Cardiac catheterization

Name: MRN:

MRN: DOB: (69 y.o.)

Gender Identity: Male

Height: 1.778 m (5' 10") Weight: 107 kg (236 lb 12.4 oz)

BSA: 2.24 m²
BP: 129/78
HR: 69

Date of Study:

Ordering: Indications: 11/25/22

Severe aortic stenosis [I35.0 (ICD-

10-CM)]

Performing Physician

Primary:

Performing Staff

Circulator Primary: Scrub Person: Sedation RN: Monitor Person:

♣ Cardiac catheterization: Patient Communication





Physicians

Panel Physicians

Referring Physician

Case Authorizing Physician

Procedures

ANGIOGRAM CORONARY WITH LV

Pre Procedure Diagnosis

Severe aortic stenosis [135.0]

Post Procedure Diagnosis

Severe aortic stenosis

Indications

Severe aortic stenosis [I35.0 (ICD-10-CM)]

Conclusion

- No obstructive coronary artery disease.
- LV end diastolic pressure is mildly elevated (16 mmHg).
- · Severe, calcific aortic stenosis.

PROCEDURES PERFORMED:

1. Coronary angiography and L heart cath from R radial approach using Jacky catheter(s).

RECOMMENDATIONS:

- 1. The patient tolerated the procedure well without immediate complications. He will be transferred back to the MDU and recovered for a minimum of 2 hours, or until stable for discharge. Patient is to report any bleeding, swelling, or discomfort at the cath site.
- 2. Continue current cardiac medications.
- Results were reviewed with the patient and his wife.

PROCEDURE DESCRIPTION:

The skin of the groin and arm was clipped, prepped and draped in the usual sterile manner.

The area above the R radial artery was visualized on ultrasound, anesthetized using lidocaine and a 5/6 Fr slender sheath was placed using the through-and-through technique.

IV Heparin was administered following access.

A Jacky catheter was placed in the ascending aorta over a J-tipped guidewire and was placed across the aortic valve with pressure measurements being taken in the left ventricle and upon pullback across the aortic valve. The Jacky catheter was then used to engage the left and right coronary arteries with angiograms being taken in multiple radiographic views.

A VascBand was placed over the access site for patent hemostasis.

Complications

Complications documented before study signed (11/25/2022 12:16 PM)

No complications were associated with this study.

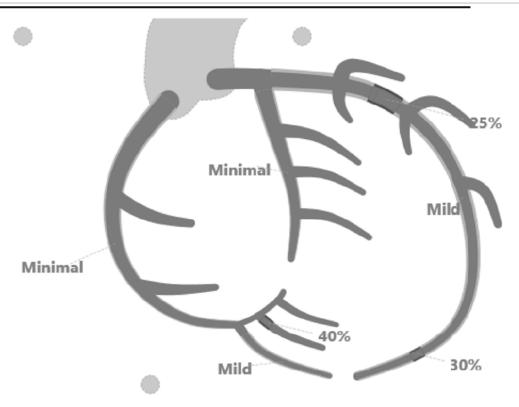
Documented by - 11/25/2022 12:03 PM

Phase: Baseline

Data	Systolic (mmHg)	Diastolic (mmHg)	Mean (mmHg)	A Wave (mmHg)	V Wave (mmHg)
LV Pressures	144	16			
AO Pressures	94	58	73		

Coronary Findings

Diagnostic Dominance: Right



Left Main

The vessel was visualized by selective angiography, is moderate in size and is angiographically normal.

Left Anterior Descending

The vessel was visualized by selective angiography and is moderate in size. There is mild diffuse disease throughout the vessel. The vessel is mildly calcified.

Mid LAD lesion is 25% stenosed.

Dist LAD lesion is 30% stenosed.

Left Circumflex

The vessel was visualized by selective angiography and is moderate in size. The vessel exhibits minimal luminal irregularities.

Right Coronary Artery

The vessel was visualized by selective angiography and is moderate in size. The vessel exhibits minimal luminal irregularities.

Right Posterior Descending Artery

The vessel is small. There is mild diffuse disease throughout the vessel.

Right Posterior Atrioventricular Artery

The vessel is small.

First Right Posterolateral Branch

1st RPL lesion is 40% stenosed.

Intervention

No interventions have been documented.

Left Heart

Left Ventricle LV end diastolic pressure is mildly elevated. The LV end diastolic pressure measures: 16.

Aortic Valve There is severe aortic valve stenosis. The aortic valve is calcified.

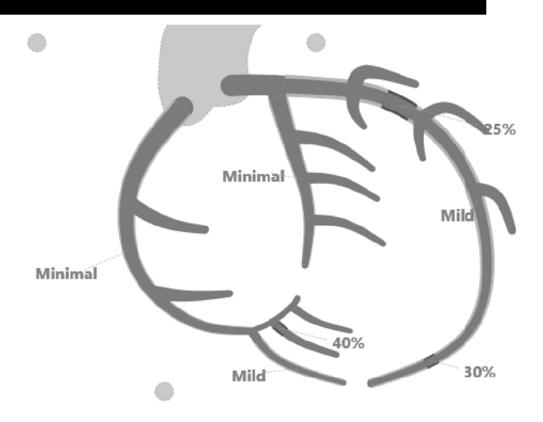
Implants

No implant documentation for this case.

Coronary Findings

Diagnostic

Dominance: Right Number of lesions: 3



Intervention

PACS Images

(Link Unavailable) Show images for Cardiac catheterization

Signed

Electronically signed by MD on 11/25/22 at 1216 PST

Link to Procedure Log

Procedure Log

Printable Result Report

Result Report

⇔ Encounter

View Encounter