

Patient ID: [REDACTED] Referring Physician: [REDACTED]
 Patient Name: SMITH, CLARK [REDACTED] Exam Type: - CT CCT WO CM W QUAN CALCM
 Date of Birth: [REDACTED] Scan Date: 08 Jul 2019
 Gender: M Report Date: 8 Jul 2019-02:00PM
 Indications: Assessment of cardiac risk factors.
 History/Risk Factors: Hyperlipidemia, History of smoking, Family History of Heart Disease.

CT Calcium Scoring

Coronary calcium is a marker for plaque (fatty deposits) in a blood vessel or atherosclerosis (hardening of the arteries). The presence and amount of calcium detected in a coronary artery by the CT scan, indicates the presence and amount of atherosclerotic plaque. These calcium deposits appear years before the development of heart disease symptoms such as chest pain and shortness of breath.

A calcium score is computed for each of the coronary arteries based upon the volume and density of the calcium deposits. This can be referred to as your calcified plaque burden. It does not correspond directly to the percentage of narrowing in the artery but does correlate with the severity of the underlying coronary atherosclerosis.

Procedure

TECHNIQUE Prospectively gated axial images of the heart., Slice thickness: 2.5 mm.
 Density threshold (HU): 130 , Pixel threshold: 3 , Algorithm: Discrete

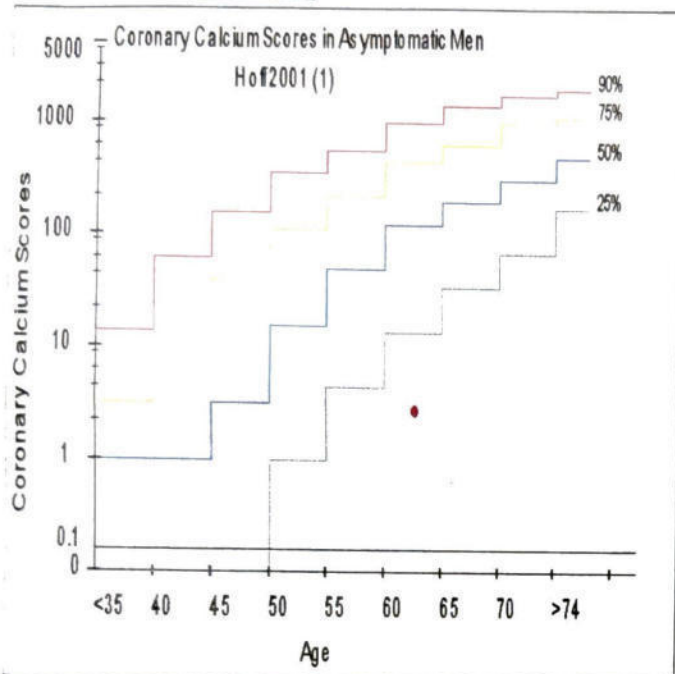
Results

Region	Calcium Score (Agatston)	Volume (mm ³)
LM	0	0
RCA	0	0
LAD	---	---
CX	0	0
PDA	0	0
Other1	3	5
Other2	---	---
Other3	---	---
Total	3	5

Total Calcium Score 3

Calcium Percentile Score

Ref. Database: Hoff, 2001 ▲



The total calcium score of 3 is between the 0 and 25 percentile for males between the ages of 60 and 64. This means that 0 percent of people this age and gender had less calcium than was detected in this study. The graph above shows the distribution of total calcium scores for each age group by percentiles. The calcium score, relative to other age groups, is indicated by the highlighted square in the graph. Ref. Database is Hoff 2001.

Calcium Score (2, 3)	Implication	Risk of Coronary Artery Disease
0	No identifiable plaque	Very low, generally less than 5 percent
1 - 10	Minimal identifiable plaque	Very unlikely, less than 10 percent
11 - 100	Definite, at least mild atherosclerotic plaque	Mild or minimal coronary narrowings likely
101 - 400	Definite, at least moderate atherosclerotic plaque	Mild coronary artery disease highly likely, significant narrowings possible
401 or Higher	Extensive atherosclerotic plaque	High likelihood of at least one significant coronary narrowing

(1) Hoff JA et al. Age and gender distributions of coronary artery calcium detected by electron beam tomography in 35,246 adults. Am J Cardiol. 2001 Jun 15;87(12):1335-9. (2) Mayo Clinic Proceedings, March 1999, Vol. 74. Findings based on EBCT data. (3) Carr JJ, et. al., Evaluation of Subsecond Gated Helical CT for Quantification of Coronary Artery Calcium and Comparison with Electron Beam CT.; AJR 2000; 174: 915-921

Impressions

1. Consult with referring physician or cardiologist for discussion of any clinical actions or need for further testing.

Interpreting Physician

Warning: Should you ever experience any kind of chest discomfort or difficulty breathing, you should seek immediate medical attention. Your physician will take appropriate clinical action based on a careful evaluation of your symptoms and the above information.

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