

A calcium score study has not been performed as the patient has known coronary artery disease with a stent.

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 1 major diagonal branch . There is multifocal calcified plaque in the proximal and mid LAD and first diagonal branch causing < 25% stenosis.

Ramus intermedius artery

The ramus intermedius is a medium calibre vessel. There is focal calcified plaque in the proximal vessel, causing < 25% stenosis.

Circumflex artery

The left circumflex artery is a medium calibre vessel and gives rise to several obtuse marginal branches .

There is multifocal calcified plaque in the LCX and marginal branches 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 stent in the proximal right coronary artery and mild noncalcified plaque is seen proximally within the stent without significant stenosis. There is multifocal calcified plaque elsewhere in the RCA causing maximum stenosis of 25-49% stenosis.

ADDITIONAL CARDIAC FINDINGS

There is an old basal inferoseptal subendocardial infarct.

OTHER FINDINGS

There is a calcified granuloma medially in the right lower lobe. A few other tiny nonspecific lung nodules are seen, as is minor atelectasis in the lower lung zones.

There is a small sliding hiatus hernia.

There appears to be vascular shunting along the anterior margin of the visualised liver.

CONCLUSION:

Multifocal non obstructive coronary artery atherosclerosis involving all three major vessels .

There is noncalcified plaque within a proximal right coronary artery stent but no significant in-stent narrowing.

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

Thank you for referring this patient.

Primary Read of Cardiac and Non Cardiac Findings by: Dr Obi Wan Kenobi

Co-read of Cardiac and Non-Cardiac Findings by: Dr Wonder Woman

General
Report
#1034399:
Authorised by
Dr Bruce
Banner () at
16/01/2019
06:27

Date Serviced:
14/01/2019
08:45

Requests:
19/BJ/0000357
(Series 0;
Requested by:
Dr; Work Site:
BJ)

Services:
CT Coronary
Angiogram
(NR)
(14/01/2019
09:30 -
14/01/2019
09:50)

EXAM: CT CORONARY ANGIOGRAM AND CALCIUM SCORE

CLINICAL DETAILS:

Stable symptoms consistent with coronary ischaemia at low to intermediate risk of coronary artery disease and would otherwise have been considered for invasive angiography. Exclude coronary artery disease. Hypercholesterolaemia. Asymptomatic. For risk stratification.

TECHNICAL PARAMETERS:

Single phase CT coronary angiography was performed using prospective ECG gating at 100 kVp. The DLP for the entire study is 248 mGycm⁻¹. The patient has been pre-treated with beta blockers. Medication administered in the department: 800 mcg nitrates. Intravenous iodine contrast volume: 90 mL. Data acquisition was at an average heart rate of 50 bpm. Image quality is good .

FINDINGS:

CORONARY ARTERIES