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Collected on Jul 05, 2025 9:55 PM

If you have questions or concerns regarding your test results, contact
the clinician who ordered the test. 

Results

Impression

IMPRESSION:

1. Agatston Calcium Score of 349.0. This calcium score is at the 68th percentile for subjects of the same age, gender, and race/ethnicity who are free of clinical cardiovascular disease and treated diabetes (McLelland et al. Circulation 2006;113:307).
2. Right dominant coronary artery circulation.
3. Less than 25% stenosis in the left main, proximal and mid LAD, proximal circumflex, and proximal RCA.
4. There is 25-49% stenosis in the 1st obtuse marginal.
5. Evaluation of the distal LAD, distal RCA, PDA, PLB, and distal circumflex is limited due to high image noise.
6. Dilated left atrium and left atrial appendage.
7. Question patent foramen ovale with minimal left to right shunt.
8. Tricuspid aortic valve with moderate calcification of the noncoronary and left coronary cusps. Calcifications extend from the non coronary and left coronary cusps into the LVOT.
9. Aortic stenosis. The noncoronary cusps is not mobile and there is decreased motion of the left coronary cusp.
10. Aneurysmal dilation of the ascending thoracic aorta, measuring about 47 x 47 mm in diameter, unchanged compared to 10/01/2019.
11. Dilated main pulmonary artery, measuring about 44 mm in diameter, compared to 40 mm in diameter on 10/01/2019.
12. Bronchial wall thickening in the bilateral lower lobes.
13. Thin multilevel anterior syndesmophytes suggestive of ankylosing spondylitis.

Electronically Signed by: Carlos Jamis-Dow, MD 7/5/2025 10:54 PM

Narrative

CLINICAL INDICATION:

Preoperative evaluation for TT Maze. Known aortic aneurysm.

COMPARISON:

CTA of the abdominal aorta and lower extremity on 06/21/2024 and prior studies.

TECHNIQUE:

Retrospectively ECG-gated CTA of the coronary arteries, performed with ECG-based tube current modulation. Multiple data sets were reconstructed at different R-R intervals. A full field of view was also reconstructed. Multiplanar and volume rendered images were also obtained.

Medications Given for the Examination:

Nitroglycerin 800 mcg SL just prior to the examination.

Contrast:

Iohexol (Omnipaque 350) 125 mL IV.

Patient Height and Weight:

Height: 191 cm. Weight: 162.8 kg. BMI: 44.87 kg/m²

DOSE:

Maximum CT Dose Index 153.42 mGy.

Total exam Dose Length Product 2830 mGy-cm.

FINDINGS:

Heart rate and rhythm:

Atrial fibrillation, with average 57 bpm during acquisition (range 47-78 bpm).

Study Quality:

Evaluation is limited due to high image noise.

Calcium Score:

The calculated Agatston Calcium Score is 349.0. The score for each vessel is:

LM: 12.4

LAD: 155.4

LCx: 99.1

RCA: 58.8

PDA: 0

D3: 23.3

Coronary Anatomy:

Normal origin, course, and termination of the coronary arteries. Right dominant coronary artery circulation.

1 - Proximal RCA: Minimal calcified plaque with less than 25% stenosis.

2 - Mid RCA: Normal

3 - Distal RCA: Evaluation is limited due to high image noise. No gross abnormality detected.

4 - PDA from RCA: Evaluation is limited due to high image noise. No gross abnormality

detected.

16 - PLB from RCA: Evaluation is limited due to high image noise. No gross abnormality detected.

5 - Left Main: Minimal calcified plaque with positive remodeling and less than 25% stenosis.

6 - Proximal LAD: Minimal calcified plaque with positive remodeling and less than 25% stenosis.

7 - Mid LAD: Minimal calcified plaque with positive remodeling and less than 25% stenosis. Myocardial bridge over the mid LAD measures about 18 mm in length and about 4 mm in depth.

8 - Distal LAD: Evaluation is limited due to high image noise. No gross abnormality detected.

9 - Diagonal 1: Normal

10 - Diagonal 2 and 3: Normal 2nd diagonal. Minimal calcified plaque with less than 25% stenosis in the proximal 3rd diagonal.

11 - Proximal LCx: Minimal calcified plaque with less than 25% stenosis.

13 - Mid and Distal LCx: Tiny, grossly normal vessel.

12 - Obtuse Marginal 1: Scattered calcified plaque with 25-49% stenosis.

14 - Obtuse Marginal 2: Not present.

15 - PDA from LCx: Not present.

18 - PLB from LCx: Not present.

17 - Ramus Intermedius: Not present.

Pericardium:

Normal pericardial thickness. No pericardial effusion or calcification.

Cardiac Chambers:

Dilated left atrium and left atrial appendage. No thrombus detected in the left atrium, left atrial appendage, or left ventricle.

Question patent foramen ovale with minimal left to right shunt.

Cardiac Valves:

Tricuspid aortic valve with moderate calcification of the noncoronary and left coronary cusps. Calcifications extend from the non coronary and left coronary cusps into the LVOT. Aortic stenosis. The noncoronary cusps is not mobile and there is decreased motion of the left coronary cusp (series 15).

Moderate mitral annular calcification.

Aorta:

Aneurysmal dilation of the ascending thoracic aorta, measuring about 47 x 47 mm in diameter, unchanged compared to 10/01/2019.

Central Pulmonary Arteries:

Dilated main pulmonary artery, measuring about 44 mm in diameter, compared to 40 mm in diameter on 10/01/2019.

Extracardiac Findings:

Multiple noncalcified bilateral lung nodules measuring up to 4 mm. These nodules require no follow-up.

Bronchial wall thickening in the bilateral lower lobes. Minimal dependent groundglass opacities in the left lower lobe, compatible with atelectasis or scarring.

Diffuse superficial the spine. Thin multilevel anterior syndesmophytes suggestive of ankylosing spondylitis.

 Scan 1  Scan 2

Ordering provider: Joanie Sanchez, NP

Reading physician: Carlos Jamis-Dow, MD

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