MRN: 81152753

DATE OF PROCEDURE: 07/01/20

ATTENDING CARDIOLOGIST: Adhir Shroff

CARDIOLOGY FELLOW: Anish Shah, Megan Toole

REFERRING PHYSICIAN: George Kondos

PROCEDURE PERFORMED: Diagnostic left heart catheterization with coronary angiography

CLINICAL HISTORY: 63M h/o HTN, HLD, asthma and strong hx of multiple MI in family p/w SOB on exertion (e.g. at 25 miles biking, instead of normal at 50 miles).

PREMEDICATIONS:

aspirin 324 mg PO

50 mg diphenhydramine IV

CONSCIOUS SEDATION:

1 mg midazolam IV

25 mcg fentanyl IV

INTRAOPERATIVE MEDICATIONS:

heparin 5000 units IV

verapamil 5 mg IA (intra-arterial)

PATIENT DATA:

Ht(cm) Wt(Kg) BSA

179 89

APPROACH:

Right radial approach

PROCEDURE COMMENTS:

The patient was consented and assessed for moderate sedation. He was given 324 aspirin prior to procedures. The patient was placed in the supine position. The right radial artery was identified as the optimal approach. The site was prepared in hte usual sterile fashion. The femoral site was also prepared but was not used. Benadryl was given through IV for additional sedation. Time out was called with all staff prior to procedure start.

Sedation was used (versed/fentanyl). The site was anesthetized with 2% lidocaine. The right radial artery access was obtained using a modified seldinger technique. A 5F Glidesheath slender x 0.21 x 10cm was placed in the right radial artery. 5 mg of IA verapamil was administered to reduce vasospasm in the right artery. A 5F Jacky Radial 110 cm was advanced over wire to the aortic root.

The Jacky Radial catheter was used to engage the left coronary artery followed by left coronary angiography in multiple views by hand injections of omnipaque. The catheter was then used to engaged the right coronary artery followed by right coronary angiography in multiple views by hand injection of omnipaque.

The diagnostic catheter was removed along with wire. The sheath was removed and patent hemostasis was acheived using a radial band (11 cc). The patient had no acute complications.

COMPLICATIONS:

None

HEMODYNAMIC DATA:

Chamber Pressure (mmHg)

Ao 148/85/112

Normal Range for Hemodynamic data:

RA RV PA PCWP LA LV Ao

<5 25/5 25/10 <12 <12 120/10 120/90

CORONARY ARTERIES:

LM: bifurcates into LAD and LCX (potentially trifurcation with LAD, LCX, and ramus instead), no angiographically significant stenoses

LAD: gives off high first diagonal, no angiographically significant stenoses

LCX: does not appear to give off marginals, no angiographically significant stenoses

RCA: no angiographically significant stenosis, supplies PDA and PLB

Total contrast used during procedure:

25 ml of Omnipaque

Total fluoroscopy time:

Time: 3.4 min

DAP: 13 Gy.cm2

IMPRESSION:

DOMINANCE: right-dominant

INTERVENTION: none

RECOMMENDATIONS: shortness of breath is not likely related to ischemic heart disease, no lesions visualized

---

Anish Shah, MD

Cardiology Fellow, PGY4

University of Illinois Chicago

Pager: 312-839-5705

PATIENT: Taylor, Tyrone

MRN: 10/21/1987

DATE OF PROCEDURE: 07/01/20

ATTENDING CARDIOLOGIST: Adhir Shroff

CARDIOLOGY FELLOW: Anish Shah, Megan Toole

REFERRING PHYSICIAN: Amer Ardati

PROCEDURE PERFORMED: Diagnostic left/right heart cath / angiogram

CLINICAL HISTORY:

32M h/o HTN and ETOH abuse p/w new-onset ADHF, sent for ischemic eval.

PREMEDICATIONS:

aspirin 324 mg PO

25 mg diphenhydramine PO

CONSCIOUS SEDATION:

1 mg midazolam IV

50 mcg fentanyl IV

INTRAOPERATIVE MEDICATIONS:

heparin 5000 units IV

verapamil 5 mg IA (intra-arterial)

PATIENT DATA:

Ht(cm) Wt(Kg) BSA

167 81.7

APPROACH:

Right radial approach

PROCEDURE COMMENTS:

The patient was consented and assessed for moderate sedation. He was given 324 aspirin prior to procedures. The patient was placed in the supine position. The right radial artery was identified as the optimal approach. The site was prepared in hte usual sterile fashion. The femoral site was also prepared but was not used. Benadryl was given through IV for additional sedation. Time out was called with all staff prior to procedure start. Sedation was used (versed/fentanyl).

LEFT:

The site was anesthetized with 2% lidocaine. The right radial artery access was obtained using a modified seldinger technique. A 5F Glidesheath slender x 0.21 x 10cm was placed in the right radial artery. Arterial O2 sample was obtained. 5 mg of IA verapamil was administered to reduce vasospasm in the right artery. A 5F Jacky Radial 110 cm was advanced over wire to the aortic root. The Jacky Radial catheter was used to engage the left coronary artery followed by left coronary angiography in multiple views by hand injections of omnipaque. The catheter was then used to engaged the right coronary artery followed by right coronary angiography in multiple views by hand injection of omnipaque. The diagnostic catheter was removed along with wire. The sheath was removed and patent hemostasis was acheived using a radial band (11 cc). The patient had no acute complications.

RIGHT:

The antecubital fossa was sterilized in usual fashion. A 20g IV catheter was in place from prior. A wire exchange was done using a 5F Glidesheath slender 0.21 x 10 cm into the same AC vein. A 5F PAC (Swan Ganz) 100 cm was inserted into the sheath. The RA was not able to be accessed with catheter alone. A BMW was inserted and passed using fluoroscopy into RV. The catheter was then advanced into the RA successfully. RA, RV, PA, and wedge pressures were obtained. PA saturation was obtained. Thermodilution was also performed. The catheter was removed after diagnostics were completed. The patient tolerated procedure well. The sheath was replaced overwire with a 14g IV catheter at end of procedure.

COMPLICATIONS:

None

HEMODYNAMIC DATA:

Chamber Pressure (mmHg)

RA 12/8

RV 34/11

PA 32/23

PCW 18/14

Ao 111/95

Normal Range for Hemodynamic data:

RA RV PA PCWP LA LV Ao

<5 25/5 25/10 <12 <12 120/10 120/90

Site Sat% Hgb

Ao 95% 15.9

PA 64% 15.5

Normal Range for O2 Saturations:

RA, RV, PA, IVC, SVC = 65-80%

Ao, LA, PV, PCW, LV = 95-100%

Peripheral arterial = 94-97%

OXYGEN VALUES

O2 Consumption O2 Capacity

246.3 213.5

O2 consumption is calculated using the formula 125 x BSA and should be considered a rough estimate.

FICK

HR CO CI SWI SV SVI

(L.min) ((L/min)/m2) ((gm\*m)/m2) (ml) (ml/m2)

102 3.7 1.9 \*\*\* 36.5 18.5

PVR PVR SVR SVR TSR TSR

(Dynes) (Woods) (Dynes) (Woods) (Dynes) (Woods)

\*\*\* \*\*\* 1913 23.9 2085 26.1

PVR I PVR I SVR I SVR I TSR I TSR I

(Dynes) (Woods) (Dynes) (Woods) (Dynes) (Woods)

\*\*\* \*\*\* 3770 47.1 4109 51.4

THERMODILUTION

HR CO CI SWI SV SVI

(L.min) ((L/min)/m2) ((gm\*m)/m2) (ml) (ml/m2)

102 5.0 2.5 \*\*\* 48.8 24.8

PVR PVR SVR SVR TSR TSR

(Dynes) (Woods) (Dynes) (Woods) (Dynes) (Woods)

\*\*\* \*\*\* 1431 17.9 1559 19.5

PVR I PVR I SVR I SVR I TSR I TSR I

(Dynes) (Woods) (Dynes) (Woods) (Dynes) (Woods)

\*\*\* \*\*\* 2819 35.2 3072 38.4

Normal Range for Hemodynamics:

CO CI SV

4-8 2.4-4 60-100

CORONARY ARTERIES:

LM: bifurcates into LAD and LCX, no angiographically significant stenoses

LAD: gives off high first diagonal, no angiographically significant stenoses

LCX: does not appear to give off marginals, no angiographically significant stenoses

RCA: no angiographically significant stenosis, supplies PDA and PLB

Total contrast used during procedure:

55 ml of Omnipaque

Total fluoroscopy time:

6.2 min

163 mGy

IMPRESSION:

DOMINANCE: right-dominant

INTERVENTION: none

RECOMMENDATIONS: No angiographic findings c/w ischemic disease.

---

Anish Shah, MD

Cardiology Fellow, PGY4

University of Illinois Chicago

Pager: 312-839-5705