UCMed Heart Center
UNIVERSITY OF CEBU MEDICAL CENTER
Ouano Avenue, Guizo, City South Special Economic Administrative Zone, Mandaue City 6014, Cebu
Philippines Trunkline: (032) 517.08888 Local 4200

CATHETERIZATION LABORATORY

Cardiac Catheterization Report

Date:	04-24-2026	Room:	SICU - 05
Cathlab No:	0204242026UCMED159	Age: 46	Sex: FEMALE
Name:	OGDEN, ARLYN ABANADOR	MRN:	487182
DOB:	08/26/1979	Operator:	Dr. Keith Andrew Ling Chan
Referring Physician:	Dr. Keith Andrew Ling Chan	Time Started:	09:10 AM Time Ended: 09:19 AM

PROCEDURE: Coronary Angiogram

INDICATION: A 46-year-old Filipino female was admitted for a scheduled coronary angiogram with possible percutaneous coronary intervention (PCI) for further evaluation and management. Prior to admission, she underwent a cardiac workup which included a stress echocardiogram that yielded abnormal results suggestive of myocardial ischemia. A 2D echocardiogram with Doppler, however, demonstrated normal left ventricular dimensions with a mass index of 65 g/m^2 and a normal relative wall thickness of 0.42. There were no abnormalities in wall motion or contractility, and systolic function was preserved with an ejection fraction of 68%. In view of the discordance between the normal resting echocardiographic findings and the abnormal stress test, the attending physician recommended hospital admission for a *coronary angiogram*, with *possible percutaneous coronary intervention*, to further assess for the presence of significant coronary artery disease and guide appropriate management.

TECHNIQUE: Using the seldinger technique, a 6 Fr *Terumo Radifocus Introducer* radial sheath was inserted via the right radial artery. A 5 Fr *Terumo Tiger* catheter was used to cannulate both the left main coronary artery system and the right coronary artery system. Multiple views were obtained and recorded. Left ventriculography was not performed. LV cavity was not engaged. Patient tolerated the procedure and left the Cathlab in a stable condition. A total of 30 cc ***Omnihexol dye*** was used.

HEMODYNAMICS: Recorded AO pressure: *133/124 mmHg* MAP: *120 mmHg*

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CORONARY ARTERIOGRAM

Left Main Coronary Artery: The *left main coronary artery (LM)* is a large vessel that shows 50-60% concentric disease in the mid to distal segment. It bifurcates into the *left anterior descending (LAD)* and *left circumflex (LCx) arteries*.

Left Anterior Descending Artery: The *left anterior descending (LAD) artery* is a large-caliber vessel, with the proximal to distal segments patent and free of disease. The *diagonal branches* are also large-sized vessels, patent and free of disease.

Left Circumflex Artery: The *left circumflex (LCx) artery* is a fair-sized, non-dominant vessel. The proximal to distal segments are large-caliber, patent, and free of disease. The obtuse marginal branches are small-sized, patent, and free of disease.

Right Coronary Artery: The *right coronary artery (RCA)* is a dominant, large-caliber vessel. The proximal to mid segments show 10-20% disease, while the mid to distal segments are patent and free of disease. The RCA bifurcates into the *right posterior descending artery* and the *right posterior lateral branch*, both of which are patent and free of disease.

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FINAL IMPRESSION: ***CORONARY ARTERY DISEASE: Left Main Coronary Artery.***

RECOMMENDATION:

1. ***Coronary artery bypass grafting (CABG) versus percutaneous coronary intervention (PCI): (The patient and significant others prefer percutaneous coronary intervention over coronary artery bypass grafting.)***
2. ***CONTINUE GDMT (GUIDELINE DIRECTED MEDICAL THERAPY) AS PER ACS PROTOCOL***
3. ***CARDIOVASCULAR RISK FACTOR MANAGEMENT***

Keith Andrew Ling Chan, M.D
Interventional Cardiologist

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