
General Report
#149825:
Authorised by
Root (Root) at
11/10/2010 13:14

Date Serviced:
31/12/9999 00:00

Requests:
10/OCC/0057066
(Series 0;
Requested by: Dr
; Work Site:
OCC)

Services:
CT Coronary
Angiogram (NR)

Exam Date: 06/10/2010

Report Date:

Report Collection: pickup

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

CLINICAL INDICATION: Previous inferior myocardial infarction. Recent MIBI suggest anterior wall ischemia.

TECHNICAL PARAMETERS:

A CTA Coronary Angiogram was performed using a 64 slice dual source cardiac CT scanner. The images have been evaluated and re-constructed and manipulated on a 3D work station.

Heart rate: 65 beats per minute Radiation dose (DLP):

527

1 Intravenous BETA-BLOCKER: Nil.

2 Oral BETA-BLOCKER: 25 mg

3 Sublingual Nitroglycerine: One spray.

Technical Quality & technical issues: Good.

Calcium score: 650 Volume: 123

CORONARY ARTERIES:

Dominance: Right.

LM: There is a short left main coronary artery. There is a calcified plaque involving the distal portion of the left main coronary artery, extending into the proximal left anterior descending artery. Blooming artifact makes assessment difficult. There is likely mild stenosis.

LAD: The left anterior descending coronary artery is moderately tortuous. Several calcific plaques are seen within the proximal and mid portions. At the origin of the left anterior descending artery there is a calcified plaque continuous with the plaque described above in the distal left main coronary artery. Blooming artefact makes assessment difficult and there may be moderate stenosis. There is a circumferential calcified plaque within the midportion of the left anterior descending artery. Blooming artifact again makes assessment difficult, but it is felt this is causing only mild stenosis.

Diagonals: The first diagonal branch of the left anterior descending artery appears normal with no evidence of atherosclerotic disease.

Circumflex: There is a tiny calcific plaque within the proximal portion of the left circumflex coronary artery with no significant stenosis. The remainder of the left circumflex coronary artery appears normal.

Ramus Intermedius: There is a small ramus intermedius branch which appears patent

RCA: There is mild diffuse mixed plaque within the proximal right coronary artery with no significant stenosis. There is circumferential soft plaque

within the midportion of the right coronary artery causing mild stenosis.

The remainder of the right coronary artery appears patent

CARDIAC FINDINGS:

Cardiac Chambers: There is mild to moderate thinning and hypokinesis involving the anterior septal segment at the mid-to-apical level. The appearance may represent the sequelae of a previous myocardial infarct.

Cardiac Valves: There is mild calcification of the aortic valve, which appears tricuspid.

Pericardium: The pericardium appears normal, and there is evidence of a pericardial effusion.

Aortic root: There is mild to moderate dilatation of the visualized ascending aorta, with the ascending aorta measuring up to 4.8 cm x 4.7 cm in maximal axial cross section.

Pulmonary Trunk: The pulmonary trunk and pulmonary arteries appear normal.

Left atrium: Normal in size and function.

Ejection fraction: 63%

LIMITED CHEST CT FINDINGS:

Lung parenchyma: The visualized lung parenchyma appears normal.

Pleural spaces: There is no evidence for pleural effusion or pneumothorax.

Chest wall: The visualized chest wall appears normal.

Upper abdomen: There is a 1 cm circumscribed hypodensity in the dome of the liver incompletely characterized.

IMPRESSION:

1. High calcium score: 652, placing the patient in the 80th percentile