

Facility: THUNDER BAY REGIONAL HSC 980 OLIVER ROAD THUNDER BAY ON P7B 6V4
Report: CATH LAB
Patient Name:
DOB: '09/1960
Unit #
Acct:
Service: T 3D ICU
Ordering Dr:
Date of Procedure:
Requisition #:
PROCEDURE: LEFT CARDIAC CATH WITH VENT

Refer. Phys:

Exam Location: Cath Lab
Age: 53 Gender: M
Ht (in): Wt (lb): 225 BSA: 2.3
Indications: STEMI

CONCLUSIONS

1. Normal left main. There is 40% stenosis in the proximal LAD and 50% stenosis in the first diagonal. The previously placed LAD stent is patent.

The culprit was 100% occlusion of the LCx in the mid-segment, at OM1. The previously placed stents in the RCA were patent, with no obstructive lesions.

2. Preserved left ventricular wall motion and systolic function, with no wall motion abnormalities seen (although ventriculogram was done in the RAO view only).

3. Successful thrombectomy and then PCI of the LCx into OM1 with two Xience drug-eluting stents (2.5X33mm and 3.0X12mm, both post-dilated with a 3.0mm noncompliant balloon. Two small branches were compromised (the ongoing LCx and a branch of OM1), however these were too small even for balloon intervention.

4. Given the patient's young age and aggressive nature of disease, recommend aggressive secondary prevention. This includes titration of atorvastatin to 80mg OD.

5. The patient should remain on Enteric Coated Acetylsalicylic Acid 81 mg once daily indefinitely. The patient should remain on Clopidogrel 75 mg once daily for 12 months (given that a Drug Eluting Stent was employed).

PROCEDURE NOTES

History

53yo male with history of DM2, HTN, dyslipidemia. Previous PCI of the LAD and RCA in . The patient presents now to hospital with posterior STEMI, successfully treated with TNK.

Admission: >> Inpatient TBRHSC - ICU. Cath Status: Urgent. Cath Indications: