Radiology Projects - COMP3900

Intelligent Assistant for electronic Logbook in Radiology training

CONJOINT COMMITTEE FOR THE RECOGNITION OF TRAINING IN
CT CORONARY ANGIOGRAPHY (CTCA)

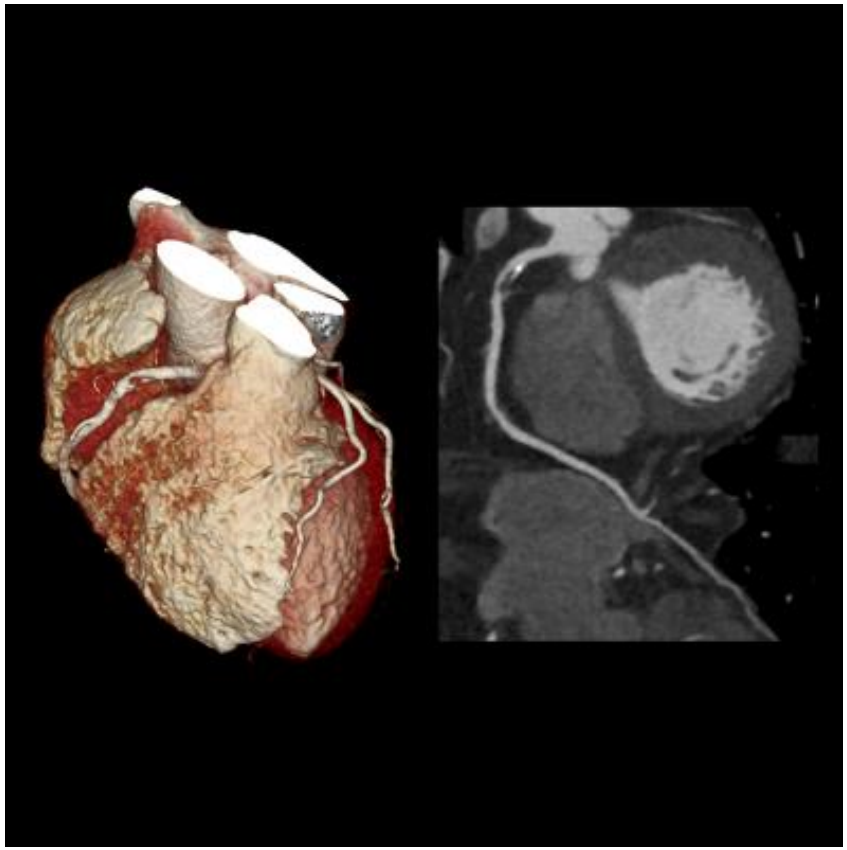
REPRESENTED BY:

AANMS | CSANZ | RANZCR

Training Requirements for CTCA Specialists

Conjoint Committee for Recognition of Training in Computed Tomography Coronary Angiography

Policy Document



5.1 Recertification: Pathway 1

5.1.1 Level A CTCA Specialist re-certification of registration

The Level A CTCA Specialist must maintain clinical experience in CTCA by performing a minimum of 300 examinations within the 3-year Recertification period that is substantiated in the CTCA recertification logbook template:

- 30 of these cases must be correlated.
- A maximum of 100 of these 300 cases may be achieved via library cases or accredited courses.
- Submitted cases will be subject to random audit

5.1.2 Level B CTCA Specialist re-certification of registration

The Level B CTCA Specialist must maintain clinical experience in CTCA by performing a minimum of 600 examinations within the 3-year Recertification period that is substantiated in the CTCA recertification logbook template:

- 50 of these cases must be correlated.
- A maximum of 200 of these 600 cases may be achieved via library cases or courses.
- Submitted cases will be subject to random audit.

It is expected that candidates who maintain a Level B accreditation will also be actively participating in courses, conferences and publications to demonstrate on-going competency in Cardiac CT.

Further information on Recertification lodgement requirements is available from the Conjoint Committee's website[viii].

5.1.3 Recertification Pathway 1: Logbooks for recertification

Electronic (Excel) logbooks are required to be maintained to support recertification of registration and are available at www.anzctca.org. All recertification logbooks must be received as an electronic Excel file not in PDF or other image file format). The following information is required:

- Case types eligible for Recertification logbooks are those where the examination targets the coronary artery tree as part of the study.
- Date of examination
- Unique Episode identifier OR Patient Initials AND Date of Birth
- Site where examination was performed
- Name of Reporting Doctor
- Correlation (yes/no)
- Dose Length Product (DLP) for a minimum of 50% of Live cases
  - DLP records have been included as a recertification criterion to raise dose optimisation awareness. CTCA recertification applicants who do not provide DLP records will be required to submit an interim logbook at the 12 month anniversary of their recertification. This logbook must set out DLP records for all Live cases completed during this 12 month period.
  - If unable to comply with the request, the registration status of the CTCA Specialist will be cancelled as dose awareness is considered to be fundamental to CTCA practice.
- Live or Library case (yes/no)
- Logbook cases claimed as live cases can be double read, but only if both readers' names appear on the patient's report.
- Submitted cases will be subject to random audit.
- Calcium scoring cases will not be accepted.

Spectrum cardiac imaging
www.spectrumradiology.com.au

View images online at **scanscan.com.au** using this 16-digit code:

6160 4852 6832 4352

alternatively, scan the QR code using your smartphone. Doctors may apply for an account at **https://smipacs.com.au**

Dr KUSHWAHA, VIRAG
WALES CARDIOLOGY, SUITE 6, LEVEL 7, PRINCE OF WALES PRIVATE HOSPITAL, BARKER STREET
RANDWICK 2031

Phone: 96504859
Fax: 0296504904

Site: Randwick 0291978000
Service Date/Time: 19/09/2019 at 10:55
Report Collection: Urgent, SMS, No Delivery, Fax Report, QR

Patient: [redacted] **DOB** [redacted] **Patient ID:** K525742 **Date:** 19/09/2019

EXAM: CT CORONARY ANGIOGRAM AND CALCIUM SCORE

CLINICAL DETAILS:
Stable symptoms consistent with coronary ischaemia at low to intermediate risk of coronary artery disease and would otherwise have been considered for invasive angiography. Shortness of breath on exertion. Inferior T wave inversion on ECG. ?CAD.

TECHNICAL PARAMETERS:
Single phase CT coronary angiography was performed using prospective ECG gating at 120 kVp. The DLP for the entire study is 716 mGycm-1. The patient has been pre-treated with beta blockers.Medication administered in the department: 150 mg oral metoprolol. 800 mcg nitrates. Intravenous iodine contrast volume: 120 mL. Data acquisition was at an average heart rate of 63 bpm. Image quality is good.

FINDINGS:

CORONARY ARTERIES
Calcium score
The calcium score is 1448. This score is consistent with significant coronary artery atherosclerotic plaque burden. On a population basis, this score places the patient in the 97th percentile rank for age, race and gender according to MESA cohort.

Dominance
The circulation is right dominant.

Left main coronary artery
The LMCA arises from the left coronary sinus of Valsalva in the usual position. It is a large calibre vessel. It divides into the left anterior descending, left circumflex and intermediate arteries. There is no evidence of atherosclerotic disease.

Left anterior descending artery
The LAD is a medium calibre vessel and gives rise to 2 major diagonal branches.
There is diffuse mixed plaque involving most of the LAD causing maximal stenosis of approximately 70% in the proximal-mid vessel and 70-99% just distal to the D2.

Ramus intermedius artery
The ramus intermedius is a small calibre vessel. There is no evidence of

Spectrum cardiac imaging
www.spectrumradiology.com.au

View images online at **scanscan.com.au** using this 16-digit code:

6160 4852 6832 4352

alternatively, scan the QR code using your smartphone. Doctors may apply for an account at **https://smipacs.com.au**

Dr Anthony Kaplan
Dr Daniel Moses
Dr Dean Rabinowitz
Dr Elizabeth Lazarus
Dr Glen Schlaphoff
Dr Adam Berger
Dr Daniel Friedman
Dr James Otton

atherosclerotic disease.

Circumflex artery
The left circumflex artery is a medium calibre vessel and gives rise to 2 major obtuse marginal branches .
There is multifocal mixed plaque in the LCX and OM branches causing maximal stenosis of 25-49%.

Right coronary artery
The RCA arises from the right sinus of Valsalva in the usual position. It is a large calibre dominant vessel. It gives rise to a posterior descending artery and posterolateral branch.
There is multifocal mixed plaque in the proximal RCA causing up to 50% stenosis.

ADDITIONAL CARDIAC FINDINGS
The cardiac chambers, myocardium, pericardium and scanned segments of the thoracic aorta appear normal.

OTHER FINDINGS
The lungs appear clear.

CONCLUSION:

Multifocal non obstructive coronary artery atherosclerosis involving the circumflex system and RCA (up to 50%).
Moderate to severe multifocal obstructive coronary artery atherosclerosis involving the proximal-mid LAD and severe obstructive disease in the distal **LAD.**
There are no additional cardiac findings of relevance in the scanned segments.

Thank you for referring this patient.

Primary Read of Cardiac and Non Cardiac Findings by: Dr Dean Rabinowitz
Co-read of Cardiac and Non-Cardiac Findings by: Dr Elizabeth Lazarus

CT CORONARY ANGIOGRAM performed on 20-JUL-2016 Clinical history:

Clinical history:
Troponin negative chest pain. Assess for CAD.

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: 54 bpm
Radiation dose (DLP): 55 mGycm
Intravenous BETA-BLOCKER: No
Oral BETA-BLOCKER: Yes 50 mg Metoprolol
Sublingual Nitroglycerine: No

Technical Quality & technical issues: Diagnostic.

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. The LMCA appears normal.

LAD:
The left anterior descending coronary artery gives rise to three diagonal branches and several small septal branches. There is no haemodynamically significant stenosis.

Circumflex:
The left circumflex coronary artery appears normal. It gives rise to obtuse marginal branch. There is no haemodynamically significant stenosis.

RCA:
The right coronary artery arises from the right coronary sinus and gives rise to conus, sinoatrial and acute marginal branches before terminating as posterolateral and posterior descending artery branches. There is no haemodynamically significant stenosis.

(Minimal 0%-25%, Mild 25%-49%, Moderate 50%-70%, Severe >70%)

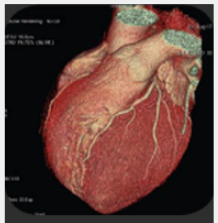
Cardiac findings:
Cardiac chambers, valves and pericardium are normal.
The aorta and pulmonary arteries are unremarkable. There is minor atelectasis at the bases. The lungs, visualised mediastinum, upper abdomen and chest wall are unremarkable. No suspicious osseous lesion identified.

Conclusion:
Normal coronary artery CT angiogram.

Coread by Dr. Linh Vo, Dr. Ihor Kociumbas, Dr. Daniel Devenney and Dr. Chaitu Cheruvu.

Intelligent Assistant for preparation and booking of radiology examination

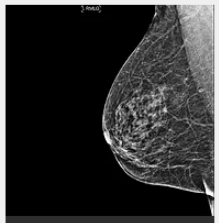
CT



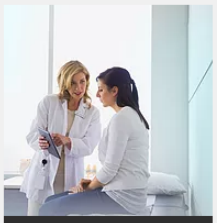
Cardiac Imaging

X-ray

Dental Imaging

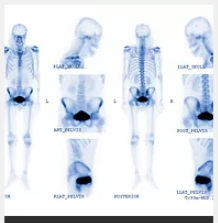


3D Mammography

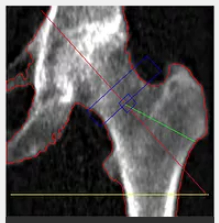


Women's Procedures

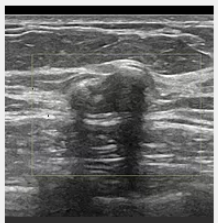
MRI



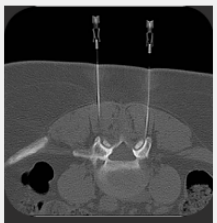
Nuclear Medicine



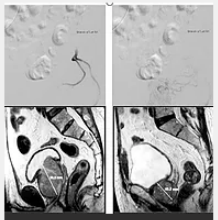
DEXA



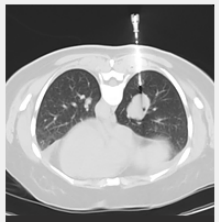
Ultrasound



Injections

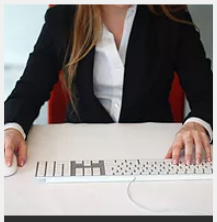


Embolisation

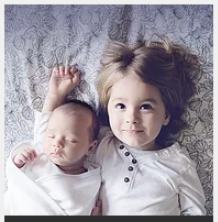


Biopsies

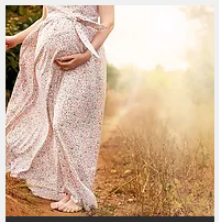
Interventional



Workers Comp

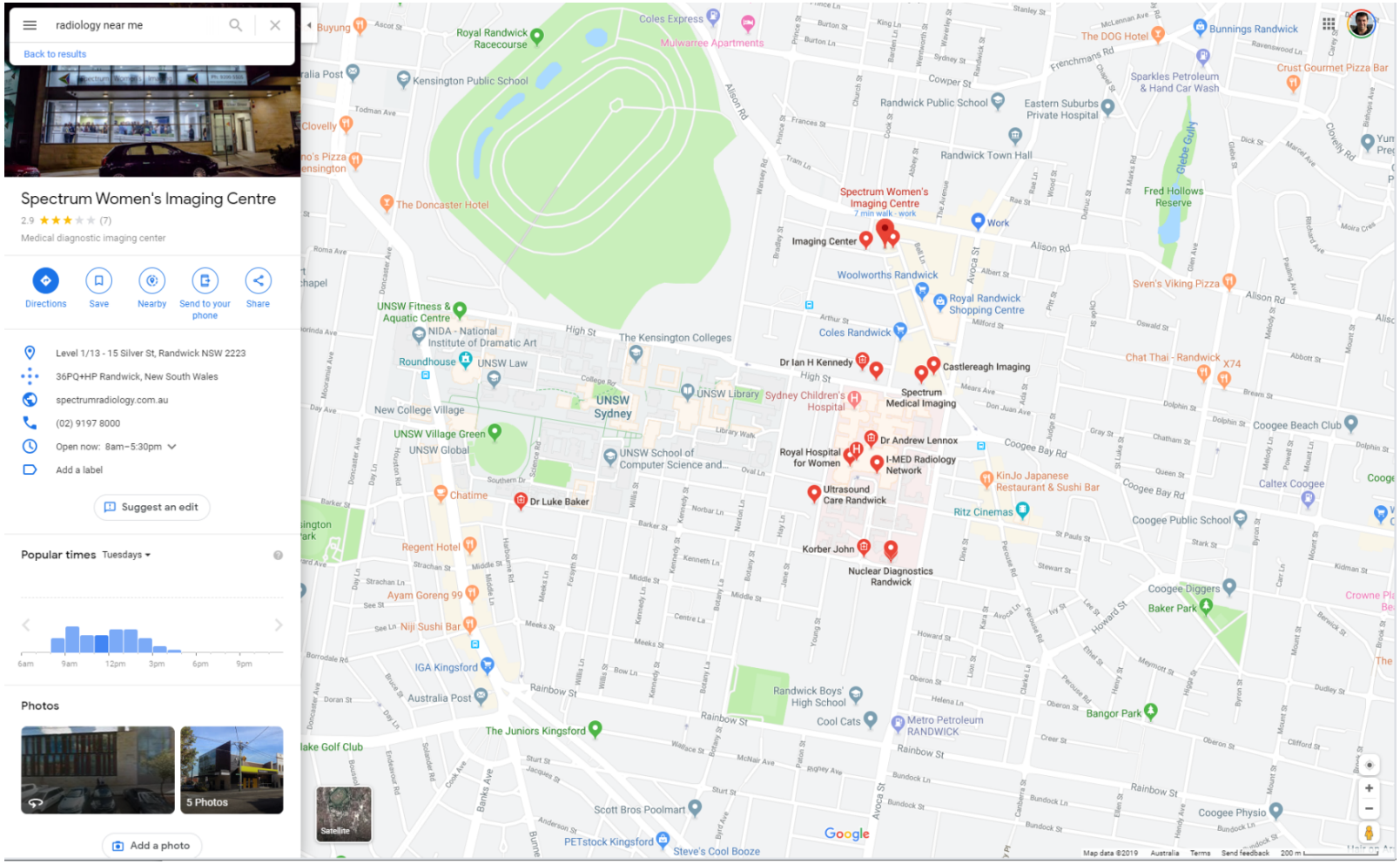


Paediatric Imaging



NIPS

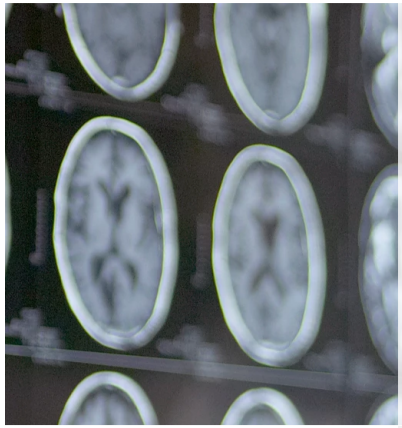
Pregnancy & Pelvis


radiology near me
Back to results
Spectrum Women's Imaging Centre
2.9 (7)
Medical diagnostic imaging center
Directions
Save
Nearby
Send to your phone
Share
Level 1/13 - 15 Silver St, Randwick NSW 2223
36PQ+HP Randwick, New South Wales
spectrumradiology.com.au
(02) 9197 8000
Open now: 8am–5:30pm
Add a label
Suggest an edit
Popular times Tuesdays
6am
9am
12pm
3pm
6pm
9pm
Photos
5 Photos
Add a photo
Spectrum Women's Imaging Centre
7 min walk · work
Imaging Center
Spectrum Medical Imaging
Dr Ian H Kennedy
Castlereagh Imaging
Dr Andrew Lennox
I-MED Radiology Network
Ultrasound Care Randwick
Dr Luke Baker
Korber John
Nuclear Diagnostics Randwick
Royal Hospital for Women
Sydney Children's Hospital
Royal Randwick Racecourse
Coles Express
Mulwarree Apartments
Kensington Public School
The Doncaster Hotel
UNSW Fitness & Aquatic Centre
NIDA - National Institute of Dramatic Art
Roundhouse
UNSW Law
UNSW Sydney
UNSW Library
The Kensington Colleges
New College Village
UNSW Village Green
UNSW Global
UNSW School of Computer Science and...
Chatime
Regent Hotel
Ayam Goreng 99
Niji Sushi Bar
IGA Kingsford
Australia Post
The Juniors Kingsford
Scott Bros Poolmart
PETstock Kingsford
Steve's Cool Booze
Randwick Public School
Randwick Town Hall
Eastern Suburbs Private Hospital
Work
Woolworths Randwick
Royal Randwick Shopping Centre
Coles Randwick
Fred Hollows Reserve
The DOG Hotel
Bunnings Randwick
Sparkles Petroleum & Hand Car Wash
Crust Gourmet Pizza Bar
Sven's Viking Pizza
Chat Thai - Randwick
Coogee Beach Club
Coogee Bay Rd
KinJo Japanese Restaurant & Sushi Bar
Ritz Cinemas
Coogee Public School
Caltex Coogee
Coogee Diggers
Baker Park
Bangor Park
Randwick Boys' High School
Cool Cats
Metro Petroleum RANDWICK
Coogee Physio
Google
Map data ©2019
Australia
Terms
Send feedback
200 m

Spectrum
medical imaging

Search Site | Workers Compensation | Feedback

Home | Our Team | Services | Contact | Doctors | Request Appointment | Interventional Radiology | Locations | More



"A new perspective in medical imaging"

All referrals accepted

Request Appointment

Referring Physician Portal

About us

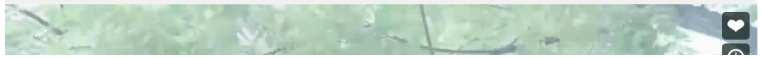
Spectrum Medical Imaging is an independent radiology practice which provides state-of-the-art imaging services across Eastern and South Western Sydney. Our radiologists have subspecialist fellowship training in diagnostic & interventional radiology in all fields.

Our commitment to both Prince of Wales hospital, Liverpool hospital and to community practices provides a unique continuity of imaging care for patients through our strong relationships with the hospital medical specialists.

With all of our reporting doctors being Subspecialists in various fields of medicine, our image interpretation and reporting is of the highest quality available.

Our practices are equipped with state-of-the-art digital equipment including latest multislice CT with cardiac and interventional capability, ultrasound, digital X-ray and OPG, as well as the very latest in filmless digital reporting and image archiving and distribution.

Meet our team



Radiology Exam General Preparation

- Please arrive at least 20 minutes before your radiology exam appointment. If you must cancel or reschedule, call us at least 24 hours in advance.
- If you are pregnant, or think you might be pregnant, let your doctor know. In most cases, X-ray exams will not be done on a pregnant patient.
- Tell us if you are breastfeeding.
- If you are diabetic and taking insulin, ask your physician for specific instructions regarding the dosages for the day of your examination.
- If you are on a medically-ordered, fluid-restricted diet or if you have kidney failure or a kidney transplant, discuss radiology exam preparation with your physician, who may alter your instructions.
- If your radiology exam requires you to fast beforehand and is scheduled for the afternoon, you may have 8 -12 ounces of water around 7:00 AM. Otherwise don't eat, drink, smoke or chew before the exam.
- If you are planning on taking sedation medication, please arrive one (1) hour before your appointment and do not start taking the medication until after you have completed the paper work on site. Please arrange for someone to drive you home from the exam.

What You Should Bring

- Prescription or referral from your physician.
- List of medications you take, including non-prescription medications and supplements.
- Insurance cards.
- Any previous, relevant imaging exams and reports performed outside of our network.
- Medical history, including whether you may be pregnant or breastfeeding currently.

Radiology Exam Procedure-Specific Instructions

Different radiology exams have different preparation requirements. Our staff will discuss specific instructions with you, and you can review the information below. Please click on the + sign for more information.

Breast Imaging +

MRI +

MR Arthrography +

MR Enterography +

CT −

- Remove metal and plastic items from the part of your body being examined.
- If you could be pregnant, are breast feeding, are allergic to contrast medium (dye), or are diabetic, please tell our staff.

Special instructions for an Abdominal or Pelvic scan

Do not eat anything for two (2) hours before your scan. Before your scan, you may be asked to drink a liquid to help us visualize your bowel.

DEXA +

Ultrasound +

X-Ray +

Nuclear Medicine +

Fluoroscopy +