Cardiac chambers appear normal, with normal appearing contractility and an

estimated ejection fraction of 59%. There is no valvular calcification.

Pericardium appears normal.

**EXTRA-CARDIAC FINDINGS** 

No abnormality noted in the visualised mediastinum.

Other than dependency changes in the visualised lung parenchyma, no

abnormality is seen.

No pleural abnormality noted.

CONCLUSION

There is mild to moderate atherosclerosis of the coronary arteries with both

mixed and calcified plaque with associated mild stenoses within the mid LAD,

the proximal first diagonal branch and the proximal RCA.

Thank you for referring this patient.

Secretary: OFS1

Electronically Signed by: DR OBI WAN KENOBI/DR WONDER WOMAN

General Report #186729: Authorised by Root (Root) at 12/07/2011 02:15

Date Serviced: 31/12/9999 00:00

Requests: 11/OCC/0094240 (Series 0; Requested by: Dr ; Work Site: OCC)

Services: CT Coronary Angiogram (NR)

Exam Date: 27/06/2011

Report Date:

Report Collection: 6. Pick-Up

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

Clinical Details:

Recurrent chest pain. Background of hypertension and family history. Normal

stress test.

Technical Notes:

Heart Rate: 70-75bpm

Radiation Dose (DLP): 604

IV beta-blocker: 17.5mg metoprolol

Oral beta-blocker: 50mg metoprolol

Sublingual nitroglycerine: Y

Technical quality: Fair-poor. The study was severely limited by the

patient''s persistent sinus tachycardia despite oral and intravenous beta blocker.

Calcium Score: 0

Volume: 0

Coronary Arteries:

Dominance: Right

Within the limits of this suboptimal study, there is no evidence of noncalcific or calcific plaque in the coronary arteries. However, the distal segments of the right coronary circulation are poorly visualized. The left coronary circulation is relatively well visualized, however and shows no abnormality.

Cardiac Findings:

Cardiac chambers:

There is no atrial or ventricular enlargement. The atrial and ventricular septa appear normal. There is no atrial or ventricular thrombus.

Cardiac valves:

Normal appearances.

Pericardium:

No pericardial thickening or effusion.

Aortic root:

The aortic root appears normal.

Pulmonary trunk:

The common trunk appears normal.

Limited Chest CT findings:

No pulmonary nodules, masses or pleural effusions seen.

Impression:

Study severely limited by persistent sinus tachycardia despite oral and