

Randwick Medical Imaging Department

(Incorporating POWH, SCH & RHW)

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Health

South Eastern Sydney
Local Health District

Prince of Wales Hospital
Randwick 2031

MRN:
Acc No: **2840576**
Ward: **DBCCU**

CT CORONARY ANGIOGRAM performed on 18-JAN-2016

Indication:

Anatomy of coronary vessels. Moderate AS for TAVI workup. Anomolous origin of coronary arteries (all from right cusp). ?Malignant course of coronary arteries.

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: 60 bpm

Radiation dose (DLP): 143.60 mGycm

Intravenous Beta-blocker: No

Oral Beta-blocker: 50 mg

Sublingual GTN: Yes

Technical Quality & technical issues: Good

Coronary arteries:

Dominance: Right

LM:

The left main coronary artery arises from right coronary artery and wraps posteriorly around the aortic root. It divides into the left anterior descending and left circumflex coronary arteries. There is <30% mixed plaque present proximally but no haemodynamically significant stenosis.

LAD:

The left anterior descending coronary artery gives rise to a very small diagonal branch and several small septal branches. There is approximately 70% stenosis due to ostial mixed plaque but image quality is degraded by movement artefact. There is no haemodynamically significant stenosis.

Circumflex:

The left circumflex coronary artery is small and demonstrates mixed plaque. It terminates as a small obtuse marginal branch. There is no haemodynamically significant stenosis.

RCA:

The right coronary artery is a large vessel and arises from the right coronary sinus, giving rise to conus, sinoatrial and acute marginal branches. The descending portion demonstrates mixed plaque, particularly toward the acute margin where there appears to be a prior stent (proximal to the bifurcation). There is <50% stenosis at the PL/PDA bifurcation. The PDA demonstrates mixed non-obstructive plaque with approximately 30-50%