North Shore Private Hospital
Part of Ramsay Health Care

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Cardiac Catheterisation Report

Patient Name	SORRENTINO Carlos	**Procedure Date**	06/06/2025 16:03
MRN	ME00309577	**Accession #**	NSP-CATH-25-560
Medicare #		**Height**	182 cm
Date of Birth	26/09/1945 - 79yrs - Male	**Weight**	115 kg
Address	75 Melba DrEast Ryde, 2113, NSW	**BSA**	2.3 m²
Phone Number		**BMI**	34.7 kg/m²
Performing Physician	Dr Stephen Vernon	**Referring Physician**	A/Prof Rebecca Kozor
Fellow	Dr Karan Rao		
GP Details	Dr Gordon Howard		

Reason for Admission

NSTEMI

Clinical History

Previous CABG X4.

Risk factors:Oral - Monitored diabetes.

Angiographic / PCI Findings - Dominance: Right

LMCA: Ectatic vessel. No stenosis.

LAD: Ectatic and heavily calcified vessel proximally. Suspected chronic total occlusion in the mid to distal vessel with antegrade collateral. Severe diagonal vessel disease with patent SVG to D2.

LCx: Occluded in the mid vessel. OM1 supplied via robust collaterals from RPLB. OM2 supplied via patent SVG.

RCA: Chronic occlusion proximally (long segment) with antegrade collaterals to the mid vessel prior to a second chronic total occlusion. RPDA and distal vessel supplied by patent SVG.

Grafts

There is a Vein graft that originates at the Aorta Right and attaches to the R PDA.Widely patent with no significant post-anastomotic lesions.

There is a graft that originates at the Aorta Left and attaches to the 2nd Diag.The graft from 2nd Diag jumps to 2nd Diag.Widely patent with no significant post-anastomotic lesions.

There is a graft that originates at the LIMA and attaches to the Mid LAD.Atretic with poor flow distally.

LV function: EF% 65

Entry Locations

Retrograde Access: Right Radial artery. A 6 Fr sheath was inserted.TR Band (Terumo).The puncture site was successfully closed.

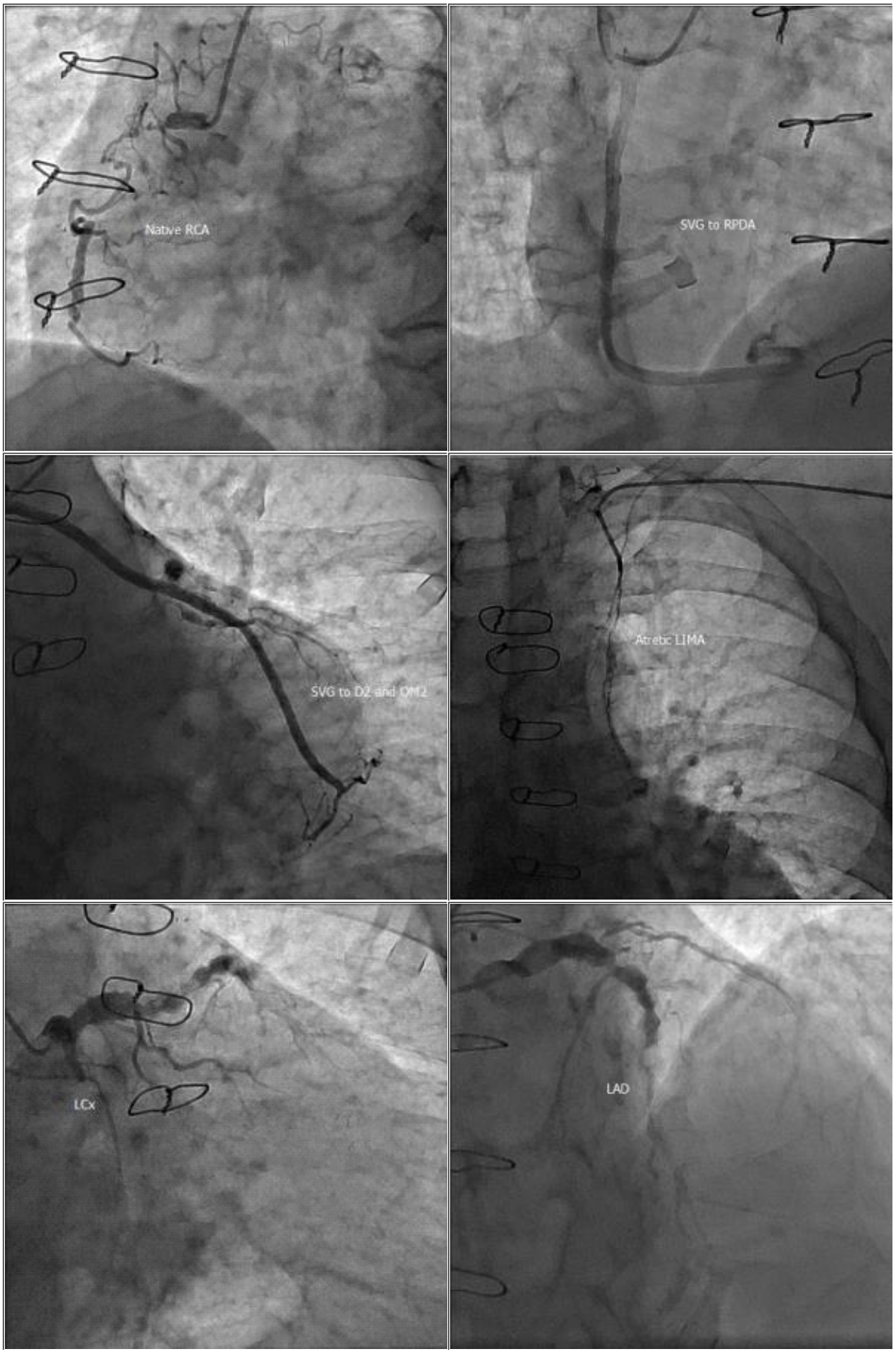
Conclusions

Severe native vessel disease. Atretic LIMA to LAD graft. Chronic occlusion mid LAD with antegrade collateral supply. Occluded mid LCx with collateral flow to OM1 and patent SVG to OM2. Chronic occlusion RCA with patent SVG to RPDA. Normal left ventricular systolic function.

Recommendations

Medical management.
Consider CTO PCI to LAD and/or LCx if ongoing symptoms.

Signed: Dr Stephen Vernon(Performing Physician)


Native RCA
SVG to RPDA
SVG to D2 and OM2
Atretic LIMA
LCx
LAD