

**I-MED Radiology
Network**

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I-MED Radiology - Deakin
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DEAKIN 2600
Tel: 0261241900**Professor Walter Abhayaratna**Professor Walter Abhayaratna - National Capital Private Hospital
National Capital Private Hospital
Suite 4b, Level 2,
Garran 2605
Tel: 0261717454**14th August 2023**

Patient ID: 46.17909571

Accession Number: 77.44736538

UR Number: 70556-1 /NCDI

Reported: 14 August 2023

Dear Professor Abhayaratna

Re: **Mrs Elizabeth WALKER - DOB: 27/02/1953**
22 Tytherleigh Street WANNIASSA 2903**INDICATION FOR STUDY:** ? Underlying obstructive disease**Risk Parameters:** Hyperlipidaemia: Yes; Family History yes; Known CAD: No; Smoking: Ex-smoker; Diabetes: No; Hypertension: No.**Previous cardiac history:** Nil.**TECHNIQUE:** After a non-contrast AP scout image, a cardiac gated contrast enhanced 128 slice coronary CTA was obtained. Calcium score was performed using a standard low dose protocol. Multiplanar reconstructions were performed using maximum intensity projection.**STUDY PARAMETERS:** Contrast used: 66cc Ultravist 370. Injection rate 5.5cc/sec; Breath-hold 8 secs;

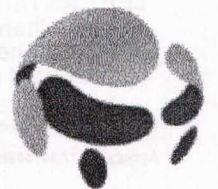
Table rotation 154; Coll SW: 0.6mm, Recon 0.6mm with 0.3mm overlap; Siemens 128 DSCT.

DLP: 4.93

STUDY QUALITY: Adequate.**Medications:** GTN ; given . Metoprolol (oral) 0mg.**HEART RATE:** 57 beats per minute during the acquisition. Initial: 53bpm.**CALCIUM SCORE:** 99.1 which corresponds to 72nd percentile on the MESA dataset. The estimated probability of a non-zero calcium score for a 70 years same gender and ethnic background is 59 %**CORONARY ARTERY FINDINGS:**

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

LEFT MAIN: The left main coronary artery bifurcates into the LAD and left circumflex artery. The left main demonstrates no evidence of calcified or non-calcified plaque. It is free of significant stenosis. It is a short left main stem at 5 mm.**LEFT ANTERIOR DESCENDING:** The LAD is a medium vessel which wraps around the apex. Within the proximal segment there is minor irregularities. Past the origin of a large septal and D1 there is calcific plaque which result in minimal stenosis. There is further calcific plaque which would result in mild stenosis at the origin of D2. The remainder of the vessel as it wraps around the apex is disease free. There is an intramyocardial component at the apex of the



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Pulmonary artery measures 26 mm at the level of pulmonary bifurcation

CONCLUSION:

1. Calcium score = 99.1 which corresponds to 72nd percentile on the MESA dataset
 2. Mild burden of atherosclerotic plaque.
 3. No significant coronary artery stenosis was identified
 4. Upper normal aortic root 36 mm
- (Stenosis severity: Minimal 1-24%; Mild 25-49%; Moderate 50-69%; Severe 70-99%)

Dr Sharon Wilson

Electronically signed at 3:20 pm Mon, 14th Aug 2023

cc: Dr Somasundaram

Accession: 77.44736538

Support: 1300 147 852

Medical Practitioners registered with I-MED Online can access images for this study.



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Mrs Elizabeth Walker
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Professor Walter Abhayaratna
14 August 2023

vessel, the vessel however terminates outside of the myocardium.

There are 2 diagonal branches that are patent

1st Diagonal is a small vessel which has no evidence of calcified or non-calcified plaque. It is free of any significant stenosis.

2nd Diagonal is a medium vessel which has no evidence of calcified or non-calcified plaque. It is free of any significant stenosis.

* **LEFT CIRCUMFLEX:** The left circumflex artery is a medium sized vessel which continues around the AV groove. Within the proximal segment there is calcific plaque which results in minimal stenosis. Past the origin of OM1 there is further calcific plaque which also is resulting in minimal stenosis. There is minor irregularities for the remainder of the vessel and the vessel is eccentric and the terminal portion.

There are 2 obtuse marginal branches that are patent

OM1 is a large vessel which has no evidence of calcified or non-calcified plaque. It is free of any significant stenosis.

OM2 is a medium vessel which has no evidence of calcified or non-calcified plaque. It is free of any significant stenosis.

RIGHT CORONARY ARTERY: The RCA is a medium sized dominant vessel. The RCA has no evidence of calcified plaque. There are minor irregularities with non calcific plaque throughout the vessel but they are all minimal. It is free of any significant stenosis.

The PDA a small vessel which has no evidence of calcified or non-calcified plaque. It is free of any significant stenosis.

PLV a small vessel which has no evidence of calcified or non-calcified plaque. It is free of any significant stenosis.

NON-CORONARY CARDIAC FINDINGS:

Ventricle: The left ventricular size is within normal limits. The right ventricular size is normal (relative to the LV). The ventricular septum appears intact.

Atria: The atrial septum appears intact. The atria appear not to be dilated. Coronary sinus 12 mm.

LA Appendage:

The LAA is windsock in appearance and appears to be free of thrombus. The annular dimensions are 16 mm

Valve Morphology:

Trileaflet No significant aortic valve calcification but there is calcification within the RCC. No significant mitral annular calcification

Pericardium:

No pericardial effusion is present. No pericardial calcification seen. Prominent pericardial fat pad

Aorta:

The aortic root measures 36 mm, the sino-tubular junction measures 28 mm, the ascending thoracic aorta measures 28 mm at the level of the MPA, and the descending thoracic aorta measures 22 mm at the diaphragmatic crux.

Pulmonary:

Normally connected pulmonary veins. 4/4 pulmonary veins were seen.

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