
General
Report
#1039620:
Authorised by
Dr Donald
Duck () at
24/01/2019
08:36

Date Serviced:
23/01/2019
08:53

Requests:
19/BJ/0000745
(Series 0;
Requested by:
Dr; Work Site:
BJ)

Services:
CT Coronary
Angiogram
(NR)
(23/01/2019
09:30 -
23/01/2019
09:50)

EXAM: CT CORONARY ANGIOGRAM AND CALCIUM SCORE

CLINICAL DETAILS:

Screening test. Risk factors for coronary artery disease: - Family history.

TECHNICAL PARAMETERS:

Single phase CT coronary angiography was performed using prospective ECG gating at 100 kVp. 80msec padding was added to facilitate an intracycle motion correction algorithm. The total radiation dose (DLP) including scout, non contrast and contrast acquisitions was 222 mGycm⁻¹. The patient had been pre-treated with beta blockers. Medication administered in the department: 800 mcg nitrates. Intravenous iodine contrast volume: 75 mL. Data acquisition was at an average heart rate of 53 bpm. Image quality was good with some registration artefact present.

FINDINGS:

CORONARY ARTERIES

Calcium score

The calcium score is 0 . This score is consistent with minimal coronary artery atherosclerotic plaque burden. On a population basis, this score places the patient in the lowest possible percentile rank for age, race and gender according to the 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 divides into left anterior descending and circumflex vessels. It appears normal.

Left anterior descending artery

The LAD is a large calibre artery and gives rise to 2 main diagonal branches. The main vessel and its major diagonal branch appear normal.

Circumflex artery

The circumflex artery is a medium calibre vessel. No significant atherosclerotic changes are seen in the main circumflex artery or its major obtuse marginal branch with note made of registration artefact affecting reconstruction of the OM.

Right coronary artery

The RCA is a large calibre vessel which arises from the right coronary sinus of Valsalva in the usual position and gives rise to posterior descending and posterolateral branches. The main vessel and its distal branches appear normal. There is registration artefact affecting reconstruction of the mid PDA.

ADDITIONAL CARDIAC FINDINGS

The cardiac chambers, myocardium, pericardium and scanned segments of the thoracic aorta appear normal.

OTHER FINDINGS

There is a lobulated lesion within segment VII/VIII of the lower measuring up to 60 x 37 mm axially. This is hypodense on the noncontrast phase and has minor peripheral enhancement post contrast. A haemangioma is possible but the lesion is incompletely visualised and the enhancement characteristics are not entirely typical. A couple of small hypodensities elsewhere are probably cysts.

There is a cyst arising from the upper pole left kidney measuring 26 mm.

CONCLUSION:

The epicardial coronary arteries appear normal by CT angiography. There are no additional cardiac findings of relevance within the scanned segments.

Ultrasound or multi phasic CT abdomen is recommended for further characterisation of indeterminate right liver lesion, possibly a haemangioma.

Thank you for referring this patient.

Primary Read of Cardiac Findings by: Dr Bruce Banner

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

General Report #1038987: Authorised by Dr Wonder Woman () at 23/01/2019 19:04 Date Serviced: 22/01/2019 10:27 Requests: 19/BJ/0000692 (Series 0; Requested by: Dr; Work Site: BJ) Services: CT Coronary Angiogram (NR) (22/01/2019 10:20 - 22/01/2019 10:40)

EXAM: CT CORONARY ANGIOGRAM AND CALCIUM SCORE

CLINICAL DETAILS:

Hypercholesterolaemia.

TECHNICAL PARAMETERS: