

low density on non-contrast scans consistent with adenoma.

The left adrenal gland appears normal. The kidneys and spleen appear normal.

COMMENT:

No evidence of local recurrence or distant disease. There has been interval resolution of mesenteric panniculitis and mild mesenteric lymphadenopathy. There has been interval improvement in the appearance of fatty infiltration of the liver. There are prominent dilated mesenteric and gastric veins, the cause of which is not clear.

Thank you for referring this patient.

Secretary: LIN

Electronically Signed by: Dr WONDER WOMAN1

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General Report
#181820:
Authorised by
Root (Root) at
07/06/2011 21:38

Date Serviced:
31/12/9999 00:00

Requests:
11/OCC/0089252
(Series 0;
Requested by:
Dr; Work Site:
OCC)

Services:
CT Coronary
Angiogram (NR)

Exam Date: 30/05/2011

Report Date:

Report Collection: 6. Pick-Up

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

CLINICAL INDICATION: Paroxysmal atrial fibrillation

TECHNICAL PARAMETERS:

A CTA Coronary Angiogram was performed using a 64 slice cardiac CT scanner.

The images have been evaluated and re-constructed and manipulated on a 3D work station.

1 Intravenous BETA-BLOCKER: Nil.

2 Oral BETA-BLOCKER: 25 mg

3 Sublingual Nitroglycerine: One spray.

Technical Quality & technical issues: Good.

Calcium score : 1807 Volume: 252

CORONARY ARTERIES:

Dominance: Right.

LM: There is a tiny calcific plaque at the origin of the left main coronary artery with no significant stenosis. The remainder of the left main coronary artery appears normal

LAD: Mild diffuse calcific disease is seen throughout the left anterior descending coronary artery, but no significant stenosis is identified.

Diagonals: Dense calcific plaque is seen within the proximal portion of the first diagonal branch of the left anterior descending coronary. Assessment of stenosis is difficult due to blooming artifact, but it is felt that there is no significant stenosis in this region. The remainder of the first diagonal branch appears patent.

Circumflex: The left circumflex coronary density mild diffuse calcific atherosclerotic disease but no significant stenosis is identified.

Ramus Intermedius: There is a small ramus intermedius branch that appears patent with no evidence of atherosclerotic disease.

RCA: There is mild stenosis of the proximal right coronary artery due to calcific plaque. Two small calcific plaques are seen within the midportion of the right coronary artery causing a mild stenosis. There is a dense long (20 mm) calcified plaque within the distal right coronary artery. This region is difficult to assess. It is felt that there is possibly moderate stenosis. The right coronary artery supplies the posterior descending coronary artery. There is a focal mixed plaque within the proximal posterior descending coronary artery causing moderate-to-severe stenosis.

CARDIAC FINDINGS:

Cardiac Chambers: The left and right ventricles appear normal in size and function. Ejection fraction was measured at 75%.