
General Report
#160775:
Authorised by
Root (Root) at
06/01/2011 08:35

Date Serviced:
31/12/9999 00:00

Requests:
11/OCC/0067957
(Series 0;
Requested by: Dr
; Work Site:
OCC)

Services:
CT Coronary
Angiogram (NR)

Exam Date: 05/01/2011

Report Date:

Report Collection: 6. Pick-Up

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

CLINICAL INDICATION: Assess coronary arteries.

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.

Heart rate: 65 beats per minute

1 Intravenous BETA-BLOCKER: Nil.

2 Oral BETA-BLOCKER: Nil.

3 Sublingual Nitroglycerine: One spray.

Technical Quality & technical issues: Good.

Calcium score: 315 Volume: 35

CORONARY ARTERIES:

Dominance: Right.

Circumflex: There is an aberrant origin of the left circumflex coronary artery from the right coronary cusp, with a common origin with the right coronary artery. The left circumflex coronary artery then passes between the aorta and the left atrium. There is minimal mixed plaque involving the proximal portion of the left circumflex coronary artery, but no significant stenosis is identified. The remainder of the left circumflex coronary appears normal. The marginal branch appears normal.

LAD: As there is an aberrant origin to the left circumflex coronary artery no left main coronary artery is identified. The proximal and mid portions of the left anterior descending coronary artery appear normal. There is a small calcified plaque within the distal portion of the left anterior descending coronary artery. This is causing mild stenosis.

Diagonals: The first diagonal branch of the left anterior descending artery appears normal with no evidence of atherosclerotic disease. The second and third diagonal branches also appear patent.

RCA: Several small calcified plaques are seen within the proximal portion of the right coronary artery, but no significant stenosis is identified. A small calcified plaque is also seen within the distal right coronary artery, just before the origin of the posterior descending coronary artery. This is causing only minimal stenosis. The posterior descending coronary artery appears patent with no evidence of atherosclerotic disease. The right coronary artery supplies the posterolateral branches.

CARDIAC FINDINGS:

Cardiac Chambers: The left and right ventricles appear normal in size

and function.

Cardiac Valves: The mitral and aortic valves appear grossly normal.

Pericardium: The pericardium appears normal, and there is evidence of a pericardial effusion.

Aortic root: The aortic root appears normal in size.

Pulmonary Trunk: The pulmonary trunk and pulmonary arteries appear normal.

Left atrium: Normal in size and function.

LIMITED CHEST CT FINDINGS:

Lung parenchyma: The visualized lung parenchyma appears normal.

Pleural spaces: There is no evidence for pleural effusion or pneumothorax.

Chest wall: The visualized chest wall appears normal.

UPPER ABDOMEN FINDINGS:

There is a gastric band incompletely imaged. The oesophagus appeared dilated with an air-fluid level. This likely relates to the gastric banding. This is also incompletely evaluated.

IMPRESSION:

1. Anomalous origin of the left circumflex coronary artery as described above
2. Mild calcific atherosclerotic disease (with a calcium score 315), but no significant stenosis is identified.
3. Gastric banding with incomplete emptying of oesophagus - May also cause chest pain - further evaluation may be required

Thank you for referring this patient.

Electronically Signed by: Dr CAPTAIN MARVEL AND DR JAMES BOND

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