



# Annotating Diagrams

## Cardiovascular Computed Tomography Reporting Module

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*ACV 8.0*

*doc v1*

# Free-text annotations can be added to any feature shown in the interactive Diagrams tab.

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Conclusions

### Coronary diagram

Include in report SELECT DIAGRAM

**Coronary dominance**

Right Left Co-

**Vessels**

+/-  
Add / remove vessels

**Lesions**

Chronic occlusion Stenosis  
Acute occlusion Thrombus  
Occlusion Other  
Aneurysm Myocardial bridge

**Stents**

Prior stent Stent in lesion

**Grafts & Collaterals**

Graft Y-graft  
Sequential Collateral

**Notes**

Findings
Report

Black.  Birth gender: female.  Height ? | Weight ?  Catheterization laboratory study.  CP.  Inpatient.  Cardiac cath: elective.  PCI status ?  PCI indication ?  Catheterization laboratory.  Patient unit: WC 4B.  Patient room number: 428.  The risks, benefits, and alternatives to the procedure were explained to the patient and informed consent was obtained.  All catheters introduced during the procedure were removed.  The patient tolerated the procedure well.  Test start time ?  Test stop date ?  Test stop time ?  Hypaque 220 ml (total dose).  Hypaque 30 ml (wasted).  Fluoroscopy time: 0.2 min.  Cine time: 3 min.  Total time: 3.2 min.  Fluoroscopy dose: 2100 cGy·cm².  Cineangiography radiation dose area product: 1255 cGy·cm².  Total radiation dose area product: 3355 cGy·cm².  Fentanyl, for a total dose of 50 mcg, IV, to the left antecubital fossa.  Midazolam, for a total dose of 2 mg, IV, to the right antecubital fossa.  Financial class: Blue Cross.  This study may be submitted to the NCDR PCI v5 registry.

**Adverse outcomes**

There were no complications.

**Procedure narrative**

1. Right femoral artery access was obtained. A 6Fr sheath 24cm sheath was advanced into the vessel.
2. A JL4.0 6FR LAUNCHER IVG catheter was placed.
3. Selective left coronary angiography was performed. A JL4.0 6FR LAUNCHER IVG catheter was introduced. Contrast was injected. Images were obtained using multiple projections.
4. The catheter was exchanged for a JR4.0 6FR LAUNCHER IVG catheter.
5. Selective right coronary angiography was performed. A JR4.0 6FR LAUNCHER IVG catheter was introduced. Contrast was injected. Images were obtained using multiple projections.
6. The catheter was exchanged for a 6FR Pigtail catheter.
7. Sheath exchange was performed. The right femoral artery sheath was exchanged for an 8Fr sheath 24cm sheath.
8. A stent was placed in the stenosis in the mid LAD. See detailed description below (1st lesion intervention).

**1st lesion:**

Percutaneous intervention on the 90% stenosis in the mid LAD.

1. An AL1 7FR LAUNCHER IVG guiding catheter was placed.
2. A .014 Balanced Perf Stabiliz 180 IVW wire was placed across the lesion.
3. Balloon angioplasty was performed. A 3.0X13 Powersail IVB balloon was employed. The balloon was placed across the lesion and given two inflations with a maximum inflation pressure of 15 atm.
4. Stent placement was performed. A 2.5 mm (D) x 8 mm (L), Cypher OTW stent was used. The stent was advanced across the lesion and deployed with two inflations and a maximum pressure of 12 atm.

**Hemodynamics**

Circulatory function table

Basic hemodynamic protocols.  SV pressure protocols.  Right heart pressure protocols.  PA pressure protocols.  PV pressure protocols.  Left heart pressure protocols.  Right-sided protocols.  Left-sided

**Coronary arteries**

LAD: Mid-vessel lesion:  New vs recurrence ?  Lesion length ?  The diagnostic study demonstrated a 90% stenosis.  Summary

Bifurcation lesion ?  Calcification ?  Thrombus ?  TIMI (pre-intervention) ?  Culprit for ?  Lesion complexity ?

To add a free-text annotation, select Annotation and follow the screen prompts.

Search Index Prior reports History PCI\_5.0 Study Table Arteries Grafts Diagrams Conclusions Findings Report

### Coronary diagram

Include in report SELECT DIAGRAM ▾

**Vessels**

+/-  
Add / remove vessels

**Lesions**

Chronic occlusion Stenosis  
Acute occlusion Thrombus  
Occlusion Other  
Aneurysm Myocardial bridge

**Stents**

Prior stent Stent in lesion

**Grafts & Collaterals**

Graft Y-graft  
Sequential Collateral

**Notes**

Annotation

**Black.**  Birth gender: female.  Height ? |  Weight ? | Catheterization laboratory study.  CP.  Inpatient.  Cardiac cath: elective.  PCI status ? |  PCI indication ? | Catheterization laboratory.  Patient unit: WC 4B.  Patient room number: 428.  The risks, benefits, and alternatives to the procedure were explained to the patient and informed consent was obtained.  All catheters introduced during the procedure were removed.  The patient tolerated the procedure well.  Test start time ? |  Test stop date ? |  Test stop time ? | Hypaque 220 ml (total dose).  Hypaque 30 ml (wasted).  Fluoroscopy time: 0.2 min.  Cine time: 3 min.  Total time: 3.2 min.  Fluoroscopy dose: 2100 cGy·cm².  Cineangiography radiation dose area product: 1255 cGy·cm².  Total radiation dose area product: 3355 cGy·cm².  Fentanyl, for a total dose of 50 mcg, IV, to the left antecubital fossa.  Midazolam, for a total dose of 2 mg, IV, to the right antecubital fossa.  Financial class: Blue Cross.  This study may be submitted to the NCDR PCI v5 registry.

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**1st lesion:**

Percutaneous intervention on the 90% stenosis in the mid LAD.

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**Hemodynamics**

Circulatory function table

Basic hemodynamic protocols.  SV pressure protocols.  Right heart pressure protocols.  PA pressure protocols.  PV pressure protocols.  Left heart pressure protocols.  Right-sided protocols.  Left-sided

**Coronary arteries**

LAD: Mid-vessel lesion:  New vs recurrence ? |  Lesion length ? | The diagnostic study demonstrated a 90% stenosis.

Summary  Bifurcation lesion ? |  Calcification ? |  Thrombus ? |  TIMI (pre-intervention) ? |  Culprit for ? |  Lesion complexity ?

A text entry box appears, allowing the manual entry of the desired annotation. The text box may be moved to any spot on the diagram and the annotation added.

The screenshot displays a medical software interface for coronary artery disease management. On the left, a 'Coronary diagram' panel shows a schematic of the coronary arteries (RCCA, LCCA, RSCA, LSCA, LIMA, Ao, left main, LAD, LCx, OM1, OM2, OM3, RM1, RM2, S1, S2, S3, S4, D1, D2, D3, D4) with various stenosis percentages (30%, 40%, 90% → 5%) and a text entry box with 'Done', 'Cancel', and 'Delete' buttons. A red arrow points from the 'Notes' section in the left sidebar to the text entry box. The 'Notes' section includes an 'Annotation' icon. The right panel shows a 'Findings' report with a 'Report' tab. The findings include: 'There were no complications.', 'Procedure narrative' (8 steps), '1st lesion:' (4 steps), 'Hemodynamics' (Circulatory function table, Basic hemodynamic protocols, PV pressure protocols, Left heart pressure protocols, Right-sided protocols, Left-sided protocols), 'Coronary arteries' (LAD: Mid-vessel lesion: New vs recurrence?, Lesion length?, The diagnostic study demonstrated a 90% stenosis. Bifurcation lesion?, Calcification?, Thrombus?, TIMI (pre-intervention)?, Culprit for?, Lesion complexity?, Accessed via...?, TIMI (post-intervention)?, Stent placement was performed (see 1st lesion). Following intervention, there is a residual 5% stenosis. 1st obtuse marginal: Mid-vessel lesion: New vs recurrence?, Lesion length?, There is a 30% stenosis. Right coronary: Mid-vessel lesion: New vs recurrence?, Lesion length?, There is a 40% stenosis.), 'Discharge' (The patient was transferred to a regular nursing floor.), and 'Recommendations' (New recommendation).

The comment will be added to the diagram in the Report viewer and will appear under the heading Diagram annotations in the Findings viewer.

The image displays a software interface for coronary artery analysis, split into two panels. The left panel, titled "Coronary diagram", features a sidebar with tool categories: "Vessels" (Add / remove vessels), "Lesions" (Chronic occlusion, Acute occlusion, Occlusion, Aneurysm, Stenosis, Thrombus, Other, Myocardial bridge), "Stents" (Prior stent, Stent in lesion), and "Grafts & Collaterals" (Graft, Y-graft, Sequential, Collateral). The main area shows a coronary artery tree with a red circle around a text box containing "This is my RCA comment." The right panel, titled "Coronary arteries:", shows the same diagram with a red circle around a text box containing "This is my RCA comment." The top navigation bar includes "Diagrams" and "Report" tabs, both circled in red.

Annotations can also be modified or removed. Left clicking the annotation results in the display of the comment for editing. The annotation may also be deleted.

**Coronary diagram**

Include in report  SELECT DIAGRAM

**Vessels**

+/- Add / remove vessels

**Lesions**

Chronic occlusion, Acute occlusion, Occlusion, Aneurysm, Stenosis, Thrombus, Other, Myocardial bridge

**Stents**

Prior stent, Stent in lesion

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Graft, Y-graft, Sequential, Collateral

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**Coronary arteries**

**LAD: Mid-vessel lesion:** [New vs recurrence ?](#) [Lesion length ?](#) The diagnostic study demonstrated a 90% stenosis.  [Bifurcation lesion ?](#) [Calcification ?](#) [Thrombus ?](#) [TIMI \(pre-intervention\) ?](#) [Culprit for ?](#) [Lesion complexity ?](#)  [Accessed via... ?](#) [TIMI \(post-intervention\) ?](#) Stent placement was performed (see 1st lesion). Following intervention, there is a residual 5% stenosis.

**1st obtuse marginal: Mid-vessel lesion:** [New vs recurrence ?](#) [Lesion length ?](#) There is a 30% stenosis.

**Right coronary: Mid-vessel lesion:** [New vs recurrence ?](#) [Lesion length ?](#) There is a 40% stenosis.

**Discharge**

The patient was transferred to a regular nursing floor.

**Recommendations**

[New recommendation](#)

**Diagram annotations**

This is my RCA comment.



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