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General Report  
#162280:  
Authorised by  
Root (Root) at  
18/01/2011 20:20

Date Serviced:  
31/12/9999 00:00

Requests:  
11/OCC/0069430  
(Series 0;  
Requested by:  
Prof; Work Site:  
OCC)

Services:  
CT Coronary  
Angiogram (NR)

Exam Date: 17/01/2011

Report Date: 18/01/2011

Report Collection: 3 Returning

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

#### CLINICAL DETAILS:

The patient had normal coronary arteries in 2006. Has a dilated ascending aorta and moderate aortic regurgitation.

#### TECHNIQUE:

Following injection of intravenous contrast a helical acquisition with ECG gating was performed through the heart at time of maximal coronary artery contrast filling. The patient was given oral Beta-blockers and the heart rate at time of scan was 68bpm.

#### FINDINGS:

There is evidence of mild calcific atherosclerosis with a calcium score 171

(40th percentile). Calcified plaque is noted within the left main coronary artery, the LAD, the left circumflex and the right coronary arteries.

There is a right dominant circulation.

#### LEFT MAIN CORONARY ARTERY:

Mild calcification is present but no significant stenosis.

#### LEFT ANTERIOR DESCENDING CORONARY ARTERY:

Several calcific plaques are noted but once again no significant stenosis present.

#### LEFT CIRCUMFLEX CORONARY ARTERY:

No significant stenosis.

#### RAMUS INTERMEDIUS:

A ramus intermedius branch is present - no significant stenosis present.

#### DIAGONAL BRANCH:

No significant stenosis.

#### OBTUSE MARGINAL BRANCHES:

No significant stenosis.

#### RIGHT CORONARY ARTERY:

No significant stenosis.

There is a dilated aortic root - this will be evaluated further on a dedicated study.

There is moderate left ventricular dilatation.

Fluid is noted within the pericardial recesses - this is within physiological limits.

A calcific focus is present within the right atrium of uncertain significance.

Emphysematous changes are noted within the mid zones of the visualised lung fields.

CONCLUSION:

Based on the calcium score there is evidence of mild calcific atherosclerosis. There is however no significant coronary artery stenosis.

Moderate left ventricular dilatation.

Thank you for referring this patient.

Secretary: MF

Electronically Signed by: DR OBI WAN KENOBI and DR CAPTAIN MARVEL

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