

Exam requested by:
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211 EAST 51ST STREET
NEW YORK NY 10022

SITE PERFORMED: LENOX HILL

Patient: DANISHEVSKY, VLADIMIR
Date of Birth: 09-22-1961
Phone: (267) 987-6305
MRN: 20681100R **Acc:** 1034024190
Date of Exam: 07-16-2024

EXAM: CT ANGIOGRAPHY CORONARY

Note - This patient has received 0 CT studies and 0 Myocardial Perfusion studies within our network over the previous 12 month period.

HISTORY: 62-year-old male who presents with dyspnea and abnormal results of other cardiovascular function study

TECHNIQUE: Low dose axial multislice gated CT angiography of the heart was performed following IV administration of non-ionic contrast. Initial non-contrast CT scan was acquired for calcium scoring. Segmentation of the coronary arteries was created in 2-D and 3-D volumetric display. One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique.

IV Contrast: 70 ml of Omnipaque 350 was injected.

COMPARISON: None available

FINDINGS:

Heart rate: 59 bpm

Metoprolol: 100 mg p.o.

Sublingual nitroglycerin: 0.8 mg

Calcium score: 124 (66th percentile)

LM: Score = 0
LAD: Score = 111
LCX: Score = 1.5
RCA: Score = 11

Dominance: Right.

Coronary Arteries:

Left main coronary artery:

The left main coronary artery is of average length and large caliber. There is no atheromatous or obstructive disease of the left main. The left main bifurcates into the LAD and left circumflex coronary arteries.

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Left anterior descending coronary artery:

The LAD is a long vessel of moderate caliber. The LAD gives origin to a prominent diagonal branch and septal perforator branches. Beginning at the LAD ostium and extending from the proximal to the mid LAD there are numerous small foci of calcified and partially calcified plaque which results in less than 25% stenosis. The remainder these vessels are free of plaque or stenosis.

Left circumflex coronary artery:

The left circumflex artery is a moderate caliber vessel of average length. It gives origin to a single obtuse marginal branch. There is a moderate length segment of eccentric noncalcified plaque in the proximal left circumflex with up to 25-35% stenosis. Areas of minimal calcification with no appreciable stenosis.

Right coronary artery:

The right coronary artery is a long vessel of large caliber. It gives rise to the posterior descending artery and the posterolateral branch. There are areas of punctate calcification involving the proximal and distal RCA with no appreciable stenosis.

Cardiac chambers, valves, aorta, visualized lung and abdomen:

Cardiac chambers are normal in volume without a filling defect. Left ventricular myocardium is unremarkable. The atrial septum is intact. Trileaflet aortic valve without leaflet thickening or calcification. The mitral valve leaflets are unremarkable. Normal caliber main pulmonary artery and visualized thoracic aorta. The pulmonary veins are unremarkable.

IMPRESSION:

1. Right dominant coronary arteries with nonobstructive plaque resulting in less than 25% stenosis. There is no obstructive disease.
2. Moderate burden of coronary calcium, with a score of 124, placing the patient into the 66th percentile for coronary artery disease in comparison to asymptomatic patient's of similar age and gender.
3. Normal cardiac structural morphology.
4. Normal imaged thoracic aorta, pulmonary vasculature, and systemic veins.
5. No contributory noncardiovascular findings.

Thank you for the opportunity to participate in the care of this patient.

JASON R CHALIFOUX MD - *Electronically Signed: 07-18-2024 1:15 PM*
Physician to Physician Direct Line is: (646) 902-3790

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