

**SMART HEART AND HEALTH***Preventive Imaging**Bradley A. Jabour, M.D., Chief of Radiology*

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## **ECG GATED CT CORONARY CALCIUM SCORING AND CORONARY ARTERY SCREENING**

### **HISTORY AND INDICATIONS**

63-year-old male. For evaluation of status of coronary arteries.

### **TECHNIQUE**

ECG gated CT coronary calcium scoring was performed using the Siemens Sensation Multislice CT scanner, without the administration of intravenous contrast, using 120 kV acquisition and mAs of 47. Scoring was performed using an Aquarius Intuition workstation using 3 mm reconstructed slices. Images are taken/sampled from a single early diastolic phase in cardiac cycle.

CT dose index was 3.46 mGy and CT dose length product was 112.05 mGy\*cm.

In order to minimize radiation exposure to the patient while maintaining optimal image quality, this CT scanner uses protocols incorporating automated exposure control, with tube current (mA) and photon energy (kV) tailored to individual patient size. The procedure was performed at Medical Imaging Center of Southern California in Santa Monica, California.

### **COMPARISON**

There are no previous coronary artery calcium scoring studies available for comparison.

### **FINDINGS**

Images of the thorax demonstrate no definite pulmonary nodules, pleural effusion, hiatal hernia, pericardial effusion, or mediastinal masses.

Upper Abdomen: Limited images of the upper abdomen demonstrate no discrete focal lesions. CT density of the liver measures within normal limits. Complete CT images of the chest and abdomen were not acquired.

Aortic Valve: Calcifications are demonstrated in the central and peripheral aspects of the aortic valve, scoring 139.  
Mitral Valve: No definite mitral annular calcifications demonstrated.

The total coronary calcium score is 118, resulting from calcifications in the left anterior descending, left circumflex, and right coronary arteries. This score places him in the 50th percentile for age and gender, meaning that 49% of age and gender matched individuals demonstrate lower coronary artery calcium score, and 49% demonstrate higher scores.

Great Vessels: Measurements are from images in a single phase in the cardiac cycle.  
Ascending aorta: 30 mm in outer diameter at axial level of pulmonary artery.  
Pulmonary artery: 26 mm. in outer diameter at axial level just below carina.  
Descending thoracic aorta: 24 mm. in outer diameter at the axial level of pulmonary artery.  
Left atrium: 30 cm. in anteroposterior dimension.

If not already established and/or completed, consultation with a physician or other qualified health professional for review of the diagnostic, prognostic, and therapeutic significance of these results is recommended.

### **IMPRESSION**

1. His coronary artery calcium score is 118, resulting from calcifications in the left anterior descending, left circumflex, and right coronary arteries. This score places him in the 50th percentile for age and gender, meaning that 49% of age and gender matched individuals demonstrate lower coronary artery calcium scores, and 49% demonstrate higher scores.

2. Calcifications are demonstrated in central and peripheral aspects of the aortic valve, scoring 139.



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3. The great vessels cardiac chambers demonstrate normal dimensions.

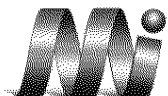
Also see computer printouts.

Alternative coronary risk stratification and calculations are available through  
<https://www.mesa-nhlbi.org/Calcium/input.aspx>  
and  
<https://www.mesa-nhlbi.org/MESACHDRisk/MesaRiskScore/RiskScore.aspx>

summary pages

**Edwin Glass, MD**

Signed Date: 05/27/2025 04:10 PM



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