

Large liver lesion was also present on imaging from June 2014 but is incompletely characterised by the current study.

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
#1049878:
Authorised by
Dr Captain
Marvel () at
13/02/2019
19:29

Date Serviced:
13/02/2019
09:27

Requests:
19/BJ/0001513
(Series 0;
Requested by:
Dr; Work Site:
BJ)

Services:
CT Coronary
Angiogram
(NR)
(13/02/2019
09:30 -
13/02/2019
09:50)

EXAM: CT CORONARY ANGIOGRAM AND CALCIUM SCORE

CLINICAL DETAILS:

Aortic valve replacement. Angiogram 2006. Raised blood pressure. ?Ischaemic heart disease.

TECHNICAL PARAMETERS:

Single phase CT coronary angiography was performed using prospective ECG gating at 120 kVp. The DLP for the entire study is 225 mGycm⁻¹. Medication administered in the department: 100 mg oral metoprolol. 800 mcg nitrates. Intravenous iodine contrast volume: 90 mL. Data acquisition was at an average heart rate of 51 bpm. Image quality is good .

FINDINGS:

CORONARY ARTERIES

Calcium score

The calcium score is 27 . This score is consistent with mild coronary artery atherosclerotic plaque burden. On a population basis, this score places the patient in the 55th 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, left circumflex and intermediate arteries. There is no evidence of atherosclerotic disease.

Left anterior descending artery

The LAD is a medium calibre vessel and gives rise to 3 major diagonal branches .

There is diffuse mixed plaque in the proximal LAD causing < 25% stenosis.

Ramus intermedius artery

The ramus intermedius (labelled OM1) is a medium calibre vessel. There is no evidence of atherosclerotic disease.

Circumflex artery

The left circumflex artery is a medium calibre vessel . There is no evidence of atherosclerotic disease.

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 mid and distal RCA causing < 25% stenosis.

ADDITIONAL CARDIAC FINDINGS

There has been an aortic valve replacement. There is calcification at the aortic root. There are no significant non coronary cardiac findings.

OTHER FINDINGS

The lungs appear clear.

CONCLUSION:

Multifocal non obstructive coronary artery atherosclerosis involving the LAD and RCA
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