

Houston Hospital

Houston, Texas 77098

Cardiac Catheterization Report

Patient Name: Smith, John	Patient ID: 595003214	
Study Date: 3/28/2011	Sex: M	Referring MD: Temperance Brennan, MD
Height: 74 in	BP: 138/78	DOB, Age: 6/6/1971, 39 yr
Weight: 195 lb	HR: 65	
BSA: 2.15 m ²		
History: Chest pain, Dizziness		
Diagnostic Procedures: Left Heart Cath, LV Gram		
Interventional Procedures: Primary stenting		

Diagnosis: Hypertrophic cardiomyopathy. The circumflex artery has a 75% stenosis in the mid segment.

Recommendations
Based on today's cardiac catheterization we recommend: Continue medical management and risk factor modification. Admit to telemetry for 24 hours post procedure observation. Follow up office visit in cardiology clinic in 2 weeks.

Clinical Summary
The patient is a 39 year old male that presented to the emergency room with complaint of dizziness and chest pain. The pain does not radiate and is not exacerbated with physical activity. He denies and family history of heart disease. He is a former two pack a day smoker that quit three months ago.

Procedure

Diagnostic
An informed, witnessed and signed consent was obtained and placed in patient's chart. The patient received Versed and Fentanyl for conscious sedation and was continuously monitored per hospital protocol. (See Nursing notes for medications administered.) The patient was prepped and draped in the usual sterile fashion. 1% lidocaine was infiltrated into the skin and subcutaneous tissue of the right groin for anesthesia. A 6FR sheath was placed into the femoral artery using modified Seldinger technique. An angled pigtail catheter was advanced to the ascending aorta. After recording ascending aortic pressure, the catheter was advanced across the aortic valve and LV pressure was recorded.

Ventriculography was performed using power injection of 40 cc contrast agent at 12 cc/second. Standard RAO images were obtained. Post-ventriculography LV pressure was obtained. The catheter was gradually withdrawn into the aorta under continuous pressure monitoring and aortic pressure was recorded.

6FR JL4 & JR4 catheters were used to selectively cannulate the left and right coronary arteries. Multiple angiographic images were obtained in standard projections.

Intervention
PCI of the mid circumflex artery. A 6FR JL4 guide catheter was used which provided adequate support. PCI was performed after patient was anticoagulated. (See Nursing notes for medications administered.) The vessel was wired with a 185cm 0.014 Choice PT wire. The lesion was pre dilated to a maximum of 14 ATM using a 2.75 x 15 mm Apex Monorail balloon. Following pre dilation a 3.0 x 20 mm Taxus Liberte Stent RX was deployed at a maximum of 12 ATM. The stent was post-dilated using a 3.0 x 15 mm NC Quantum Apex RX balloon throughout the stented area to a maximum of 10 ATM. This provided a favorable final angiographic result with no significant residual stenosis, dissection, thrombus or spasm. The patient left the cath lab in stable condition with an intact bilateral 2+ dorsalis pedis pulse.

<p>Pre-Procedure Pulses Bilateral DP: 2+ Bilateral PT: 2+</p>	<p>Medications Administered: Aspirin, 324 mg, PO, Stat. Loading Dose Plavix, 600 mg, PO, Stat. Loading Dose Heparin, 10000 Units, IV, Bolus. Bolus Percutaneous entry: Femoral artery Closure Device: Angio-Seal Complications: No Complications</p>
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<p>Hemodynamics Pressures - Air Rest (mmHg) Sys Dias Mean/EDP LV 135 9 10 Aorta 135 88 112 Pressures - Post LV gram (mmHg) Sys Dias Mean/EDP LV 136 9 12 Aorta 140 88 114</p>	<p>Ventriculography RAO View</p> <p>Single Plane</p> <table border="0"> <tr> <td>LVEDV</td> <td>88 ml</td> <td>HR</td> <td>75 bpm</td> </tr> <tr> <td>LVESV</td> <td>35 ml</td> <td>LV CO</td> <td>4 l/min</td> </tr> <tr> <td>LV SV</td> <td>53 ml</td> <td>LV CI</td> <td>1.9 l/m/m²</td> </tr> <tr> <td>LV EF</td> <td>60.2 %</td> <td></td> <td></td> </tr> </table>	LVEDV	88 ml	HR	75 bpm	LVESV	35 ml	LV CO	4 l/min	LV SV	53 ml	LV CI	1.9 l/m/m ²	LV EF	60.2 %		
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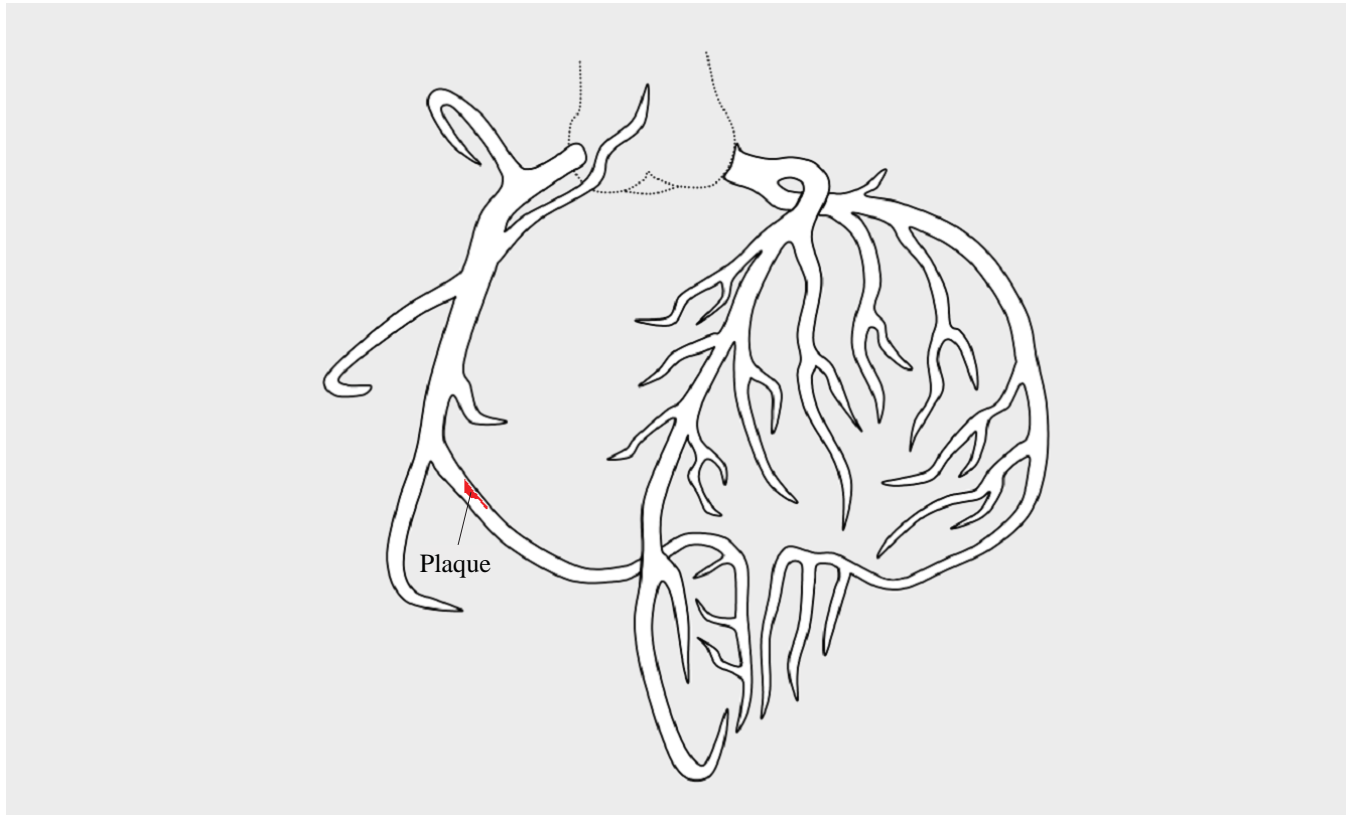
Findings

LV Gram
 LV Gram: Hypertrophic cardiomyopathy.

Diagnostic Findings
 Coronary Dominance: This is a co-dominant coronary artery system.
 LMCA: The left main coronary artery is angiographically normal.
 LAD: The left anterior descending artery is angiographically normal.
 Circumflex: The circumflex artery is a large caliber vessel. The circumflex artery has a 75% stenosis in the mid segment.
 RCA: The right coronary artery is angiographically normal.

<p>Staff Cardiac Cath Physician Drake Remoray, MD Interventionalist Drake Remoray, MD Scrub Nurse Peggy Martin, RVT Circulating Nurse Betty Joe Smith, RN Radiologic Tech Bill Fredricks, RT Recording Tech Steve Dean, RN</p>	<p><Electronic Signature> 09/14/2011 12:55 PM</p> <hr/> <p>Drake Remoray, M.D.</p>
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Coronary Diagram - Diagnostic



Coronary Diagram - Intervention

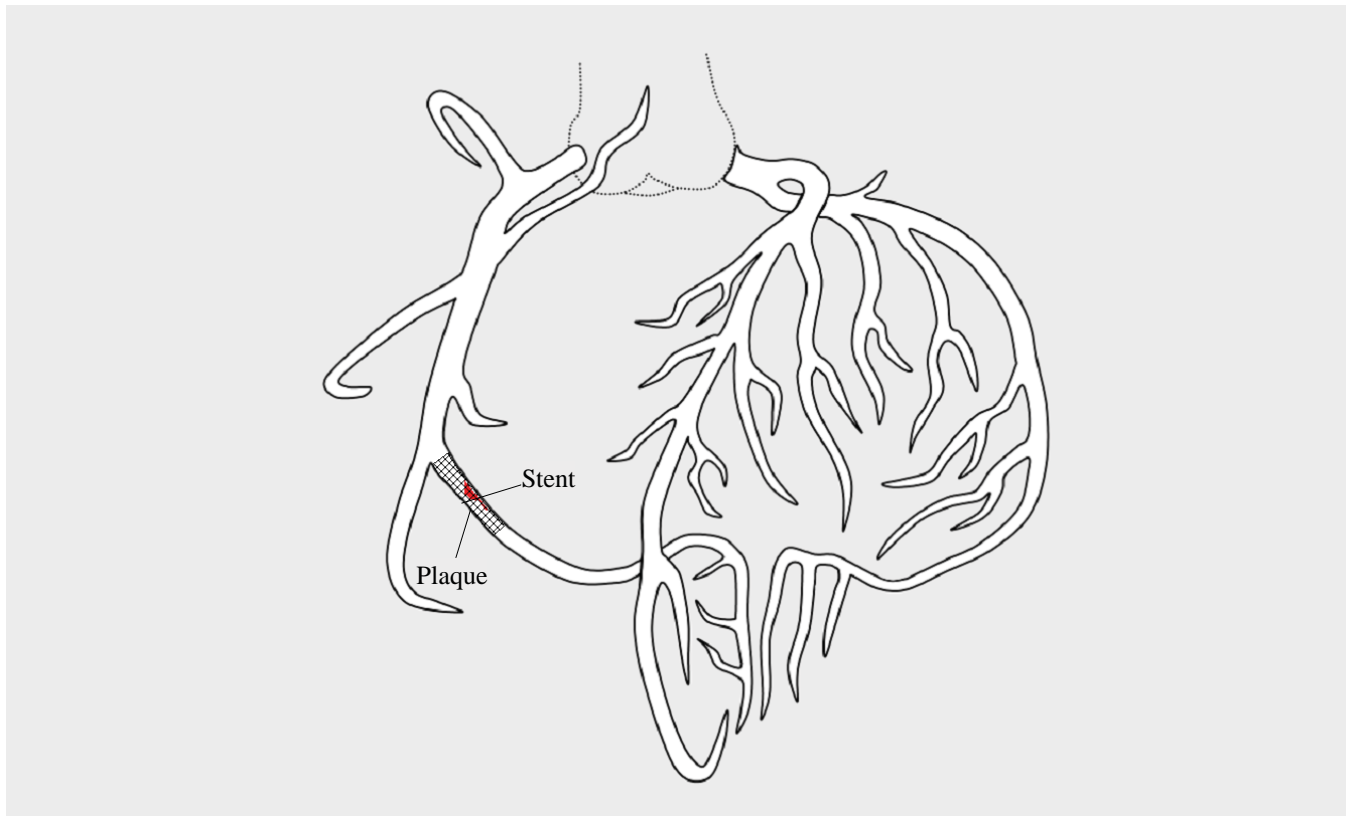


Image 1



Image 2

