



HURLEY IN THE MORNING > PODCAST TRANSCRIPT

Understanding Heart Tests and Screenings

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FEATURED PHYSICIAN

Courtney Krathen, DO

Interventional Cardiologist

Harry Hurley

It is my pleasure to welcome the return of Dr. Courtney Krathen, who is a very talented interventional cardiologist at Deborah Heart and Lung Center. Dr. Krathen is board certified in cardiovascular disease, interventional cardiology, and nuclear cardiology — a true triple threat. Dr. Krathen earned her medical degree at the Busk College of Osteopathic Medicine in Philadelphia. After medical school, she completed her residency in internal medicine at the Philadelphia College of Osteopathic Medicine, then went on to complete both a fellowship in cardiology and interventional cardiology at Deborah Heart and Lung Center in Browns Mills, New Jersey. Dr. Krathen's special interests include coronary intervention and peripheral vascular intervention, and she has participated in clinical research projects and authored articles in peer-reviewed medical journals.

Deborah Heart and Lung Center presents Dr. Courtney Krathen, interventional cardiologist, and the program topic this half-hour is Understanding Heart Tests and Screenings. We're in our 35th year, which is almost mind-boggling to me, being a small part of Deborah Heart and Lung Center Presents — both the television program for more than two decades and the radio program. I don't believe, Dr. Krathen, that we have ever specifically done this topic before, and it's so huge. Welcome to the program. Good morning.

Dr. Courtney Krathen

Good morning, everyone. Thank you for having me.

Harry Hurley

It is a pleasure. First question, right out of the box — and I guess it's multi-part. What are heart health screenings? And if you would, describe the difference between preventive heart screenings and diagnostic testing.

Dr. Courtney Krathen

I think this is very important. There are multiple different ways we can screen for heart health. Some of them include simply talking with your doctor, doing a really thorough office visit, and talking specifically with either your primary care provider or being referred to a cardiologist. The next level up is getting a tracing of your heart's electricity, called an EKG. There are certain blood tests we can also use to screen for some of the risk factors that we know lead to heart disease.

Diagnostic testing differs a bit from heart screening. Heart screening tests are how we differentiate your risk of heart disease — we gather all your risk factors and get a rough estimate of your overall cardiovascular risk based on those factors. Once we move into the diagnostic testing portion of your cardiovascular exam, that's when we're actually trying to find clues for different diseases you may have or may be starting. Those diagnostic tests are what help us actually diagnose what might be going on.

Harry Hurley

I'm always hesitant, Dr. Krathen, to ask questions like at what age someone should do something. For example — it's fresh, ripped right from the headlines — James Van Der Beek was diagnosed with stage three colon cancer at age 45, and he has passed away at 48. So what if we told James Van Der Beek, "Hey, wait till you're 50 to get a colonoscopy"? Not a good idea. But I'll ask the question anyhow — at what age are heart screenings recommended?

Dr. Courtney Krathen

This is such an important part of what we should talk about with heart health, and it's a personal passion of mine — preventive heart disease. Preventing that cardiovascular event, preventing the "big one." We do that by monitoring the risk factors. I'm not sure I can give you one specific age to start screening for overall cardiovascular disease, but people should be following up with their primary care physician. Usually what we say is that things like cholesterol panels, blood pressure recordings, checking for blood sugar abnormalities, and getting a weight at every visit should be done for all adults over the age of 20.

Harry Hurley

Wow.

Dr. Courtney Krathen

So, very early on. And then, once we reach our third or fourth decade of life, we would recommend seeing a cardiologist and getting a baseline ultrasound of the heart, which gives us a great deal of information on how the heart is functioning with the other organs and how healthy the heart is.

Harry Hurley

Our guest is Dr. Courtney Krathen, starring today on Deborah Heart and Lung Center Presents. Dr. Courtney Krathen, interventional cardiologist at Deborah Heart and Lung Center. To make an appointment, I'll give you the phone number — and from any digital device, you can do the same thing on the web at demanddeborah.org; you'll see a big hyperlink to scheduling your appointment. Or, if you prefer, 609-621-2080. That's 609-621-2080.

How do lifestyle factors and family history affect when and which tests someone should have for determining cardiac issues?

Dr. Courtney Krathen

This goes hand in hand with the question we just covered — what is the appropriate age for recommended heart screenings? Your lifestyle and your family history play a very significant role in when we should start thinking about ruling out, or at least screening for, heart issues. Obviously, if you have a family history of heart disease, there are certain disease processes with the heart that are genetically hard-wired to a certain extent within families. Someone with a family history of early coronary artery disease or early blockage in the heart arteries should be screened earlier — with a stress test or even an echocardiogram — usually about 10 years before their earliest relative had a major cardiovascular event. That said, this can change when you talk with your provider.

Lifestyle also plays a role. We'll go through the different risk factors for heart disease, and if you check certain boxes that put you in a higher risk category, screening should happen earlier based on those lifestyle factors.

Harry Hurley

So important. Deborah Heart and Lung Center presents Dr. Courtney Krathen, interventional cardiologist, and our program topic this half-hour is Understanding Heart Tests and Screenings. We've heard from you in past interviews about regular screenings, and we've learned terms like "know your numbers." What are the numbers we need to monitor, and how often should they be checked?

Dr. Courtney Krathen

When you come to see a cardiologist — or even your primary care physician — a lot of the specific factors we're looking at can be obtained from blood work and your vital signs. We look at blood pressure, which should be checked at least twice a year. Some people check their blood pressure at home, which I love — one of the greatest things a cardiologist can see in the office is a patient who's taken the initiative to monitor that at home. We also look at a cholesterol panel, tracking changes up or down in your numbers; this blood work should be checked twice a year, especially if you're over the age of 40.

We'll also look at your hemoglobin A1c, a three-month average of your blood sugar — twice a year in a non-diabetic patient, and every three months in a diabetic patient. And at

every office visit, we check weight and look at what changes you've gone through and why, because all of these can be clues that something may be going on with the heart.

Harry Hurley

Wow. So if you're putting on pounds, that could be part of a heart issue?

Dr. Courtney Krathen

Absolutely. When the heart starts to decondition, or starts to get sick, we often compensate — and that compensation may mean not moving as much, because moving might make us feel bad. There's not a direct line where weight gain means you're going to have a cardiovascular event — that's not at all what we're saying. But it could be evidence that there's strain on the heart, or something we need to look into further.

Harry Hurley

That's a very reasonable, sensible point, because it could be an early warning sign — all of a sudden you're putting on weight and you don't even know how it's happening. I think that's really important, what you just shared. What are some of the heart tests a healthcare provider might order, and tell us about them?

Dr. Courtney Krathen

We have a whole slew of tests now — modern technology has been very favorable to cardiology. We have a number of tests that let us look at the heart from all different angles, for all different types of patients. Even if you can't ambulate on a treadmill — and I know that's one of the stressors when patients come to see me, they say, "Oh, I'm so nervous you're going to order a stress test," because they have an idea of what that is and they're scared — we now have so many different tests that can evaluate the heart, even in non-invasive ways.

These include an EKG, an electrical tracing of your heart; different types of stress testing, including medication-induced stress tests and treadmill-based physical stress tests; and ultrasound, a very non-invasive way to look at heart function. There are also newer tests in the form of CT scans, which are very non-invasive and look at the amount of calcium in and around the heart, as well as for blockages. We can actually look down the vessel with a CT scan and evaluate any blockages non-invasively now.

Harry Hurley

We are exactly at the halfway point. We only take one break, and we'll do it right now. We'll come right back with Deborah Heart and Lung Center Presents and Dr. Courtney Krathen, interventional cardiologist. Our program topic this half-hour is Understanding Heart Tests and Screenings. When we come back, Dr. Krathen will address what heart issues can be determined by diagnostic testing — structural heart issues, rhythm issues, prior heart attack history, valve issues, blockages, and more.

If you feel that you're dealing with any of the issues we're talking about, or any type of issue that Deborah Heart and Lung Center handles, give them a call to make an appointment at 609-621-2080. On any digital device, you can go to demanddeborah.org and schedule an appointment right from the website. Back with Dr. Krathen in just a few minutes.

Harry Hurley

Welcome back. This is flying by — but that's what happens when you're having fun, and we always have a great time interviewing Dr. Courtney Krathen. If you're just joining the program, our topic this half-hour on Deborah Heart and Lung Center Presents, with Dr. Courtney Krathen, a very talented interventional cardiologist triple board certified in various disciplines, is Understanding Heart Tests and Screenings. When we left you a few minutes ago, I teased the next question: what heart issues can be determined by diagnostic testing?

Dr. Courtney Krathen

With diagnostic testing, we can look into any kind of valve heart disease — whether the valves are blocked or leaking. We can also look at structural heart disease. Everybody has heard the term congestive heart failure, so we can look into how well the heart is squeezing and whether it has become weak over time. We can also look for whether a patient has had a previous heart attack or some type of event that was missed, and assess for any kind of cardiac arrhythmia or abnormal heart rhythm. So there's a lot of evidence we can obtain with these tests.

Harry Hurley

Two-part question. If a listener has testing done and the results are normal, what follow-up or monitoring is needed? And on the flip side, if there's an abnormal result, what follow-up or additional tests may be needed?

Dr. Courtney Krathen

I always tell my patients that when test results come back normal, that's very reassuring — there's nothing obvious showing up on the diagnostic testing. But things can always change, and you know your body best. If something doesn't feel right, or is changing, that's still something to talk about with your provider, even with normal results. On the flip side, if test results come back abnormal, that's typically going to trigger us to recommend further testing to find out what's wrong, and then to find a solution or treatment for what we're finding — whether it's a blockage, a rhythm disturbance, or congestive heart failure, where we can get you on medications to strengthen the heart back up. Usually, abnormal results trigger more follow-up for diagnostic purposes and then for treatment.

Harry Hurley

Let me give you a bonus question — a sidebar. I don't know if this is a good question or a terrible one, but do you find there are a lot of people who are actually afraid to find out if something is wrong, and so they don't seek the help they should out of fear of finding out?

Dr. Courtney Krathen

Yes, we see this all the time. Patients come in and sometimes the symptoms are downplayed — sometimes the patient knows they're downplaying them, and sometimes they don't even know what to share with their provider. We see a lot of this fear of what we're going to find on testing, and it's something you need to work through with your provider. Personally, here at Deborah, I know myself and all my colleagues spend a lot of time talking with our patients in the office about what we're finding. There's really no bad finding. When you're in the office, doing the testing, looking at things ahead of time and upstream, there's really nothing we can't tackle at Deborah. There's really no bad news. So I'd encourage people to rethink that idea of "I don't want to do the testing because I don't want bad news." There really is no bad news.

Harry Hurley

You're going to get the news, and then you're going to get the plan for how we're going to handle it.

Dr. Courtney Krathen

Right.

Harry Hurley

So it's so important — anybody with that mindset should flip the script entirely. You should be afraid not to know. I can testify to this. I've been to Deborah many, many times over the last 34 years and met incredible people across all the different departments, and the rapport with patients is unbelievable. Any objections someone might have had beforehand — fear of this or that — once you meet your healthcare provider, your doctor, that's all gone. I promise you, that's all gone in a hurry.

To make an appointment, call 609-621-2080, or visit demanddeborah.org. Deborah Heart and Lung Center presents Dr. Courtney Krathen, interventional cardiologist. We usually visit with Deborah, almost like clockwork, on the second Thursday of every month in the first half of the 9:00 hour. It floats occasionally — sometimes the first Thursday — but it's usually the second Thursday, because we work with very busy doctor schedules. They do a great job committing to the program, and we're very grateful for that.

Our program topic this half-hour with Dr. Krathen is Understanding Heart Tests and Screenings, which takes us to the next question. I'll throw out another age — over 40.

Hypothetically, if you're over 40 and you don't have heart disease, should you see a cardiologist to get a baseline calcium score and an echocardiogram?

Dr. Courtney Krathen

I think over the age of 40 is certainly a time when, throughout life, you'll probably need a baseline echocardiogram for one reason or another — maybe you're being evaluated for something else and they want to know the function of the heart. Calcium score CT scans have also been evolving, and a lot of times patients are actually getting these through their primary care physicians and then bringing the results to us to go over, which we love — we love explaining this type of testing with the patient in the office. I'd say 40, maybe 45, is the time when you should have these kinds of baseline tests — not necessarily because something is wrong or we're suspecting something, but so that we have a baseline heart function to refer back to in future years.

Harry Hurley

This next one is almost going to be a tongue-twister. If you're working on risk reduction, since that's so important to heart health, should screening work happen in conjunction with risk reduction, rather than as a substitute for it?

Dr. Courtney Krathen

Absolutely. Screening for cardiovascular disease and cardiovascular risk reduction should happen in parallel. What I mean is, screening tests shouldn't stop — you should still meet with your provider, get the recommended blood work, and have an EKG done yearly, while you're working on your risk factor reduction: getting your hemoglobin A1c down with diet and exercise, watching the cholesterol-rich foods in your diet, watching your weight, monitoring your salt intake, and if you're a smoker, working with your healthcare provider on ways to decrease your nicotine intake and, hopefully, quit smoking. That's been shown to be beneficial for all parts of your body, not just your cardiovascular health. I'm a big proponent of doing these two things in parallel, because my passion is prevention of heart disease. We see patients in the cath lab whom we have to pull out of a cardiovascular event, but the real bang for your buck is in preventing these episodes from happening in the first place.

Harry Hurley

I'm going to throw it all at you in the final few minutes, under the heading of heart-healthy living. I want to cover the smoking you mentioned — and I know you meant vaping along with that. I've always believed, even though there's still a lot to learn, that people who thought vaping was safe were mistaken. I've seen popcorn lung, I've seen young people in emergency rooms in very serious situations, and in some cases even with permanent lung damage. None of it's good — smoking or vaping. But let me put it all out there: the importance of eating right, of getting enough sleep — I think we're a sleep-deprived nation — of exercising, and the effects of smoking and vaping on the heart. These are all really important for being heart-healthy, isn't that right?

Dr. Courtney Krathen

Absolutely, you hit them all on the head. Eating right is very important to overall heart health, and that includes keeping away from excess salt — not necessarily avoiding a salt shaker on the table, but cooking with the right amount of salt — getting enough fruits and vegetables, and limiting your red meat intake. That's not to say you can't have red meat from time to time, but limit it and choose a lean meat or fish instead.

Sleep is so important. I think it's an area we tend to overlook — we don't get a good night's sleep, and then the next night we don't either, and then we feel bad. We could be doing a great job during the day, but if our body isn't resting the right way at night, that matters. There's rest, and then there's good rest, so paying attention to your sleep is important.

Exercising — I can't say enough about it. I realize in today's world it's difficult, between going to work all day, coming home, cooking dinner, spending time with family — getting 20 minutes of dedicated exercise is the last thing on our minds. But our body loves it. Our heart is a muscle, and it benefits from that time when we get our heart rate up and exercise our organs. I'd really recommend three to five times a week of some type of activity for 20 minutes, uninterrupted.

And smoking — we've talked about cigarettes, but this new wave of vaping is kind of scary, because it was initially marketed as a safe alternative to smoking, and it can't be further from the truth. So I think doing whatever you can to stop smoking and vaping would really add years onto your life. I want to be blunt about that — it's really going to add years onto your life.

Harry Hurley

Final minute. As a point of emphasis on sleep — you did a great job on that part of your narrative, and I think we are a sleep-deprived nation, and people do cheat on sleep. You mentioned the heart as a muscle — it never completely gets to rest, because obviously we would expire. So it's working even during sleep, but that's when the heart gets a break, right?

Dr. Courtney Krathen

That's when your heart rate will decrease and go to the minimum amount of pumping it needs to keep the body perfused while you're sleeping. This is when everything goes into what I like to call a kind of hibernation — all of our metabolic needs go down and the organs get to reset. The brain gets to reset, and the heart gets to work less hard than it does when we're driving to the grocery store or going to work — the heart is going uphill all day, up and down these hills. When we sleep, that's when the heart really restores itself. The same is true for the lungs, the muscles, and all the vessels in the body — everything tends to move at a slower rate when we sleep, and that's when you see that cell rejuvenation, that restorative health that we need.

Harry Hurley

So important. To make an appointment with Dr. Krathen, and whenever we're covering the different topics here on the program, it's simple: call 609-621-2080, or visit demanddeborah.org. Deborah Heart and Lung Center presents Dr. Courtney Krathen, interventional cardiologist. What a great clinic you put on today, Dr. Krathen, and thank you so much for it. Be well.

Dr. Courtney Krathen

Thank you for having me. This was so fun.

Harry Hurley

It was, and you're terrific. Thank you so much, Dr. Krathen. Until we meet again.