

# 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

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Barker Street  
RANDWICK 2031

MRN:  
Acc No: **1228294**  
Ward: **DB3N**

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## CT Coronary Angiography performed on 21-NOV-2011

**Clinical details:** Chest pain. ? ischaemic heart disease.

**Technique:** An ECG gated axial slabs were obtained through the heart and coronary vessels during the administration of intravenous contrast. These were obtained prospectively.

Oral beta-blocker: 75 mg metoprolol.  
Intravenous beta-blocker: Nil.  
Sublingual nitrates: 1 spray

Image Quality: Moderate image noise degrades image quality.

HR: 65 bpm

DLP: 366 mGycm / 4.5 mSv

### Findings:

#### Coronary Arteries:

*Dominance:* Right

*Left Main Coronary Artery:* The left main coronary artery arises from the left coronary sinus. It appears patent with no evidence of atherosclerotic disease.

*Left Anterior Descending Coronary Artery:* The LAD arises from the left main coronary artery. It appears normal with no evidence of coronary artery disease. The first and second diagonal branches also appear normal.

*The Left Circumflex Coronary Artery:* The LCx coronary artery arises from the left main coronary artery. It appears normal with no evidence of atherosclerotic disease. The margin branch appears normal. The LCx coronary artery supplies the posterolateral branches.

*Right Coronary Artery:* The RCA arises from the right coronary sinus. It appears normal in calibre and there is no evidence of atherosclerotic disease. The right coronary artery supplies the posterior descending coronary artery. There is small calcific plaque at the origin of the marginal branch. Noise makes assessment difficult.

#### Cardiac Findings: