

Understanding your angiogram report — a line-by-line guide

Your catheter report is written for doctors, not patients — here is a plain-language key to the terms you will see.

Understanding the diagnosis

Educational draft. Clinical review pending. Quotations retained from the original text are not verified member testimonials.

Your angiogram report is the written record of the test where a thin tube was guided to your heart and dye was injected into your coronary arteries so they could be seen on X-ray.

The report is written for doctors, in a shorthand that assumes medical training. If you have just been handed yours — or told the results over the phone — it can read like another language. This guide is a key to the vocabulary, not a translation of your particular result. Your team is the only one who can tell you what your report means for you.

The words you will see, in plain language

Term on the report	What it means in plain words
Left main (LM) · LAD · LCx · RCA	The four main pipes: the left main trunk, its front branch (LAD), its side branch (LCx), and the right artery (RCA). The report names which pipe each finding belongs to.
Ostial · Proximal · Mid · Distal	Where along a pipe a finding sits: right at the opening, the beginning, the middle, or the far end. Location matters for choosing treatment.
Stenosis — e.g. 50%, 70%, 90%	How much of the pipe's width is narrowed, as an estimate. Two careful doctors may read the same image slightly differently; think of it as a range, not a precise measurement.

Term on the report	What it means in plain words
TIMI flow (0–3)	How quickly the dye travels through a pipe: 3 is normal speed, 0 means no flow at all. It describes flow, not narrowing.
FFR (fractional flow reserve)	A hair-thin wire measures pressure before and after a narrowing to ask: does this narrowing actually restrict blood flow? A number below 0.8 is a common threshold teams use to call a narrowing significant — but only your team can interpret your number.
Calcification	Calcium in the pipe wall. Common with age. It can make stenting trickier, but it is not itself a blockage.
Collaterals	Tiny backup vessels the heart grows over time to route blood around a slow blockage. Their presence is often a sign the body has been coping.
Thrombus	A clot inside a pipe. The report notes it because it changes the plan.
SYNTAX score	A number that scores how complex your disease is overall — teams use it when weighing bypass against stenting.

Notice what the report does not say. It does not tell you which treatment to choose, and it does not predict your future. It is a map of the plumbing — nothing more, nothing less.

How to read it without spiralling

Read it once, with a notebook. Write down the words you do not understand — that list becomes your appointment agenda. Do not try to out-interpret your doctors: the same report can be read two ways by two careful specialists, which is exactly why teams discuss complex cases.

What to ask your team

- Can you walk me through my report, line by line, in plain words?
- Which arteries are affected, and how significant is each finding?
- Is anything here urgent, or does it change today's plan?
- Can you show me the images while you explain?

Take it to your team

Bring the report itself to every appointment — not your memory of it. Ask for a plain-language summary in writing. Most teams will happily do this; it makes their job easier too.

Call for help if

You have just had a catheter procedure and the puncture site (wrist or groin) is bleeding or swelling, your hand or foot is numb, cold or painful, you have new chest pain, or you feel dizzy or faint.

Your report is a starting point, not a verdict. Only your team can tell you what your numbers mean in your life — bring them the report and the questions, and let them do their job.

Questions to take to my team

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☐ Which arteries are affected, and how significant is each finding?

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For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.