

The patient is left-sided dominant, with the left circumflex coronary artery supplying the posterolateral branches and the posterior descending coronary artery.

The left main coronary artery arises from the posterior aspect of the left coronary cusp, and appears patent. The left circumflex coronary artery demonstrates small calcific plaque in its distal portion which is causing mild stenosis. There is a stent within the first obtuse marginal branch that appears patent.

There is a mixed plaque involving the proximal portion of the left anterior descending coronary artery. Blooming artifact makes assessment difficult proximally, but it is felt that there is mild to moderate stenosis. More distally, in the calcified portion of the plaque, it is felt that there is moderate (approximately 25-50%) stenosis. There is another calcified plaque arising just before the origin of the first diagonal branch, and it appears continuously extending into both proximal portions of the first diagonal branch, and in the midportion of the left anterior descending coronary artery although blooming artifact makes assessment difficult. There is a region within the mid left anterior descending artery that appears to demonstrate moderate (25-50%) stenosis. The calcified plaque within the proximal diagonal branch also demonstrates moderate blooming, but it is felt that this is only causing mild stenosis.

The right coronary artery appears normal.

The visualized ascending aorta and pulmonary artery appear normal.

The left ventricle appears normal in contour and size. The left atrium appears slightly enlarged, measuring approximately 4 cm in AP diameter. The right ventricle and right atrium appear normal. The pericardium appears normal. There is minimal calcification of the mitral valve and of the aortic

valve.

The visualized lungs and upper abdomen appear normal. There is a calcified granuloma in the superior segment of the left lower lobe of the lung. The visualized osseous structures appear normal.

IMPRESSION

Patent stent within the obtuse marginal branch of the left circumflex coronary artery.

Calcified plaque within the proximal and midportion of the left anterior descending coronary artery. Blooming artifact makes assessment difficult.

It is felt that there is an area of moderate (25-50%) narrowing within the proximal portion of the left anterior descending artery, and another similar stenosis within the midportion of the left anterior descending coronary artery.

Left-sided dominant circulation.

Thank you for referring this patient.

Secretary: OFS6

Electronically Signed by: DR CAPTAIN MARVEL/DR WONDER WOMAN

General Report
#176205:
Authorised by
Root (Root) at
20/04/2011 07:58

Date Serviced:
31/12/9999 00:00

Requests:
11/OCC/0083246
(Series 0;
Requested by:
Dr; Work Site:
OCC)

Services:
CT Coronary
Angiogram (NR)

Exam Date: 19/04/2011

Report Date: 19/04/2011

Report Collection: 6. Pick-Up

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

CLINICAL HISTORY

Borderline negative ST at high workload.

TECHNIQUE

CT angiography was performed with retrospective ECG gating. The patient was pretreated with 50 mg of oral Betaloc. Data acquisition was at a heart rate of 76 beats per minute. Image quality was excellent.

FINDINGS

CORONARY CALCIUM SCORE:

The calcium score was 0 with a volume of 0.

DOMINANCE: