

3 Sublingual Nitroglycerine: One spray

4 Regular medication: Warfarin, Avapro, Aratac, Asimax

Technical Quality & technical issues: Good quality

Calcium score (AGATSTON):834

Volume:122

CORONARY ARTERIES:

Dominance: Left.

LM: Minimal nonstenotic calcification.

LAD: Linear calcification at the proximal and mid segment without stenosis.

Diagonals: Minor linear calcification at the origin of the first diagonal without stenosis

Circumflex: Prominent linear calcification at the proximal and distal segments. The OM1 also has minor nonstenotic calcification

Ramus Intermedius: Present without significant stenosis related to the small calcifications.

RCA: Small with calcification at the proximal segment without stenosis.

A dominant or acute marginal artery is noted with moderate calcification without significant stenosis.

CARDIAC FINDINGS:

Cardiac Chambers: The left atrium is enlarged.

Ejection Fraction:78%.

Cardiac Valves: There is severe calcification involving the 3 cusps of the aortic valve compatible with the history of aortic stenosis. There is less prominent annular calcification at the mitral valve

Pericardium: Within normal limits.

Aortic root: No significant dilatation.

Pulmonary Trunk: Within normal limits

Pulmonary arteries: Within normal limits.

LIMITED CHEST CT FINDINGS:

Lung parenchyma: Bilateral minimal dependent atelectasis.

Pleural spaces: No significant reaction or effusion.

Chest wall: Within normal limits.

There is a 15x10mm soft tissue nodule situated adjacent to the superior aspect of the pericardium on the right at the level of the proximal ascending aorta. This lesion has not been fully characterised on this study and a formal CT chest is advised.

COMMENT & IMPRESSION:

The calcium score is raised to a level corresponding to significant risk of coronary events, however the coronary CTA demonstrates no specific stenosis at this stage although multivessel atheromatous disease is confirmed with prominent calcification and no significant soft plaque components noted.

There is calcification of the aortic valve compatible with the history of aortic stenosis, left atrial enlargement, and less prominent calcification at the mitral valve without significant reduction of ejection fraction suggested however correlation with an echo is essential.

Soft tissue nodule adjacent to pericardium-see above discussion.

Thank you for referring this patient.

Electronically Signed by: DR JAMES BOND/DR WONDER WOMAN

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General Report
#119650:
Authorised by
Root (Root) at
03/05/2011 15:52

Date Serviced:
31/12/9999 00:00

Requests:
11/OCC/0084268
(Series 0;
Requested by:
Dr; Work Site:
OCC)

Services:
CT Coronary
Angiogram (NR)

Exam Date: 28/04/2011

Report Date:

Report Collection: 3 Returning

Referring Doctor:

CT CORONARY ANGIOGRAM

INDICATION:

History of elevated calcium score and risk factors for CAD. Previous calcium score study.

The calcium score 31/03/2011 was measured at 276

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: Variable between 75 and 80 Dose(DLP): 563

1 Intravenous BETA-BLOCKER: Not applicable