

Calcium score : 294 Volume: 39

#### CORONARY ARTERIES:

Dominance: Right.

LM: The left main coronary artery appears normal with no evidence of atherosclerotic disease.

LAD: There is a small high first diagonal branch. Within the mid portion of the LAD there are two small mixed plaques causing mild stenosis. There is mild positive remodelling. Just after the take off of the second diagonal, within the distal LAD, there is a calcific plaque which is causing mild stenosis. There is some associated blooming artefact. The remainder of the LAD is patent.

Circumflex: The proximal LCx artery is normal.. There is a relatively long mixed plaque within the proximal obtuse marginal branch causing mild stenosis. The remainder of the circumflex coronary artery is small

RCA: There is a tiny calcified plaque within the proximal RCA, causing minimal stenosis. .There is a mixed plaque within the mid portion of the RCA causing moderate stenosis. A mixed plaque just distal to this, also within the mid RCA, seems to be causing moderate to severe stenosis although blooming artefact from calcium makes assessment difficult. There is a minor focal stenosis within the distal portion of the RCA secondary to a small mixed plaque.

#### CARDIAC FINDINGS:

Cardiac Chambers: The left and right ventricles appear normal in size and function.

Cardiac Valves: The mitral and aortic valves appear grossly normal.

Pericardium: The pericardium appears normal, and there is evidence of a pericardial effusion.

Aortic root: The aortic root appears normal in size.

Pulmonary Trunk: The pulmonary trunk and pulmonary arteries appear normal.

Left atrium: Normal in size and function.

#### LIMITED CHEST CT FINDINGS:

Lung parenchyma: The visualized lung parenchyma appears normal.

Pleural spaces: There is no evidence for pleural effusion or pneumothorax.

Chest wall: The visualized chest wall appears normal.

#### IMPRESSION:

1. Moderately high calcium score for age (294).
2. Several moderate to severe stenoses within the mid portion of the RCA secondary to mixed plaque.
3. Mild stenosis with the proximal aspect of the marginal branch of the LCx secondary to mixed plaque.
4. Mild stenoses within the LAD as described above.

Thank you for referring this patient.

Electronically Signed by: Dr CAPTAIN MARVEL

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General Report  
#54036:  
Authorised by  
Root (Root) at  
19/10/2010 23:10

Date Serviced:  
31/12/9999 00:00

Requests:  
10/OCC/0055508  
(Series 0;  
Requested by:  
Dr; Work Site:  
OCC)

Services:  
CT Coronary  
Angiogram (NR)

Exam Date: 22/09/2010

Report Date:

Report Collection: delivery

Referring Doctor:

CT CORONARY ANGIOGRAM

INDICATION:

History of known ischemic heart disease with no prior intervention is noted

TECHNICAL PARAMETERS:

A CTA Coronary Angiogram was performed using a 64 slice cardiac CT scanner.

The images have been evaluated and re-constructed and manipulated on a 3D work station.

Heart rate: 67

1 Intravenous BETA-BLOCKER: Not applicable

2 Oral BETA-BLOCKER: 25 mg metoprolol

3 Sublingual Nitroglycerine: Administered