

DATE OF SERVICE: July 6, 2023

PROCEDURES PERFORMED:

1. Moderate sedation.
2. Ultrasound-guided access of the right radial artery.
3. Bilateral coronary angiography.
4. Left heart catheterization.

INDICATION: The patient is a 76-year-old gentleman with a history of recently diagnosed coronary artery disease with a calcium score approximately 3100. Underwent stress testing that showed a large fixed inferior defect. We discussed the indications, benefits, risks, and alternatives of cardiac catheterization, and the patient elected to proceed.

DESCRIPTION OF PROCEDURE: The right wrist was prepped and draped in the usual sterile fashion. IV sedation was administered, 2% lidocaine was used for local anesthesia. Under ultrasound guidance, the right radial artery was accessed via micropuncture technique and a slender 6-French sheath was inserted without difficulty. Bilateral coronary angiography was performed using a 6-French Tiger catheter. Left heart catheterization was performed by crossing the aortic valve with a Tiger catheter.

HEMODYNAMIC FINDINGS:

1. LV 125/6, EDP of 6 mmHg.
2. Aorta 116/68, mean of 87 mmHg.

ANGIOGRAPHIC FINDINGS:

1. Right dominant system.
2. Left main: Mild calcification, no significant stenosis.
3. LAD: The proximal LAD has an 80% stenosis. The mid LAD just after the takeoff of the first diagonal and septal branch has a long 70% stenosis. Within the mid LAD at the site of the second diagonal branch takeoff, there is a 40% stenosis. The first diagonal has a 70% proximal stenosis.
4. Circumflex: The ostial circumflex has a 40% stenosis. The first OM has a long 70% stenosis proximally. The distal circumflex after the takeoff of a small second OM branch has a long segment of 70-80% stenosis.
5. RCA: The proximal to mid RCA has a 50% stenosis. The mid RCA has serial 90 and 70% stenoses. The distal RCA has no significant stenosis. The PLV has no obstructive stenosis. The PDA has an 80% mid body stenosis. PDA is a large vessel.

CLOSURE: The sheath was removed and TR band was applied with excellent patent hemostasis.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Minimal.

SEDATION START TIME: 1340.

SEDATION STOP TIME: 1350.

CONTRAST DOSE: 50 mL

IMPRESSION:

1. Multivessel coronary artery disease with involvement of the LAD, first diagonal, circumflex, OM1, RCA, and PDA.
2. Normal LVEDP.
3. Normal ejection fraction based on recent echo.

PLAN:

1. We will consult CT surgery for the patient's candidacy regarding bypass.
2. Continue aggressive risk factor modification.

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D: 07/06/2023 02:06:13

T: 07/06/2023 02:16:49

JobID: 296437505

Confirmation: 18765173

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