

### **Calcium score**

The calcium score is 76 . Distribution of calcium:- LAD, LCx, RCA This score is consistent with low coronary artery atherosclerotic plaque burden but even so, on a population basis, this score places the patient in the 91st percentile rank for age, race and gender according to the 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 divides into left anterior descending and circumflex vessels. It contains focal mixed plaque causing <25% stenosis.

### **Left anterior descending artery**

The LAD is a medium calibre artery and gives rise to 2 main diagonal branches. There is focal mixed plaque in the proximal segment associated with <25% stenosis. There is further multifocal mixed plaque in both major diagonal branches associated with maximal stenosis of 25-49%. The first diagonal arises very proximally, almost in an intermediate position. The third diagonal branch is a small calibre vessel and exhibits focal non-calcified plaque at its ostium causing approximately 50% stenosis.

### **Circumflex artery**

Focal mixed plaque is seen in the proximal and distal circumflex associated with <25% stenosis. No further atherosclerotic changes of significance are detected within the main circumflex artery or major obtuse marginal branches.

### **Right coronary artery**

The RCA is a medium calibre vessel which arises from the right coronary sinus of Valsalva in the usual position and gives rise to posterior descending and posterolateral branches. Multifocal mixed plaque is seen in the proximal, mid and distal vessel associated with <25% stenosis. The posterior descending and posterolateral branches of the RCA appear normal.

### **ADDITIONAL CARDIAC FINDINGS**

The cardiac chambers, myocardium, pericardium and scanned segments of the thoracic aorta appear normal.

### **OTHER FINDINGS**

The lungs appear clear.

### **CONCLUSION:**

**The epicardial coronary arteries exhibit moderate multifocal non-obstructive atherosclerotic changes involving the LMCA and all three major vessels . An electronic record of a previous study could not be found and comparison with that could not be made (was the study perhaps performed by a different imaging provider?)**

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

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 Wonder Woman**

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General Report  
#1045286:  
Authorised by  
Dr Wonder  
Woman () at  
06/02/2019  
08:38

Date Serviced:  
05/02/2019  
09:15

Requests:  
19/RA/0002606  
(Series 2;  
Requested by:  
Dr; Work Site:  
RA)

Services:  
CT Coronary  
Angiogram  
(NR)  
(05/02/2019  
09:20 -  
05/02/2019  
09:30)

## **EXAM: CT CORONARY ANGIOGRAM AND CALCIUM SCORE**

### **CLINICAL DETAILS:**

Screening test. CKD. Asymptomatic. Risk factors for coronary artery disease: - Family history. Hyperlipidaemia.

### **TECHNICAL PARAMETERS:**

Single phase CT coronary angiography was performed using prospective ECG gating at 100 kVp. The total radiation dose (DLP) including scout, non contrast and contrast acquisitions was  $135 \text{ mGycm}^{-1}$ . The patient had been pre-treated with beta blockers. Medication administered in the department: 800 mcg nitrates. Intravenous iodine contrast volume: 100 mL. Data acquisition was at an average heart rate of 45 bpm. Image quality was excellent .

### **FINDINGS:**

#### **CORONARY ARTERIES**

#### **Calcium score**