Qscan Radiology Clinics

UTC



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61735234508

Ph:

Fax: 0756658994

RE: MS ANGELA ARGYROU

33 Palladium Boulevard

33 Palladium Boulevard HOPE ISLAND QLD 4212 Ph: 0756317200 Fax: 07 5631 7222

Patient ID: 870764

D.O.B.: 10/12/1974

Requested By: Dr Garfield Wright Provider Number: 432581HJ

Date: 03/10/2023

MRI CARDIAC

HISTORY:

B/g previous myocarditis and pericarditis in 2022. Still has a frequent recurrent episodes of chest pain.? Ongoing pericarditis or myocarditis. CTCA 3/2/2022 with south coast radiology high probability of discrete non-calcified plaque left circumflex causing stenosis.

TECHNIQUE:

Multiplanar series of stoady state free precession images.
T2 black blood images (DIR + FS).
Gadolinium contrast administration, with delayed phase imaging.

FINDINGS:

Comparison 9 February 2023.

BSA 1.62 m2 (Mosteller).

Female	Absolute	BSA indexed	Normal Range
ED Volume	115 ml	71 ml/m2	59-107 (83)
ES Volume	53.6 ml	33.1 ml/m2	22-46 (34)
Stroke Volume	61.5 ml	38 ml/m2	31-67 (49)
Ejection Fraction	53 %	-	48-70 (59)

Electronically Authorised by: Dr Jeffrey Hocking

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UTC To: 61756658994

RE: MS ANGELA ARGYROU D.O.B.: 10/12/1974

FUNCTION:

The left ventricular volumes and function are normal. The ejection fraction is calculated to be 53 %. No regional wall motion abnormality is demonstrated. No evidence of myocardial oedema.

Although not formally quantified, the right ventricle appears normal in size and function. Valves: The imaged valves appear unremarkable.

Enhancement: There is a tiny focus of subepicardial LGE involving the mid inferolateral myocardium, which is unchanged in the interval.

The pericardium is normal, with no effusion.

The imaged extra cardiac structures appear unremarkable.

IMPRESSION:

No significant interval change, with stable tiny focus of non-ischaemic pattern subepicardial LGE in the mid inferolateral myocardium.

Dr. Jeffrey Hocking

Thank you for referring Ms Angela Salma Argyrou

Electronically Authorised by: Dr J Hocking

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