

Patient: MOCHKIN, Levi

MRN: 9031220

Gender: Male

DOB: 2/08/1961 Age: 61 yrs

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Reported by: Assoc. Prof. Stuart Moir
Dr Ken Chuah

Cardiac CT

Referred by: Dr Jeffrey Lefkovits

Date: 02/09/2022
Time: 07:30
Duration: 0:30 h

INDICATION FOR STUDY: Chest pain for investigation. Elevated Ca score.

TYPE OF STUDY: CT coronary angiogram.

CVS RISK FACTORS: Hyperlipidaemia and Hypertension.

Cr: Normal.

TECHNIQUE: After a non-contrast AP scout image a cardiac gated contrast enhanced 320-slice in Clayton coronary CTA was obtained per department protocol. Calcium score was performed using a modified low dose protocol (Choi et al JCCT 10 (2016) 359-363).

DLP: 403.9

CONTRAST VOLUME: 75mL

PRE-MEDICATION: Nitroglycerin was administered for coronary vasodilation.

HEART RATE: 52 beats per minute during the acquisition.

STUDY QUALITY: Satisfactory

CORONARY FINDINGS:

There is right coronary artery dominance. The coronary artery ostia are in normal position.

LEFT MAIN: The left main coronary artery bifurcates into the LAD and left circumflex artery. There is no plaque or stenosis.

LEFT ANTERIOR DESCENDING: The LAD is a large vessel which wraps around the apex giving rise to one main diagonal branch. There is mixed plaque causing mild ostial and proximal LAD stenosis. Moderate mid-distal LAD stenosis due to mixed plaque. The diagonal vessels are patent. Moderate proximal-mid D1 stenosis due to mixed plaque.

LEFT CIRCUMFLEX: The left circumflex artery is a medium sized non-dominant vessel giving rise to three obtuse marginal branches. There is calcified plaque causing minimal proximal and mid LCX stenosis. The marginal branches are patent. At least moderate ostial OM3 sub-branch stenosis due to mixed plaque.

RIGHT CORONARY ARTERY: The RCA is a large dominant vessel. There is calcified plaque causing minimal proximal RCA stenosis and mild mid and distal RCA stenosis. The PDA and PLV branches arise from the RCA and are patent.

CAD-RADS Score: 3+

NON CORONARY CARDIAC FINDINGS:

The mid diastolic left ventricular size appears within normal limits. The mid diastolic left ventricular wall thickness appears normal. The right ventricular size appears normal (relative to the LV).

The atria are probably normal size. Minor calcification of the right coronary cusp. The mitral valve does not appear thickened or calcified.

Normal aortic root and proximal ascending aorta. No secundum or Sinus Venosus defects identified. Normally connected pulmonary veins. The pericardial contour is normal. No pericardial effusion is present.

NONCARDIAC FINDINGS: There is mild bibasal atelectasis.

CONCLUSION

1. Coronary artery disease with mixed atherosclerotic plaque and modified calcium score = 307 (70th percentile for age and sex), suggesting an elevated 10 year risk of coronary events without primary prevention strategies.
2. Moderate mid-distal LAD stenosis.

(Stenosis severity: Minimal 1-24%; Mild 25-49%; Moderate 50-69%; Severe 70-99%)

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