

**Circumflex:**

The left circumflex coronary artery gives rise to 1 major obtuse marginal branch. There is no haemodynamically significant stenosis.

**RCA:**

The right coronary artery arises from the right coronary sinus and gives rise acute marginal branches before terminating as posterolateral and 2 posterior descending artery branches. There is no haemodynamically significant stenosis.

**Cardiac findings:**

The cardiac chambers, myocardium and pericardium appear normal.

**Other findings:**

There is mild gravitational atelectasis. The pleural spaces are clear. There is no mediastinal lymphadenopathy. The visualised upper abdominal viscera appear normal. No destructive osseous lesion is identified.

**Conclusion:**

No significant coronary pathology detected.

Coread by Dr Wonder Woman, Dr James Bond and Cardiology Fellow

**Dictating Radiologist: Dr Wonder Woman**  
**Approving Radiologist: Dr James Bond**  
**Report Approval Date: 11-JUN-2019 05:19 PM**

## Randwick Medical Imaging Department

(Incorporating POWH, SCH & RHW)

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Health

South Eastern Sydney  
Local Health District

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Prince of Wales Hospital  
Randwick 2031

MRN:  
Proc. ID: **4222237**  
Exam Date: **12-AUG-2019**

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### CT Coronary Angiogram performed on 12-AUG-2019

#### Performing Radiographer:

Indication:  
Unstable angina.

#### 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: 52 bpm  
Radiation dose (DLP): 927 mGycm

Intravenous Beta-blocker: No  
Oral Beta-blocker: 25mg Metoprolol  
Sublingual GTN: Yes

Technical Quality & technical issues: Good

Coronary arteries:  
Dominance: Right

#### LM:

The left main coronary artery arises from the left coronary sinus and divides into the left anterior descending and left circumflex coronary arteries, and a ramus intermedius branch. There is no haemodynamically significant stenosis.

#### LAD:

The left anterior descending coronary artery gives rise to 2 diagonal branches. There is multifocal calcified plaque involving the proximal-mid LAD and the diagonal branches causing maximal stenosis of 25-49%.