[redacted]

DEPARTMENT OF CARDIOLOGY

Patient Name	: [redacted]	**Age** : 70Y	**Sex** : Female
UHID	:	**Request No**	: [redacted]
IP NO.	: [redacted]	[redacted]	
Completed on	:		
Consultant Name	:		

CORONARY ANGIOGRAM

Cath Lab No. : [redacted]

Clinical Diagnosis : HTN
DM
LRTI
CAD -ACS -PWMI
SEVERE MR
SR, MILD LV DYSFUNCTION

Procedure : CORONARY ANGIOGRAM

Contrast Agent : VISIPAQUE

Contrast Volume : 50 ML

Catheter used : TIG, 5-FRENCH

Approach : Radial

Fluroscopy time : 3 MINUTES

LV Angiogram : NOT DONE

Hemodynamics

Chamber 1	Pre Angio (mm Hg)	Post Angio (mm Hg)	O2 Saturation%
HSVC	-	-	-

LMCA : BIFURCATES, NORMAL

[redacted]

[redacted]

CORONARY ANGIOGRAM

LAD	: TYPE III VESSEL, PROXIMAL LAD 30% STENOSIS, MID LAD 30-40% STENOSIS, DISTAL LAD MILD PLAQUE
Diagonal Branches	: DIAGONAL-1 -40-50% OSTEOPROXIMAL STENOSIS,
Ramus	: -
LCX	: NON-DOMINANT VESSEL, PROXIMAL LCX NORMAL, FOLLOWED BY TOTAL OCCLUSION
OM Branches	: -
RCA	: DOMINANT VESSEL, PROXIMAL RCA MILD PLAQUE, MID RCA 40-50% STENOSIS, DISTAL RCA -NORMAL
RV	: -
PDA	: NORMAL
PLB	: NORMAL
Left subclavian artery	: -
Lima	: -
Qualitative	: -
Others	: -
Renal Angiogram	: -
Carotid angiogram	: -
Peripheral Angiogram	: -
LM	: -
Final Diagnosis	: CAD -DVD
Recommendation	: [redacted]

[redacted]

[redacted]

CORONARY ANGIOGRAM

---- END OF THE REPORT ----

[redacted]
MD, DM (AIIMS), FACC,Director of Cathlab

[redacted]