The right coronary artery arises from the anterior aspect of the left coronary sinus and courses between the aorta and pulmonary artery trunk and then in the right atrioventicular groove. It has an oblique origin and is compressed proximally in its AP dimension over several centimeters. It appears otherwise patent. It is a small, non-dominant vessel.

Cardiac findings:

Cardiac Chambers:	Normal.
Cardiac Valves:	There is slight calcification of the aortic valve which is trileaflet. The mitral valve appears normal.
Pericardium:	Normal.
Aortic root:	Normal.
Pulmonary trunk:	Normal.
Pulmonary arteries:	Normal.

Limited Other findings:

Pleural:	There are calcified plaques involving the diaphragmatic pleural bilaterally, consistent with asbestos related pleural disease.
Lung parenchyma:	There appears to be mild subpleural interlobular septal thickening involving the anterolateral costovertebral pleura bilaterally, worse on the left side. This raises the possibility of mild subpleural fibrosis. There is a small (2 mm) nodule in the posteroapical segement of the left upper lobe, and another tiny cluster of nodules in the superior segement of the lingula. These are of doubtful clinical significance.
Chest wall:	Normal.
Mediastinum:	Normal.
Upper abdomen:	The visualised upper abdomen appears normal.

Conclusion:

1. Severe stenosis involving the proximal second marginal branch of the LCx coronary artery secondary to non-calcified plaque.
2. Anomalous origin of the RCA which courses between the aorta and MPA with AP compression.
3. Left sided dominance.
4. Asbestos related pleural disease. Possible mild subpleural fibrosis.

Signed Dr Mickey Mouse and Dr Donald Duck

Dictated By: Dr Mickey Mouse
Approved By: Dr Princess Leia at 23-MAR-2012 10:45 AM

Typist: