

3 Sublingual Nitroglycerine: One spray

4 Regular medication: 50 mg metoprolol

Technical Quality & technical issues: Excellent quality

Calcium score (AGATSTON): 365-evidence of moderate calcific atherosclerosis with predominant distribution LAD LCA and LCx

Volume: 65

CORONARY ARTERIES:

Dominance: Right side.

LM: The vessel origin is normally patent with no stenosis however there is inferior hemi-circumferential calcification at the bifurcation causing positive remodelling and 25% to 50% stenosis. This extends into the proximal LAD and LCx.

LAD: A short proximal segment is noted with inferior hemi-circumferential calcification causing positive remodelling and 25% to 50% stenosis. The trailing edge of the plaque is noted to be soft and causes a 50% stenosis involving the proximal aspect of the mid LAD immediately after the origin of the first diagonal

Diagonals: The first diagonal arises from the noncalcified aspect of the LAD and has no significant stenosis

Circumflex: The hemi-circumferential calcification at the distal LCA extends to the proximal circumflex and demonstrates positive remodelling and is hemi-circumferential, there is a high takeoff of the obtuse marginal with no significant stenosis. The degree of narrowing in the left circumflex 25% to 50%

RCA: A small calcific plaque is demonstrated in the proximal RCA without associated stenosis.

CARDIAC FINDINGS:

Cardiac Chambers: Normal in size.

Ejection Fraction: 64%.

Cardiac Valves: There is asymmetrical calcification related to the right aspect of the right coronary cusp of the aortic valve with less prominent linear calcification at the noncoronary cusp.

There is no calcification of the mitral or tricuspid valves

Pericardium: Within normal limits.

Aortic root: Normal and dimension with minor mural calcification.

Pulmonary Trunk: Within normal limits

Pulmonary arteries: Within normal limits.

Left atrium: Normal in size.

LIMITED CHEST CT FINDINGS:

Lung parenchyma: Within normal limits.

Pleural spaces: Bilateral diaphragmatic and thoracic calcified pleural plaques.

Chest wall: Within normal limits.

COMMENT & IMPRESSION:

Calcium score results suggests moderate calcific atherosclerosis with left-sided distribution.

A dense calcific plaque is noted involving the bifurcation of the LCA extending to the LAD and circumflex. There is a high takeoff of the first diagonal and obtuse marginal which is not involved. There is positive remodeling and between 25% and 50% stenosis associated at the distal LCA, proximal LAD and proximal LCx with block noted inferiorly in a hemi-circumferential distribution. A small soft plaque at the trailing edge of the calcified plaque at the proximal aspect of the mid LAD causes a 50% to 75% stenosis

Calcification related to the right and noncoronary aortic valve cusps was noted

The patient has bilateral calcified pleural plaques noted which may be in compatible with asbestos related pleural disease however there is no evidence of pulmonary asbestosis at this stage.

Clinical correlation and ongoing surveillance will be required.

Thank you for referring this patient.

Electronically Signed by: DR JAMES BOND

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