**Randwick Medical Imaging Department**
(Incorporating POWH, SCH & RHW)
Level 0, Campus Centre,
Prince of Wales Hospital,
Barker Street,
Randwick NSW 2031
Phone (02) 93820300

Health
South Eastern Sydney
Local Health District

Barker Street
RANDWICK 2031

MRN:
Proc. ID: **3101345**
Exam Date: **28-SEP-2016**

CT CORONARY ANGIOGRAM performed on 28-SEP-2016

Reason for Exam (As per eMR Request):

**Indication:** Chest pain. No cardiac history. ECG showed narrow complex tachycardia with HR of 160 - put down to paroxysmal SVT

**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: 59 bpm
Radiation dose (DLP): 83.2 mGy.cm

Intravenous Beta-blocker: No
Oral Beta-blocker: Yes. Metoprolol 100mg
Sublingual GTN: Yes

Technical Quality & technical issues: Good

**Coronary arteries:**
Dominance: Right

LM:
The left main coronary artery arises from the left coronary sinus and divides into the left anterior descending and left circumflex coronary arteries. There is no haemodynamically significant stenosis.

LAD:

The left anterior descending coronary artery gives rise to a diagonal branch and several small septal branches. There is focal calcified plaque in the proximal-mid LAD causing minimal stenosis (<25%).

Circumflex:
The left circumflex coronary artery appears normal. It gives rise to a small obtuse marginal branch. There is no haemodynamically significant stenosis.

RCA:
The right coronary artery arises from the right coronary sinus. It gives acute marginal branches before terminating as posterolateral and posterior descending artery branches. There is a tiny calcification in the mid vessel with no haemodynamically significant stenosis.

**Cardiac findings**:
The cardiac chambers, myocardium and pericardium appear normal.

**Other findings:**
Dependant ground glass change/atelectasis is likely positional. The pleural spaces are clear. Minimal mediastinal lymph node calcification may be sequelae of previous granulomatous disease. The visualised upper abdominal viscera appears normal. No destructive osseous lesion is identified.

**Conclusion:**
Focal non-obstructive plaque in the LAD and minimal calcification in the RCA.

Read: Dr Don Bradman (Radiology Fellow) and Dr Elton John (Cardiology Fellow) Coread/Supervised by: Dr Wonder Woman (Radiologist) and Dr John Lennon (Cardiologist)

**Dictating Radiologist:** **Dr Don Bradman**
**Approving Radiologist:** **Dr John Lennon**
**Report Approval Date:** **21-OCT-2016 09:57 AM**