

Randwick Medical Imaging Department

(Incorporating POWH, SCH & RHW)

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Health

South Eastern Sydney
Local Health District

Randwick 2031

MRN:

Proc. ID:

3318408

Exam Date:

01-MAY-2017

CT Coronary Angiogram performed on 01-MAY-2017

Indication:

Atypical chest pain with trop rise to 18. Echo suggests HCM. Otherwise fit and well.

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: 50 bpm

Radiation dose (DLP): 147 mGycm

Intravenous Beta-blocker: No

Oral Beta-blocker: No

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. There is no haemodynamically significant stenosis.

LAD:

The left anterior descending coronary artery gives rise to a diagonal branch and small septal branches. In the proximal vessel, there is a tiny focus of mural calcification without visible plaque. In the mid-portion, there is a short segment of intra-myocardial bridging. There is no haemodynamically significant stenosis.

Circumflex:

The left circumflex coronary artery gives rise to a large calibre obtuse marginal branch. There is no haemodynamically significant stenosis.