

Thank you for referring this patient.

**Primary Read of Cardiac and Non Cardiac Findings by: Dr Donald Duck**

**Co-read of Cardiac and Non-Cardiac Findings by: Dr Captain Marvel**

---

General  
Report  
#1043706:  
Authorised by  
Dr Donald  
Duck () at  
05/02/2019  
09:01

Date Serviced:  
01/02/2019  
09:30

Requests:  
19/BJ/0001073  
(Series 0;  
Requested by:  
Dr; Work Site:  
BJ)

Services:  
CT Coronary  
Angiogram  
(NR)  
(01/02/2019  
09:30 -  
01/02/2019  
09:50)

## **EXAM: CT CORONARY ANGIOGRAM**

### **CLINICAL DETAILS:**

Moderate calcific atherosclerosis on calcium score. Exclude significant coronary artery disease.

### **TECHNICAL PARAMETERS:**

Single phase CT coronary angiography was performed using prospective ECG gating at 120 kVp. The DLP for the entire study is 309 mGycm<sup>-1</sup>. Medication administered in the department: 50 mg oral metoprolol. 800 mcg nitrates. Data acquisition was at an average heart rate of 56 bpm. Image quality is good .

### **FINDINGS:**

#### **CORONARY ARTERIES**

##### **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 1 major diagonal branch .

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

### **Circumflex artery**

The left circumflex artery is a medium calibre vessel and gives rise to 1 major obtuse marginal branch .

There is focal calcified plaque in the proximal and mid 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 a small focus of calcified plaque in the proximal RCA causing maximal stenosis of <25%.

### **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 bronchial wall thickening in the lingula and middle lobe with associated subsegmental atelectasis. There is patchy atelectasis elsewhere. The pleural spaces are clear.

### **CONCLUSION:**

**Calcific but non obstructive coronary artery atherosclerosis involving all three major vessels .**

**Risk factor optimisation, typically including statin therapy, is recommended.**

**There are no additional cardiac findings of relevance in the scanned segments.**