Secretary: OFS8

Electronically Signed by: DR WONDER WOMAN

General Report #173732: Authorised by Root (Root) at 12/07/2011 01:13

Date Serviced: 31/12/9999 00:00

Requests: 11/OCC/0092908 (Series 0; Requested by: Dr ; Work Site: OCC)

Services: CT Coronary Angiogram (NR)

Exam Date: 20/06/2011

Report Date: 22/06/2011

Report Collection: 6. Pick-Up

Referring Doctor:

Exam: CT CORONARY ANGIOGRAM

CLINICAL HISTORY

Positive family history. Asymptomatic.

TECHNIQUE

CT angiography was performed on a GE 64-slice scanner. Sublingual nitrates were administered before the scan. Data acquisition was at a heart rate of 50 beats per minute. Image quality is very good. The total examination DLP was 597.

FINDINGS

CORONARY CALCIUM SCORE:

Total calcium score is 152 with volume of 17. These findings are consistent

with moderate calcific atherosclerosis.

DOMINANCE:

The coronary circulation is left dominant.

LEFT MAIN CORONARY ARTERY:

The LMCA arises from the left coronary sinus of Valsalva in the usual position dividing into left anterior descending and circumflex vessels. It appears normal.

LEFT ANTERIOR DESCENDING ARTERY:

There is calcified plaque within the proximal LAD but this is not causing any stenosis.

The first and second diagonal branches appear normal. The distal segment of the LAD appears normal.

CIRCUMFLEX ARTERY:

The main circumflex artery and major obtuse marginal branches appear normal.

The posterior descending and posterolateral branches have a normal appearance with no significant stenosis.

RIGHT CORONARY ARTERY:

The right coronary artery arises from the right coronary sinus of Valsalva in the usual position. It has a normal appearance with no significant stenosis. Given the Lt dominance it is proportionately of smaller calibre.

ADDITIONAL CARDIOVASCULAR FINDINGS OF RELEVANCE WITHIN THE SCANNED SEGMENT:

The cardiac chambers, myocardium and scanned segment of the thoracic aorta appear normal. There is no pericardial effusion.

The visualised lungs have a normal appearance.

CONCLUSION

There is calcified plaque in the proximal LAD but this is not causing