

Primary Read of Cardiac Findings by: Dr Bruce Banner

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

General Report

#1039789:

Authorised by

Dr Donald

Duck () at

24/01/2019

08:50

Date Serviced:

23/01/2019

12:15

Requests:

19/RA/0001705

(Series 2;

Requested by:

Dr; Work Site:

RA)

Services:

CT Coronary

Angiogram

(NR)

(23/01/2019

10:50 -

23/01/2019

11:00)

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. Strong family history of coronary artery disease. Chest pain with PD admission last year. ECG changes and slight troponin rise. Negative effort stress test.

TECHNICAL PARAMETERS:

Single phase CT coronary angiography was performed using prospective ECG gating at 100 kVp. The DLP for the entire study is 117 mGycm⁻¹. Medication administered in the department: 50 mg oral metoprolol. 800 mcg nitrates. Intravenous iodine contrast volume: 100 mL. Data acquisition was at an average heart rate of 54 bpm. Image quality is good .

FINDINGS:**CORONARY ARTERIES**

Calcium score

The calcium score is 0 . This score is consistent with minimal coronary artery atherosclerotic plaque burden. On a population basis, this score places the patient in the lowest possible percentile rank for age and gender.

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 3 major diagonal branches . There is multifocal noncalcified plaque in the proximal and mid LAD causing 25-49% stenosis. A tiny focus of calcification is noted, too small to be detected by the Calcium Score software. There is also noncalcified plaque within the proximal first diagonal branch causing approximately 25% stenosis.

Circumflex artery

The left circumflex artery is a medium calibre vessel and gives rise to 1 major obtuse marginal branch . There is noncalcified plaque in the proximal and midcircumflex artery causing less than 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 multifocal noncalcified plaque within the proximal and mid RCA causing 25-49% stenosis.

ADDITIONAL CARDIAC FINDINGS

There are no significant non coronary cardiac findings. There appears to be a PFO.

OTHER FINDINGS

There is mild gravitational atelectasis.

CONCLUSION:

Multifocal nonobstructive plaque in all three major vessels. Tiny focus of LAD calcification is too small for Calcium Score software detection. There are no additional cardiac findings of relevance in the scanned segments.