
General
Report
#1039673:
Authorised by
Dr Donald
Duck () at
24/01/2019
08:29

Date Serviced:
23/01/2019
09:30

Requests:
19/BJ/0000749
(Series 0;
Requested by:
Dr; Work Site:
BJ)

Services:
CT Coronary
Angiogram
(NR)
(23/01/2019
10:30 -
23/01/2019
10:50)

EXAM: CT CORONARY ANGIOGRAM AND CALCIUM SCORE

CLINICAL DETAILS:

Stable symptoms consistent with coronary ischaemia at low to intermediate risk of coronary artery disease and would otherwise have been considered for invasive angiography. Exclude coronary artery disease. 2 to 3 mm ST depression lateral leads on stress ECG. Two episodes of presyncope.

TECHNICAL PARAMETERS:

Single phase CT coronary angiography was performed using prospective ECG gating at 100 kVp. The DLP for the entire study is 152 mGycm⁻¹. The patient has been pre-treated with beta blockers. Medication administered in the department: 800 mcg nitrates. Intravenous iodine contrast volume: 90 mL. Data acquisition was at an average heart rate of 38 bpm. Image quality is good .

FINDINGS:

CORONARY ARTERIES

Calcium score

The calcium score is 336 . Distribution of calcium:- LAD LCX RCA diag This score is consistent with moderate coronary artery atherosclerotic plaque burden. On a population basis, this score places the patient in the 53rd percentile rank for age , race and gender according to MESA cohort.

Dominance

The circulation is right dominant .

Left main coronary artery

The LMCA arises from the left coronary sinus of Valsalva in the usual position. It is a large calibre vessel. It divides into the left anterior descending and the left circumflex arteries. There is no evidence of atherosclerotic disease.

Left anterior descending artery

The LAD is a medium calibre vessel and gives rise to 2 major diagonal branches .

There is multifocal calcified plaque in the proximal LAD and proximal D1 and D2 causing < 25% stenosis.

Circumflex artery

The left circumflex artery is a medium calibre vessel .

There is focal calcified plaque in the proximal LCX causing < 25% stenosis.

Right coronary artery

The RCA arises from the right sinus of Valsalva in the usual position. It is a large calibre dominant vessel. It gives rise to a posterior descending artery and posterolateral branch .

There is multifocal mixed plaque in the proximal and mid RCA causing < 25% stenosis.

ADDITIONAL CARDIAC FINDINGS

The cardiac chambers, myocardium and pericardium appear normal.

There is calcification in the aortic root. Atherosclerotic changes are present in the thoracic aorta.

OTHER FINDINGS

There is mild gravitational atelectasis.

CONCLUSION:

Multifocal non obstructive coronary artery atherosclerosis involving all three major vessels . There are no additional cardiac findings of relevance in the scanned segments.

Thank you for referring this patient.

Primary Read of Cardiac and Non Cardiac Findings by: Dr Wonder Woman

Co-read of Cardiac and Non-Cardiac Findings by: Dr Donald Duck