hypertrophy, or evidence of hypertensive heart disease.”
- Suspected pericardial disease: “suspected pericarditis, pericardial effusion, or other pericardial conditions based on clinical findings.”
- Pulmonary hypertension: “clinical suspicion of pulmonary hypertension, to assess right heart function and estimate pulmonary artery pressure.”
- Thromboembolic disease: “suspected or confirmed systemic embolism or left ventricular thrombus, particularly after myocardial infarction or with atrial fibrillation.”
- Stroke or transient ischaemic attack (TIA): “investigation of potential cardioembolic sources in patients with unexplained cerebrovascular events, including stroke or tia.”
- Aortic disease: “suspected or confirmed aortic disease, including aortic stenosis, regurgitation, or aortic dissection.”
- Follow-up of established heart disease: “periodic evaluation of known heart disease, including valvular disease or cardiomyopathy, to assess for disease progression.”
- Screening for family history of cardiomyopathy or sudden cardiac death: “family history of cardiomyopathy or sudden cardiac death, especially in first-degree relatives.”
- Preoperative evaluation: “preoperative assessment in patients with known heart disease or risk factors undergoing non-cardiac surgery.”

Stress Echocardiogram Indications

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- Symptoms of typical or atypical angina
    - Constricting discomfort in the chest, neck, shoulders, jaw or arms
    - Exertional symptoms
    - Symptoms are relieved by rest or GTN

- Known coronary artery disease with one or more symptoms suggestive of ischaemia
    - B1 Not controlled with medical therapy
    - B2 Have evolved since the last functional study

- Other
    - C1 PHx congenital heart surgery and concerned about ischaemia
    - C2 Abnormal resting ECG suggestive of ischaemia
    - C3 Indeterminate lesion on CTCA
    - C4 Potential non-coronary artery disease as assessed by a specialist
    - C5 Shortness of breath on exertion (SOBOE) of uncertain aetiology
    - C6 Pre-operative with poor exercise capacity and PHx of IHD, CVA, CCF, DM on insulin, or serum Cr >170
    - C7 Assessment of valvular disease or ischaemic threshold during exercise prior to intervention
    - C8 Suspected ischaemia in patient with impaired cognition or expressive language skills

Holter Monitor Indications

- is indicated for the evaluation of any of the following:
    - syncope;
    - pre-syncopal episodes;
    - palpitations where episodes are occurring more than once a week;
    - another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week;
    - surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia;

ABPM Indications

- The patient has a clinic blood pressure measurement (using a sphygmomanometer or a validated oscillometric blood pressure monitoring device) of either or both of the following measurements:
    - systolic blood pressure greater than or equal to 140 mmHg and less than or equal to 180 mmHg;

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- diastolic blood pressure greater than or equal to 90 mmHg and less than or equal to 110 mmHg; and
- the patient has not commenced anti-hypertensive therapy;