

SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW
DEPARTMENT OF RADIODIAGNOSIS

CORONARY CT ANGIOGRAPHY

NAME	ARVIND MISHRA	AGE / SEX	47Y/M
CR NUMBER	2021717653	DATE	01/09/2023

Clinical Details: To rule out coronary artery disease

Procedure: Coronary CT angiography with intravenous non-ionic low osmolar contrast agent (400mg/ml) was performed on a 128 slice MDCT scanner. 3D image post-processing was performed. Image was acquired with prospective ECG gating. Desirable heart rate was achieved.

Image Quality: Adequate

Calcium Score: Total Calcium score: 0

LM	0	RCA	0	LAD	0	LCx	0
----	---	-----	---	-----	---	-----	---

Left Main: The left main is a medium caliber vessel with a normal takeoff from the left coronary cusp that trifurcates to form a left anterior descending artery, ramus intermedius and a left circumflex artery. There is no plaque or stenosis.

Left anterior descending artery: The LAD is patent with no evidence of plaque or stenosis. The LAD gives off two patent diagonal branches.

Ramus Intermedius: Good sized RI noted supplying the Diagonal territory is seen. No plaque/stenosis is seen.

Left circumflex artery: The LCX is *co-dominant* and patent. Circumferential atheromatous plaque is seen in proximal LCX for a length of 9.6mm, causing >70% luminal narrowing just after OM1 takeoff. The LCX gives off two patent obtuse marginal branch. After OM2 takeoff, LCX is seen supplying the posterior wall.

Right coronary artery: The RCA is seen arising from the left coronary sinus and is seen coursing between aorta and pulmonary infundibulum suggestive of interarterial course. It is *co-dominant* with no evidence of plaque or stenosis. The RCA terminates as a PDA and posterolateral branch without evidence of plaque or stenosis.

Left Atrium: Left atrial size is normal in size with no left atrial appendage filling defect.

Left Ventricle: The ventricular cavity size is within normal limits. There are no stigmata of prior infarction. There is no abnormal filling defect.

Pulmonary arteries: Normal in size without proximal filling defect.

Pulmonary veins: Normal pulmonary venous drainage. There were four noted pulmonary veins, two on the right and two on the left.

Pericardium: Normal thickness with no significant effusion or calcium present.

Cardiac valves: There is no thickening or calcifications in the aortic and mitral valves.

Photocopy attached
मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय पुरुष
गाजीपुर

SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW
DEPARTMENT OF RADIO DIAGNOSIS

Aorta: Normal caliber with no significant disease.

Extra-cardiac findings: There are no significant extra-cardiac findings in the available limited views of the lungs, mediastinum, and abdomen.

IMPRESSION:

- Total calcium score-- 0
- Anomalous course of RCA with interarterial course as described (non-malignant).
- Circumferential atheromatous plaque in LCX causing >70% luminal narrowing as described.

CAD RADS 4A

RECOMMENDATIONS:

CAD RADS 0: Reassurance. Consider non-atherosclerotic causes of chest pain.

CAD RADS 1: Consider non-atherosclerotic causes of chest pain. Consider preventive therapy and risk factor modification.

CAD RADS 2: Consider non-atherosclerotic causes of chest pain. Consider preventive therapy and risk factor modification, particularly for patients with non-obstructive plaque in multiple segments.

CAD RADS 3: Consider further functional testing. Consider symptom-guided anti-ischemic and preventive pharmacotherapy as well as risk factor modification per published guideline statements.

CAD RADS 4A: Consider further functional testing or invasive coronary angiography with revascularization per published guideline statements. Consider symptom-guided anti-ischemic and preventive pharmacotherapy as well as risk factor modification per published guideline statements.

CAD RADS 4B: Invasive coronary angiography recommended with revascularization per published guideline statements. Consider symptom-guided anti-ischemic and preventive pharmacotherapy as well as risk factor modification per published guideline statements.

CAD RADS 5: Consider invasive angiography and/or viability assessment with revascularization per published guideline statements. Consider symptom-guided anti-ischemic and preventive pharmacotherapy as well as risk factor modification per published guideline statements.

DR GARIMA

Photocopy attached
huc

DR ANURADHA SINGH

मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय पुरुष
गाजीपुर