In Nuclear medicine, there are numerous trends in healthcare alone that are evolving and impacting their field of work. One that is a trend in healthcare is knowing which route to take by going with non-invasive versus invasive procedures of coronary artery disease. There are also risks and benefits to each side of these procedures such as, if not knowing if the patient has coronary artery disease but are showing signs of it and what route to choose. There are two procedures that help patients with known and unknown coronary artery disease, and they are catheterization (invasive) and SPECT, MPI scans (non-invasive). It shows that nuclear medicine technologist have a great responsibility imaging these patients and giving great images to healthcare workers to target down if they do have coronary artery disease.

 Coronary artery disease is the build-up of plaque in the coronary arteries of the heart.(definition reference). There is a big difference between non-invasive and invasive procedures. The non-invasive clinical routine procedures are performed with single-photon emission computed tomography (SPECT) or with positron emission tomography (PET). (article –reference). Nuclear Medicine Technologists work with non-invasive procedures such as SPECT and PET imaging to create the images to visually see if the patient is diagnosed with Coronary artery disease. Technologists do these types of images to provide feedback if the patient has coronary artery disease (CAD) or not by stating if the arteries are clogged with plaque. Invasive procedures are performing procedures such as catheterization to known patients with the diagnosis of CAD. Catheterization is a procedure that the physician will insert a catheter into the artery to remove the plaque that is causing ischemia.