

Cardiac catheterization

Name:	Quinn, Cindy Michelle	Date of Study:	8/29/25
MRN:	2448063	Ordering:	Adam M Sabbath, MD
DOB:	2/16/1960 (65 y.o.)	Referring:	Akua Boatemaa Ekunwe, MD
Gender Identity:	Female	Indications:	Abnormal CT scan of heart [R93.1 (ICD-10-CM)], Dyslipidemia [E78.5 (ICD-10-CM)], DOE (dyspnea on exertion) [R06.09 (ICD-10-CM)], Family history of atherosclerosis [Z82.49 (ICD-10-CM)]
Height:	5' 5" (1.651 m)		
Weight:	71.8 kg (158 lb 6.4 oz)		
BP:	129/84		
HR:	70		
Performing Physician		Performing Staff	
Primary:	Sheena Amy Prakash, MD	Radiology Technologist:	Alexander Avila
		Cath Lab Nurse:	Chelsee Nix, RN
		Cath Lab Nurse:	Joseph A Ferraro, RN
		Cath Lab Nurse:	Lianna A Marc, RN
		Scrub Person:	Pasquale Ieronimo

Patient Information

Name	MRN	Description
Cindy Michelle Quinn	2448063	65 y.o. female

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
Sheena Amy Prakash, MD (Primary)	Akua Boatemaa Ekunwe, MD	Adam M Sabbath, MD

Procedures

BI HEART CATH

Pre Procedure Diagnosis

Abnormal CT scan of heart [R93.1]Dyslipidemia [E78.5]DOE (dyspnea on exertion) [R06.09]Family history of atherosclerosis [Z82.49]

Post Procedure Diagnosis

CAD

Indications

Abnormal CT scan of heart [R93.1 (ICD-10-CM)]
 Dyslipidemia [E78.5 (ICD-10-CM)]
 DOE (dyspnea on exertion) [R06.09 (ICD-10-CM)]
 Family history of atherosclerosis [Z82.49 (ICD-10-CM)]

Conclusion

- Prox LAD to Mid LAD lesion is 100% stenosed.
- Mid RCA lesion is 40% stenosed.

CONCLUSIONS:

CTO of the proximal to mid LAD with left-to-left and right-to-left collaterals along with mild-to-moderate nonobstructive CAD in the mid RCA.
 Normal LVEDP.
 Normal right heart pressures with normal cardiac output.

RECOMMENDATIONS:

Obtain echo to evaluate for LV systolic function.
 Viability study if there is concern for nonviable myocardium in the anterior wall.
 Discussion regarding CTO PCI of the LAD versus robotic LIMA to LAD.

Cath Clinical Data

Cath Clinical Data Indication(s) for this cath procedure: suspected CAD.
 Chest pain symptom assessment: atypical angina. The patient has had a stress echocardiogram. The result was negative.

Cath Details

Cath Details The risks, benefits, complications, treatment options, and expected outcomes were discussed with the patient. Informed
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consent was obtained. Consent type: written. The patient was brought to the cath lab with IV hydration infusing. Patient evaluated/reevaluated immediately prior to sedation. ASA classification verified. Monitored conscious sedation was undertaken. The patient was prepped and draped in the usual manner according to cath lab policy and procedure. Cath lab procedure log verified.

Arterial access was obtained in the right radial artery following administration of local anesthesia. A Sheath Intro 6Fr 10Cm Anterior-Wall W/0.021In 45Cm Flex Staright Mini-Wire 21Ga 35Mm Needle Slender was placed. A Sheath Introducer Hemaquet 7Fr 10Cm Pinnacle was placed. Venous access was obtained in the right internal jugular vein after administration of local anesthesia. Ultrasound guidance was used for vascular access. Coronary angiography was then performed with a Cath Angio 5Fr 100Cm FI3.5 Impulse (Box/5) and Cath Angio 5Fr 100Cm Fr4 Impulse (Box/5).

Arterial closure status: sheath removed. Post procedure hemostasis was obtained with radial compression system. Post cath procedure recommendations: PCI without planned CABG and CABG. Contrast volume was 18 cc. Procedure fluoro time was 1 minutes.

ASA Classification

The ASA classification as defined by the physician is: class 2 - patient with mild systemic disease.

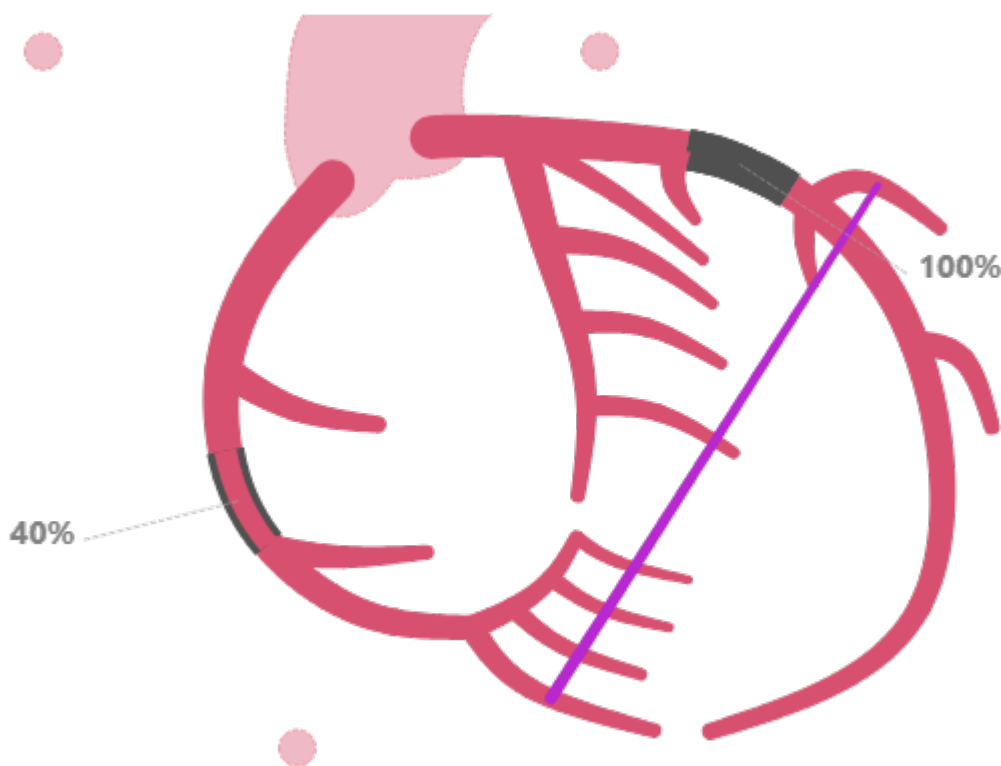
Right Heart

Right Heart Pressures A Thermodilution Pulmonary Artery Catheter Polyurethane.7F, 4 Lumen, 110Cm was inserted through the sheath. Thermodilution cardiac output: 3.93 liters per minute. Thermodilution cardiac index 2.2. Fick cardiac output: 3.88 liters per minute. Fick cardiac index: 2.17. RA mean pressure -1 mmHg. Right ventricular systolic pressure 22 mmHg. Right ventricular end diastolic pressure -6 mmHg. Pulmonary artery systolic pressure 19 mmHg. Pulmonary artery diastolic pressure 2 mmHg. Pulmonary artery mean pressure 10 mmHg. Pulmonary capillary wedge pressure mean 2 mmHg. Blood oximetry was measured with the patient on room air. PA O2 Sat 68%. AO O2 Sat 90%. There is no pulmonary hypertension.

Coronary Findings

Diagnostic

Dominance: Right



Left Main

The vessel was visualized by angiography, is moderate in size and is angiographically normal. The vessel originates from the left coronary sinus.

Left Anterior Descending

The vessel was visualized by angiography and is moderate in size. The vessel originates from the left main.

Prox LAD to Mid LAD lesion is 100% stenosed. The lesion is chronically occluded.

Second Diagonal Branch

Collaterals

2nd Diag filled by collaterals from RPDA.

Coronary Findings (continued)

Ramus Intermedius

The vessel was visualized by angiography, is moderate in size and is angiographically normal. The vessel originates from the left main.

Left Circumflex

The vessel was visualized by angiography, is moderate in size and is angiographically normal. The vessel originates from the left main.

Right Coronary Artery

The vessel was visualized by angiography and is moderate in size. The vessel originates from the right coronary sinus.

Mid RCA lesion is 40% stenosed.

Intervention

No interventions have been documented.

Cath Note

Procedure Details **CARDIAC CATHETERIZATION REPORT**

PROCEDURES PERFORMED:

Conscious sedation
Ultrasound-guided right internal jugular venous access
Right heart catheterization
Ultrasound-guided right radial artery access
Left heart catheterization
Coronary angiography

PROCEDURE TECHNIQUE:

After informed consent, the patient was brought to the cardiac cath lab in a fasting state and placed in the supine position with the right arm extended. The patient was premedicated with Versed and Fentanyl. The right neck was prepped and draped in the standard sterile fashion. The access area was anesthetized with 1% Lidocaine. Venous access was obtained under ultrasound guidance and a 7 French sheath was inserted via modified Seldinger technique. A Swan-Ganz catheter was advanced under fluoroscopic guidance into the pulmonary artery. Cardiac outputs by thermodilution were obtained, then pressure measurements in the wedge, PA, RV, and RA positions were obtained. The catheter was removed from the sheath. The right wrist was prepped and draped in the standard sterile fashion. The access area was anesthetized with 1% Lidocaine. Arterial access was obtained under ultrasound guidance and a 6 French slender sheath was inserted via modified Seldinger technique. Nitroglycerin and Verapamil were given interarterially. Diagnostic angiograms were obtained in the appropriate views with JL3.5 and JR4 catheters. The JR4 catheter was advanced over a J wire into the left ventricle. The LVEDP was measured, then the catheter was pulled back across the aortic valve. All catheters were removed from the sheath. The sheath was removed in the cath lab and hemostasis was achieved with a TR band. The patient tolerated the procedure well. There were no intraprocedural complications.

HEMODYNAMICS:

1. Mean right atrium - -1 mmHg
2. Right ventricle - 22/-6 mmHg with an RVEDP of 3 mmHg
3. Pulmonary artery - 19/2 mmHg with a mean of 10 mmHg
4. Mean pulmonary capillary wedge - 2 mmHg
5. Cardiac output and cardiac index by thermodilution - 3.93 L/min and 2.2 L/min/m² respectively
6. Cardiac output and cardiac index by Fick - 3.88 L/min and 2.17 L/min/m² respectively
7. PVR - 2.06 Wood units
8. LVEDP of 18 mmHg

ANGIOGRAPHIC FINDINGS:

LEFT MAIN CORONARY ARTERY: The left main arises from the left sinus of Valsalva and gives rise to the LAD, Ramus, and Circumflex. It is a large caliber vessel and has no angiographically significant disease.

LEFT ANTERIOR DESCENDING ARTERY: There is a CTO of the proximal to mid LAD immediately after the takeoff of the 1st septal perforator branch. There are left-to-left and right-to-left collaterals.

RAMUS INTERMEDIUS ARTERY: There is no angiographically significant disease.

LEFT CIRCUMFLEX ARTERY: Nondominant. There is no angiographically significant disease.

RIGHT CORONARY ARTERY: Dominant. There is a 40% lesion in the mid RCA.

CONCLUSIONS:

CTO of the proximal to mid LAD with left-to-left and right-to-left collaterals along with mild-to-moderate nonobstructive CAD in the mid RCA.

Normal LVEDP.

Normal right heart pressures with normal cardiac output.

RECOMMENDATIONS:

Obtain echo to evaluate for LV systolic function.

Viability study if there is concern for nonviable myocardium in the anterior wall.

Discussion regarding CTO PCI of the LAD versus robotic LIMA to LAD.

Complications

Complications documented before study signed (8/29/2025 12:50 PM)

No complications were associated with this study.

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Cath Pressures

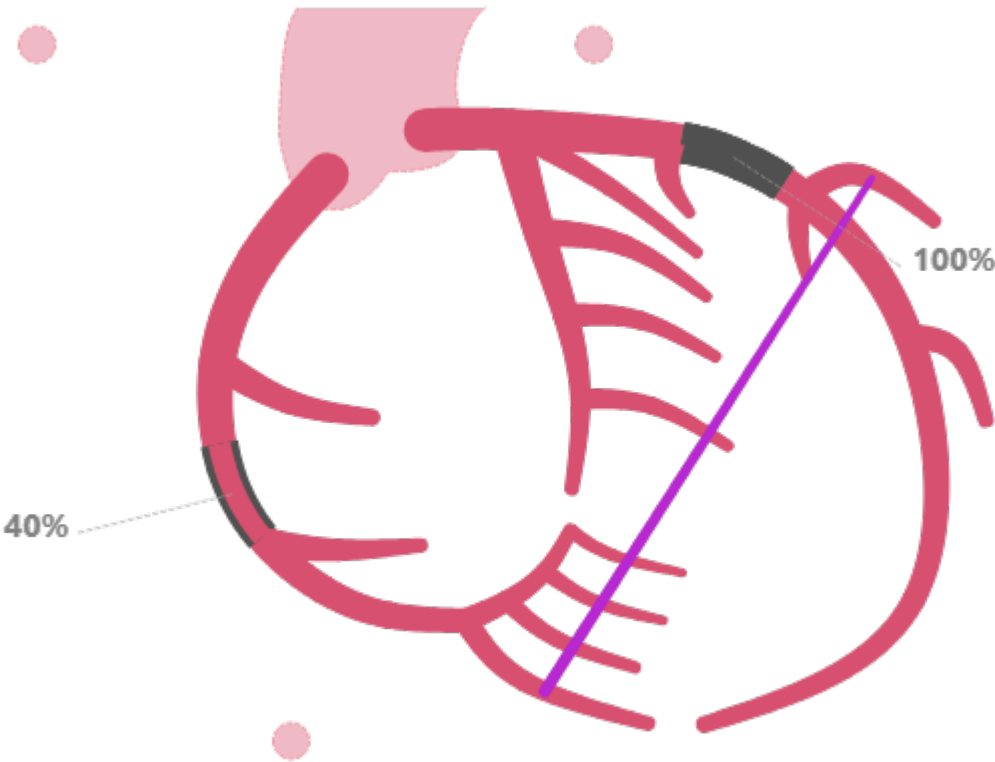
Site	Systolic (mmHg)	Diastolic (mmHg)	Mean (mmHg)	End Diastolic (mmHg)
AO	132	79	92	
	130	78	88	
	130	70	95	
	124	75	99	
LV	144	2		20
	133	2		18
RA			-1	
RV	22	-6		3
PA	19	2	10	
PCW			2	

Signed

Electronically signed by Sheena Amy Prakash, MD on 8/29/25 at 1250 MST

COronary Diagrams

DiagnosticDominance: Right



Intervention