

養和醫院

HONG KONG SANATORIUM & HOSPITAL

診斷及介入放射部

Tel : 2835 8900

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Department of Diagnostic & Interventional Radiology

姓名
Name

年齡

性別

香港身份證號碼

Age

Sex F / M

HK ID No.

房 / 床號

Ward / Bed No.

醫院院號

Hospital No.

Ref. Dr. _____ Ref. No. _____ Date _____ / _____ / _____
dd / mm / yy

(A) REQUEST FOR CT SCAN

Triple Rule Out (Coronary / thoraco - aorta/ pulmonary artery)

Calcium Score only CT Coronary Angiogram only Cal Score + Coronary Angiogram Ejection Fraction

CT Coronary Angiogram + MR Cardiac Package

CT Coronary Angiogram + MR Stress & Rest Perfusion

CT Coronary Angiogram + MR Stress & Rest Perfusion

CT Coronary Angiogram + MR Stress & Rest Perfusion

+ Myocardial Viability

+ Myocardial Viability

+ Cardiac Anatomy & Function

(B) GENERAL INFORMATION

Urgent (Last Food & Drink at _____)

Follow up Scan No. & Date _____

Conventional Cardiac Angiography _____

DEPT. USE ONLY

CT No. _____

Operator _____

Contrast _____ Injector _____

If patient over 60 years old

Blood test : Creatinine _____

Urea _____

(Normal \downarrow 50 years old = (M) 71-115 $\mu\text{mol/L}$, 0.8 - 1.3mg/dl)

\uparrow 50 years old = (M) 71-121 $\mu\text{mol/L}$, 0.8 - 1.4mg/dl

(F) 53 - 97 $\mu\text{mol/L}$, 0.6 - 1.1mg/dl

(Normal 1.67 - 8.35 mmol/L, 10 - 50mg/dl)

(C) MEDICAL HISTORY (Must be completed)

Yes No

Smoking

Hypertension

Family History of Heart Disease _____

Personal History of Heart Disease

Hypercholesterolemia

Hypertriglyceridemia

History of Reaction of Previous Contrast Injection (Specify)

Atypical Chest Pain

Yes No

History of Asthma _____

History of Other Allergies (Specify) _____

History of Diabetes Mellitus

DM on Metformin

History of Kidney Diseases

History of Previous Operation _____

Others : _____

LMP on : _____

Positive Negative

- US Echocardiogram

- Treadmill

- NM Thallium

- Cardiac Angiogram

- MRI Stress

(D) MYOCARDIAL INFARCTION (MI)

History or Evidence of Myocardial Infarction

Number of Documented Infarctions 1 2 3 <3

Complications of Any Infarction

Congestive Failure

Serious Arrhythmia

Cardiogenic Shock

Time since last MI: _____ months

Time since 1st MI: _____ months

(E) PREVIOUS CARDIAC OPERATION/INTERVENTIONS

Vein Bypass Graft

Aortic Valve Operation

Date of Operation: _____

IMA Bypass Graft

Mitral Valve Repair

Mitral Valve Replacement

Ablation

Other Bypass Graft

Type: _____

Resection Ventricular Segment

Pacemaker Insertion

Internal Mammary Implant

Poudrage or Abrasion

Other Cardiac Operation

(F) PREVIOUS CORONARY ANGIOGRAM DATA (Please turn over)

Use of beta blocker maximizes the success rate of the CT Cardiac Angiogram

(G) Yes No

ANY CONTRA-INDICATION FOR BETA BLOCKER (e.g. Aortic stenosis, A-V block, asthma, emphysema, heart failure)

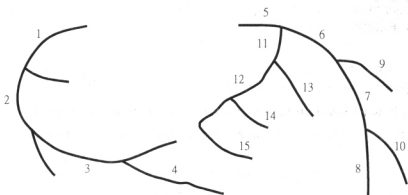
(H) CLINICAL DIAGNOSIS

(Hi) ANY POSITIVE FINDINGS IN PREVIOUS EXAMINATIONS (X-RAY, US, CT, MR, PET-CT) OF THE SAME REGION ?

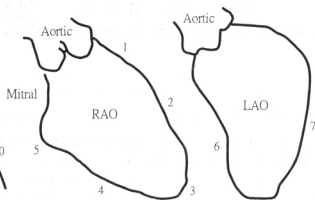
Signature : _____



Coronary Arteriogram



Left Ventriculogram



Previous Cardiac Catheterization & Intervention

Date of last intervention: _____

Branch	Normal	Small	25%	50%	>75%	Collaterals Supply	Angioplasty done	Stenting
RCA 1								
2								
3								
4								
LCA 5								
LAD 6								
7								
8								
9								
10								
CIRC 11								
12								
13								
14								
15								

Left Ventricular (LV) Function/Contractility

Segment	Normal	Reduced	None	Dyskinetic	Aneurysmal	Undefined
1. Anterobasal						
2. Anterolateral						
3. Apical						
4. Diaphragmatic						
5. Posterobasal						
6. Septal Wall						
7. Posterolateral						

Hemodynamics

Aortic Pressure

Heart Rate

Ejection Fraction

VSD present

Mitral Regurgitation:

Aortic Regurgitation:

None

Slight

Moderate

Severe

None

Slight

Moderate

Severe