
General
Report
#1043120:
Authorised by
Dr Donald
Duck () at
01/02/2019
17:19

Date Serviced:
31/01/2019
09:00

Requests:
19/BJ/0001028
(Series 0;
Requested by:
Dr; Work Site:
BJ)

Services:
CT Coronary
Angiogram
(NR)
(31/01/2019
09:30 -
31/01/2019
09:50)

EXAM: CT CORONARY ANGIOGRAM AND CALCIUM SCORE

CLINICAL DETAILS:

Risk evaluation. Risk factors for coronary artery disease: - Hyperlipidaemia, insulin resistance.

TECHNICAL PARAMETERS:

Single phase CT coronary angiography was performed using prospective ECG gating at 80 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 114 mGycm⁻¹. Medication administered in the department: 100 mg oral metoprolol. 800 mcg nitrates. Intravenous iodine contrast volume: 75 mL. Data acquisition was at an average heart rate of 56 bpm. Image quality was good .

FINDINGS:

CORONARY ARTERIES

Calcium score

The calcium score is 11 . Distribution of calcium:- LAD This score is consistent with low coronary artery atherosclerotic plaque burden but even so, on a population basis, this score places the patient in the 72nd 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 medium calibre artery and gives rise to multiple diagonal branches. There is focal mixed plaque in the mid segment associated with postive remodelling, causing <25% stenosis. No additional atherosclerotic changes of significance are detected within the main vessel or major diagonal branches.

Circumflex artery

No significant atherosclerotic changes are seen in the main circumflex artery or its obtuse marginal branches.

Right coronary artery

The RCA is a medium calibre vessel which arises from the right coronary sinus of Valsalva in the usual position and gives rise to a posterior descending branch but no posterolateral branches. There are no significant atherosclerotic changes. The mid segment runs within the right atrial appendage.

ADDITIONAL CARDIAC FINDINGS

Minor atherosclerotic changes are seen in the descending aorta. There is focal calcification in the aortic root.

OTHER FINDINGS

No significant extra cardiac findings identified.

CONCLUSION:

Focal non-obstructive mixed plaque is seen in the mid LAD . The epicardial coronary arteries otherwise appear normal by CCTA. Overall plaque burden is low despite the