

for age. This makes interpretation difficult but equates to significant calcific atherosclerosis.

2. Calcified plaque involving the distal left main coronary artery and proximal left anterior descending artery. Blooming artefact makes assessment difficult, but there may be moderate stenosis involving the origin of the left anterior descending artery.

3. Thinning and mild hypokinesis of the anterior septal segment at the mid-to-apical level suggesting an old myocardial infarct within the left anterior descending artery territory infarct.

4. Moderate dilatation of the ascending aorta.

5. Mild calcification of the aortic valve.

6. Circumscribed hypodensity in the dome of the liver, likely a cyst, but if clinically warranted an ultrasound could be performed to further assess.

Thank you for referring this patient.

Electronically Signed by: Dr CAPTAIN MARVEL

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Spectrum Medical Imaging provides electronic delivery of reports and images directly to your practice management software. Online access to your patients' films through our PACS system is also available. For enquiries, please phone 9600 9552.

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General Report  
#146890:  
Authorised by  
Root (Root) at  
20/10/2010 09:38  
  
Date Serviced:  
31/12/9999 00:00  
  
Requests:  
10/OCC/0056865  
(Series 0;  
Requested by: Dr  
OCCAM; Work  
Site: OCC)  
  
Services:  
CT Coronary  
Angiogram (NR)

Exam Date: 05/10/2010

Report Date:

Report Collection: delivery

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

CLINICAL INDICATION: For AAA repair

TECHNICAL PARAMETERS:

A CTA Coronary Angiogram was performed using a 64 slice dual source cardiac CT scanner. The images have been evaluated and re-constructed and manipulated on a 3D work station.

Heart rate: 60 beats per minute Radiation dose (DLP):

680

1 Intravenous BETA-BLOCKER: Nil.

2 Oral BETA-BLOCKER: 25 mg

3 Sublingual Nitroglycerine: One spray.

Technical Quality & technical issues: Good.

Calcium score : 175 Volume: 20

#### CORONARY ARTERIES:

Dominance: Right.

LM: There is a small mixed plaque extending from the distal left main coronary artery and proximal left anterior descending coronary artery. It is causing mild stenosis.

LAD: There is mild stenosis involving the origin and proximal left anterior descending artery secondary to the mixed type described above. There is a concentric soft plaque within the midportion of the left anterior descending coronary artery causing moderate stenosis. The first diagonal branch of the left anterior descending artery appears patent.

Circumflex: The left circumflex coronary artery appears normal with no evidence of atherosclerotic disease. The acute marginal branch also appears patent.

Ramus Intermedius: Appears patent without evidence of atherosclerotic disease.

RCA: Several small calcified plaques are seen within the proximal and midportion of the left anterior descending artery, but no significant stenosis is identified.

#### CARDIAC FINDINGS:

Cardiac Chambers: The left and right ventricles appear normal in size and function.

Cardiac Valves: The mitral and aortic valves appear grossly normal.

Pericardium: The pericardium appears normal, and there is evidence of a pericardial effusion.

Aortic root: The aortic root appears normal in size.