

**Approving Radiologist:** Dr Mickey Mouse  
**Report Approval Date:** 04-JUL-2019 01:43 PM

## Randwick Medical Imaging Department

(Incorporating POWH, SCH & RHW)

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Health

South Eastern Sydney  
Local Health District

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Barker Street  
RANDWICK 2031

MRN:  
Acc No: **1236503**  
Ward: **DBCCU**

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### CT Coronary Angiogram:

**Indication:** Chest pain.

### Technical parameters:

A CT Coronary Angiogram was performed using a 320 slice cardiac CT scanner. The images have been evaluated and re-constructed and manipulated on a 3D work station.

Heart rate: 52

Radiation dose (DLP): 227

- |   |                            |     |
|---|----------------------------|-----|
| 1 | Intravenous BETA-BLOCKER:  | No  |
| 2 | Oral BETA-BLOCKER:         | Yes |
| 3 | Sublingual Nitroglycerine: | Yes |
| 4 | Regular BETA-BLOCKER:      | No  |

*Technical Quality & technical issues:* Good image quality.

### Coronary arteries:

*Dominance:* Left (from the LAD and LCx).

LM: The left main coronary artery arises from the left coronary sinus and divides into the left anterior descending and left circumflex coronary arteries. It appears normal.

LAD:  
There is a small non-calcified plaque within the mid portion of the left anterior descending coronary artery causing minimal stenosis. The remainder of the LAD appears normal. It gives rise to 2 diagonals, both of which are patent.

*Circumflex:*  
There is a severe stenosis (>90%) proximal aspect of the second obtuse marginal branch of the left circumflex coronary artery secondary to non-calcified plaque. The first obtuse marginal branch appears patent. The LCx coronary artery supplies the posterolateral branches.

*RCA:*