

General Report  
#295078:

Authorised by  
Dr Captain  
Marvel () at  
05/03/2014  
10:55

Date Serviced:  
03/03/2014  
09:00

Requests:  
14/LI/0005922  
(Series 1;  
Requested by:  
Dr, S; Work  
Site: LI)

Services:

CT Coronary  
Angiogram  
(NR)  
(03/03/2014  
09:00 -  
03/03/2014  
09:15)

## CT CORONARY ANGIOGRAM

### Clinical Details:

Multiple cardiovascular risk factors including hypertension, hyperlipidaemia, smoking and family history. To exclude CAD. .

### Technique:

An arterial phase helical acquisition with ECG gating was performed. A multislice study was acquired with prospective analysis. 50 mg metoprolol was administered .

One spray of sublingual nitrate was given. The heart rate at the time of the angiogram was 65-66 beats per minute.

### Findings:

*Calcium Score:*

The calcium score is 133 with a volume of 22 . This score is in keeping with moderate calcific atherosclerosis

This score places the patient in the 80 th percentile rank for age. The distribution of the calcium is in the LM, LAD & RCA .

*Dominance:*

The circulation is right dominant .

*Left Main Coronary Artery*

The left main coronary artery arises from the left sinus of Valsalva in the usual position and appears normal.

It divides into the left anterior descending and the left circumflex artery . There is calcified plaque which appears to involve the distal most portion of the left main coronary artery, with the bulk of the calcification extending to the left anterior descending artery. There is no significant narrowing of the left main coronary artery.

*Left Anterior Descending Artery*

There is a large calcified plaque in the proximal LAD, which extends from the distal left main coronary artery. It results in up to 25% vessel stenosis. The rest of the LAD and its diagonal branches appear normal.

*Circumflex Artery*

The circumflex artery and its marginal branches appear normal.

*Right Coronary Artery*

There is mild calcified plaque in the mid and distal right coronary artery, with no significant stenosis. The posterior descending artery and posterolateral branch appear normal.

*Additional Cardiovascular Findings*

The cardiac chambers have normal appearances. There is no pericardial effusion.

*Other Findings*

The lungs are clear. On the calcium score study, linear calcification is noted between the pulmonary outflow tract and aortic arch - the aetiology of this is uncertain, but it may represent incidental calcification of the ligamentum arteriosum. There is a calcified granuloma in the liver dome.

**Conclusion:**

Calcified plaque extends from the distal left main coronary artery into the proximal LAD resulting in up to 25% vessel stenosis.

No other significant coronary artery disease is noted.

Recommend clinical correlation with an exercise stress test.