

Haven Brook Medical Center
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Coronary Artery CTA & Calcium Scoring

Exam	EXAM: Coronary artery CTA with calcium scoring and cardiac function.	Cardiology
History	HISTORY: Chest pain. High cholesterol, overweight, family history.	Dr. James Allen
Technique & Findings	TECHNIQUE AND FINDINGS: Coronary artery CTA performed on a Siemens dual-source CT scanner, post-processed on a Vitrea workstation. 150 mL Ultravist 370 IV contrast used; patient received sublingual nitroglycerin beforehand.	Dr. Priya Shah
	Patient’s total calcium score (Agatston) is 10, placing them below the 75th percentile for age.	Dr. Marcus Lin
	The LAD shows moderate stenosis in its midportion due to a focal calcified plaque. The distal LAD was unreadable while the proximal portion was normal. Mid and distal RCA not well delineated due to beam-hardening artifact. Circumflex is small, distal portion unreadable.	Radiology
	Cardiac wall motion is within normal limits. No gross pulmonary artery abnormality noted (though poorly delineated). A full report was placed on the patient's chart and saved to PACS.	Dr. Andrea Martin
		Dr. Wei Chen
		Neurology
		Dr. Susan Park
		Dr. David Carpenter

Facility
Information

Haven Brook
Medical Center

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Springfield, ST
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Hours: 8 AM - 8
PM (Mon-Fri)

9 AM - 5 PM
(Sat-Sun)

Additional Services

- 24/7 Urgent Care

- Oncology &
Hematology

- Physical Therapy
& Rehab

- Pediatric
Specialties

Neurological Complaint & Imaging Summary

Chief Complaint

CC: Headache (HA)

History

HX: 10-year-old RHM with bilateral parieto-occipital headaches, sometimes with nausea/vomiting. Headaches partially relieved by OTC pain meds, no awakening from sleep. Recently developed blurred vision, diplopia, fatigue, yawning. No prior HA history.

MRI brain shows a left frontal lesion near the temporal horn, suggesting acute bleeding, hemosiderin deposition, and multiple vessels.

Exam

EXAM: Vitals: BP124/93, HR96, RR20, 37.9C. Alert/oriented, cranial nerves intact except mild reflex asymmetry (R 2+; L 3+). No meningeal signs, normal fundoscopic exam. Motor/sensory normal, normal coordination.

Differential diagnosis: venous angioma, AVM, ependymoma, neurocytoma, glioma, all possibly with hemorrhage.

Course

COURSE: Labs unremarkable. Cerebral angiography on 1/25/93 indicated a right temporal avascular mass displacing nearby vessels. On 1/28/93, a right frontal craniotomy was performed. Pathology consistent with a vascular malformation (venous angioma) showing remote hemorrhage and variable-thickness vascular channels lacking an elastic lamina.