The right coronary artery arises from the anterior aspect of the left coronary sinus and courses between the aorta and pulmonary artery trunk and then in the right atrioventicular groove. It has an oblique origin and is compressed proximally in its AP dimension over several centimeters. It appears otherwise patent. It is a small, non-dominant vessel.

Cardiac findings:

Cardiac Chambers: Normal.

Cardiac Valves: There is slight calcification of the aortic valve which is

trileaflet. The mitral valve appears normal.

Pericardium:Normal.Aortic root:Normal.Pulmonary trunk:Normal.Pulmonary arteries:Normal.

Limited Other findings:

Pleural: There are calcified plaques involving the diaphragmatic

pleural bilaterally, consistent with asbestos related pleural disease.

Lung parenchyma: There appears to be mild subpleural interlobular septal thickening

involving the anterolateral costovertebral pleura bilaterally, worse on the left side. This raises the possibility of mild subpleural fibrosis. There is a small (2 mm) nodule in the posteroapical segement of the left upper lobe, and another tiny cluster of nodules in the superior segement of the lingula.

These are of doubtful clinical significance.

Chest wall: Normal. Mediastinum: Normal.

Upper abdomen: The visualised upper abdomen appears normal.

Conclusion:

- 1. Severe stenosis involving the proximal second marginal branch of the LCx coronary artery secondary to non-calcified plaque.
- 2. Anomalous origin of the RCA which courses between the aorta and MPA with AP compression.
- 3. Left sided dominance.
- 4. Asbestos related pleural disease. Possible mild subpleural fibrosis.

Signed Dr Mickey Mouse and Dr Donald Duck

Dictated By: Dr Mickey Mouse

Approved By: Dr Princess Leia at 23-MAR-2012 10:45 AM

Typist:

Randwick Medical Imaging Department

(Incorporating POWH, SCH & RHW)

Level 0, Campus Centre, Prince of Wales Hospital, Barker Street, Randwick NSW 2031 Phone (02) 93820300



High Street MRN:

Randwick 2031 Acc No: **1413194**

Ward: PB1W

CT Coronary Angiogram:

Indication: Mitral valve proplapse. For mitral valve surgery. Exclude pulmonary emboli.

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: 55-75 bpm

Radiation dose (DLP): 595 mGycm

Intravenous BETA-BLOCKER:

Oral BETA-BLOCKER: Sublingual Nitroglycerine:

Technical Quality & technical issues: Good.

Coronary arteries:

Dominance:

LM:

The left main coronary artery arises from the left coronary sinus and divides into the left anterior descending and left circumflex coronary arteries. It appears normal.

LAD:

The left anterior descending coronary artery appears normal. The diagonal branches of the LAD coronary artery appears normal.

Circumflex:

The left circumflex coronary artery appears normal. The obtuse marginal branch appears normal.

RCA:

The right coronary artery arises from the right coronary sinus. It appears normal.

Ramus Intermedius:

None

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