General Report #155671: Authorised by Root (Root) at 22/11/2010 21:52

Date Serviced: 31/12/9999 00:00

Requests: 10/OCC/0062835 (Series 0; Requested by: Dr ; Work Site: OCC)

Services: CT Coronary Angiogram (NR)

Exam Date: 18/11/2010

Report Date: 19/11/2010

Report Collection: pickup

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

CLINICAL:

Atypical chest pain. Ongoing. Negative stress test. No risk factors.

FINDINGS:

Technical parameters:

A CT coronary angiogram was performed using a 64 slice cardiac CT scanner.

The images have been evaluated and reconstructed and manipulated on a 3D

work-station.

Heart rate: 62bpm.

Radiation does (DLP): 895

Intravenous beta blocker: 2.5mls

Oral beta blocker: 50mg

Sublingual nitroglycerine: 1 spray.

Technical quality and technical issues:

Good image quality. Multiple phases were required to reconstruct the coronary arterial tree.

Calcium score: 180

Volume: 33

Coronary artery dominance -right.

LCA:

There is no atheromatous disease in the left main coronary artery .

LAD and diagonals:

There is minimal calcific atheromatous disease within the proximal left anterior descending artery. This is not causing any stenosis.The LAD is, however, constitutionally small. There is myocardial bridging in the distal left LAD.

The 1st diagonal branch of the LAD is large and supplies the left side of the heart. There is a small amount of calcified plaque within the 1st diagonal branch but this is not causing any significant stenosis. There is no significant atheromatous disease within the 1st diagonal artery or within its branches. There is no atheromatous disease within the 2nd diagonal artery.

Circumflex:

There is minimal calcified plaque within the distal circumflex artery but this is not causing any stenosis. There is no plaque within the obtuse marginal artery.

Right coronary artery:

There is calcified plaque within the mid-right coronary artery but this is

not causing any significant stenosis. The right coronary artery supplies the posterior descending artery. There is no evidence of atheromatous disease within the posterior descending artery or within the posterolateral branch. There is minimal calcified plaque within the acute marginal branch but this is not causing any significant stenosis.

CARDIAC FINDINGS:

Cardiac chambers:

The atria and ventricles appear normalin size and function.

Cardiac valves:

The mitral and aortic valves appear grossly normal with no evidence of calcification.

Pericardium:

There is no pericardial thickening or pericardial effusion.

Aortic root:

The aortic root appears normal in calibre and contour.

Pulmonary trunk:

The pulmonary trunk appears normal in calibre and contour.

Right and left pulmonary arteries:

The pulmonary arteries appear normal.

Left atrium:

The left atrium appears normal in size. The pulmonary veins appear normal. There is no thrombus within the left atrial appendage.

Limited chest CT findings:

There are no lung nodules or masses. There is no obvious hilar adenoapthy.

Arterial scans of the upper abdomen are within normal limits.

COMMENT & IMPRESSION:

The left anterior descending artery is constitutionally small with a large