

Dr Vicky Lim
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Tel: 0398597711
1st June 2023

Patient ID: 77.77991
Accession Number: 77.43532439

Reported: 1 June 2023

Dear Dr Lim

Re: **Mrs Mary Mangos - DOB: 04/06/1965**
29 Oswin Street KEW EAST 3102

CT CORONARY ARTERY CALCIUM SCORE

CLINICAL HISTORY

Abnormal lipids.

TECHNIQUE

Non-contrast gated study performed.

FINDINGS

Left Main	0
LAD	0
LCX	0
RCA	0
TOTAL	0

Non-Coronary Findings:

Normal heart size. The visible lungs and pleural spaces are clear.

CONCLUSION

Calcium score 0.

Low coronary risk.

Important General Information about the Scan: The CT coronary calcium score examination has been performed on a low-dose scanner with ECG gating and no IV contrast.

Calcium deposits do not correspond directly with the percentage of narrowing of the arteries. They do correlate directly to the amount of coronary plaque, and to the risk of future adverse coronary events . Calcium deposits usually begin to form years before symptoms develop. Early detection and modification of risk factors can slow the progress of coronary artery disease.

A low score suggests low likelihood of coronary artery disease but does not exclude the possibility of coronary narrowing. Results should be discussed with the referring physician taking into account multiple coronary risk factors.

Should the patient experience chest pain or other possible cardiac symptoms, seek prompt medical attention regardless of the calcium score result.

CSANZ POSITION STATEMENT - CORONARY ARTERY CALCIUM SCORING

Suggested management based on CAC results for asymptomatic patients

CAC	10-yr risk of CV Event	Guidance
0	Very Low (< 1%)	a ZERO score confers a very low risk of death, <1% at 10 years Reassure; maintenance of healthy diet and lifestyle.
1-100	Low (<10%)	Maintenance of healthy diet and lifestyle
101 - 400	Moderate (10-20%)	Aspirin recommended Statins considered reasonable
101 – 400 & >75th centile	Moderately High (15-20%)	Reclassify as high risk; Aspirin recommended Statins considered reasonable
>400	High (>20%)	Aspirin recommended Statin recommended, to achieve target LDL < 2.0 mmol/L Consider functional assessment.

Recommendation: Symptomatic patients

In the assessment of symptomatic patients, CAC should not be the sole test used.

Cardiologist review is recommended for functional assessment or a coronary angiogram.

Dr Tim DUNSHEA

Electronically signed at 2:45 pm Thu, 1st Jun 2023

cc: Dr Murnane