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**Patient:**

**Exam Date:**

**MRN :**

**DOB:**

**Referring Physician:**

**FAX:**

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## **CT OF THE CARDIAC CTA**

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CLINICAL HISTORY: r/o CAD.

### **TECHNIQUE:**

After bolus injection of IV contrast material followed by saline bolus, limited FOV volumetric data of the heart was obtained and reconstructed into axial images.

Retrospective gating was performed, the source axial images were reformatted in multiple projections including MPR, MIP and 3D volume rendered techniques for visualization of the coronary arteries and cardiac anatomy. CTDI 265.20 DLP 667.80

### **FINDINGS:**

#### **GROSS CARDIAC ANATOMY:**

**Ventricles:** The ventricles are normal in shape with normal wall thickness without aneurysm or mass. The heart is moderately enlarged.

**Great arteries:** The great arteries are in normal anatomical relationship without stenosis or coarctation.

**Pericardium:** There is no evidence of pericardial thickening or a significant pericardial effusion.

**Venous Anatomy:** The coronary sinus is grossly normal, however, these images were not optimized for venous visualization.

**Valves:** There is a normal 3 cusped aortic and pulmonic valve. The mitral and tricuspid valves are grossly normal; however, vegetations cannot be ruled out by cardiac CT. There are no valve calcifications.

#### **CORONARY ANATOMY:**

**Left Main:** There is normal origin of the left main coronary from the left aortic sinus. There is no significant stenosis or noncalcified plaque.

**LAD:** Note is made of scattered calcifications mid LAD. In the mid LAD there is moderate grade stenosis estimated at 40 to 60% due to a mixed soft and calcified plaque. In the proximal ramus intermedius branch there is moderate to severe grade stenosis estimated at 50 to 70% due to a mixed soft and calcified plaque. The major septal and branches demonstrate no significant stenosis or noncalcified plaque.

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**Circumflex:** The circumflex artery including its major obtuse marginal branches present no abnormalities.

**RCA:** There is normal origin of the RCA from the right aortic sinus. There is right dominance. There is no significant stenosis or evidence of noncalcified plaque throughout the course of the RCA, visualized acute marginal branches or the posterior descending artery.

**EXTRACARDIAC FINDINGS:** (PLEASE NOTE - Only limited evaluation of extracardiac structures is possible due to small field of view.)

**Mediastinum:** There is no mediastinal adenopathy.

**Lungs:** The limited evaluation of the lungs reveal no abnormalities. There is no mass, infiltrate, or effusion. There is mild dependent subsegmental atelectasis bilaterally.

**Aorta and pulmonary arteries:** No evidence for a large central PE within visualized vessels. Aorta is grossly unremarkable.

**Upper abdomen:** The visualized portions of the upper abdomen and liver are unremarkable.

**Bones and Chest Wall:** There are no lytic or blastic bone lesions. The chest wall is unremarkable.

**IMPRESSION:**

Cardiomegaly.

In the mid LAD there is moderate grade stenosis estimated at 40 to 60% due to a mixed soft and calcified plaque.

In the proximal ramus intermedius branch there is moderate to severe grade stenosis estimated at 50 to 70% due to a mixed soft and calcified plaque.

Consider follow-up with conventional angiography.

Thank you for your kind referral of this patient.

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-Electronically Signed by:

12/19/2022 2:13:49 PM EST