Patient Michael

DOB
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Referred by Dr James W
Req# / Acc# 1609190038 / 247490 / OM
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EXAMINATION

CORONARY ARTERY CALCIUM SCORE AND CT CORONARY ANGIOGRAPHY

History: Chest pain and slight troponin rise. Equivocal stress echo.? CAD.

A prospectively gated, sequential, dual source 384 slice MDCTA (90.4mGy*cm) of the coronary arteries preceded by coronary artery calcium score were obtained. (Total exam dose:113mGy*cm).

The adjusted Agatston coronary artery calcium score measures 191.7 (174.6 mm3). This is in keeping with a moderate non-age/sex matched cardiovascular event risk.

The observed calcium score is at percentile 90 for subjects of the same age, gender, and race/ethnicity who are free of clinical cardiovascular disease and treated diabetes.

No extracardiac incidental pathology is identified on the source images.

The aortic valve is tricuspid. The incompletely imaged ascending aorta measures up to 31mm in diameter.

The coronary artery circulation is right dominant. Estimated LVEF: Not obtained due to the use of a tightly and prospectively gated protocol (N: 56-78%, blood pool).

The pulmonary veins drain normally into the non-enlarged left atrium. The left atrial appendage enhances homogenously.

There is a narrow contrast checked obliquely across the fossa ovalis of the intra-atrial septum in keeping with a PFO.

All segments of the right and left coronary artery branches were well visualised.

RIGHT CORONARY ARTERY

Small foci of minimally obstructive (<10% stenosis) calcified atheroma are noted along the proximal and distal RCA segments.

There is a short segment mild noncalcified atheromatous stenosis of the proximal intermediate size (2 mm) branch segment (30-50 % stenosis).

No atheroma is seen along the right margin or posterolateral branch segments.