

Volume: 13

Coronary Arteries:

Dominance:

Right

Left main:

There is a tiny focus of calcific plaque in the proximal left main coronary artery but no significant stenosis.

LAD:

There are tiny foci of calcific plaque at the origin of the first and second diagonal branches but there is no significant stenosis in these locations or elsewhere.

Diagonals:

Three diagonal branches are identified, none of which contains a significant stenosis.

Circumflex:

The left circumflex artery is a small vessel, but contains no calcified or noncalcified plaque of any significance. No significant stenosis is seen.

RCA:

There is mixed noncalcified and calcified plaque in the proximal right coronary artery, with stenosis of less than 50%, and with moderate positive remodeling of the vessel.

Cardiac Findings:

Cardiac chambers:

No atrial or ventricular abnormality is identified. There is no wall thinning or wall motion abnormality. The atrial and ventricular septa appear normal.

Cardiac valves:

No valvular structural or dynamic abnormality is seen.

Pericardium:

There is no pericardial thickening or effusion.

Aortic root:

The sinotubular junction appears normal.

Pulmonary trunk:

The pulmonary outflow tract valve appear normal.

Left atrium:

The left atrium is normal in size and contains no mass or thrombus.

Limited Chest CT findings:

The visualized lung fields are clear and there is no pleural effusion. No chest wall abnormality is visualized. There do appear to be enlarged right hilar lymph nodes and clinical correlation and a formal CT chest is advised.

Impression:

Mild coronary atheroma but no significant stenotic disease seen.

Thank you for referring this patient.

Electronically Signed by: Dr Darth Vader/Dr Wonder Woman

General Report
#139412:
Authorised by
Root (Root) at
31/03/2011 06:43

Date Serviced:
31/12/9999 00:00

Requests:
11/OCC/0080043
(Series 0;
Requested by: Dr
OCCAM; Work
Site: OCC)

Services:
CT Coronary
Angiogram (NR)

Exam Date: 29/03/2011

Report Date: 29/03/2011

Report Collection: 6. Pick-Up

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

CLINICAL DETAILS

Recurrent chest pain.

TECHNIQUE

Following a calcium score study, a postcontrast, cardiac gated scan was performed through the heart and multiplanar and curved planar reformats were performed through the coronary vessels and cardiac chambers using cardiac software on a dedicated workstation.

The patient was given 25 mg of oral Betaloc to control heart rate, and a heart rate of 65 bpm was achieved at the time of scanning.

FINDINGS