Randwick Medical Imaging Department
(Incorporating POWH, SCH & RHW)
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Health
South Eastern Sydney
Local Health District

Randwick 2031

MRN:
Acc No: **2896581**
Ward: **DBCCU**

CT CORONARY ANGIOGRAM performed on 14-MAR-2016

Clinical history:
? IHD

Technical parameters:
A CT Coronary Angiogram was performed using a 320 row detector cardiac CT scanner. The images have been evaluated on a 3D work station.

Heart rate: 55-63 bpm
Radiation dose (DLP): 210 mGycm
Intravenous BETA-BLOCKER: No
Oral BETA-BLOCKER: Yes 100mg Metoprolol
Sublingual Nitroglycerine: Yes, 600 mcg

Technical Quality & technical issues: Diagnostic.

Coronary arteries:
Dominance: Co-dominant

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

LAD:
The left anterior descending coronary artery gives rise to 4 diminutive diagonal branches and several small septal branches. There is eccentric calcified plaque in the ostial LAD, resulting in 25% stenosis. Further eccentric calcified plaque at the origin of D2/mid LAD. There is <25% narrowing at this level. There is no haemodynamically significant stenosis in the diminuitive diagnonal vessels.

Circumflex:
The left circumflex coronary artery appears normal. It gives rise to 2 obtuse marginal branch. There is focal eccentric plaque in the distal LCx resulting in <25% narrowing. There is no haemodynamically significant stenosis elsewhere in the LCx or OM branch.

RCA:
The right coronary artery arises from the right coronary sinus and gives rise to conus, sinoatrial and acute marginal branches before terminating as posterolateral and posterior descending artery branches. There is