

CTA Coronary Arteries Report

ANDERSON, ANDERS March 10, 2022

MRN: 123456 Study Time: 10:51 AM

Accession/Encounter No: CV34301421 Reading Group: **Nuclear Reading Group** Referring Group: DOB: 1941-10-19 Age: **Emergency Physician** Gender: М

Sonographer:

Clinical History: Cardiac Surgery: 05/17/2022 Type: Aortic Vavle Replacement Valve: TAVR Specifics: 26mm Medtronic Evolut Pro+

Study Quality: Excellent Procedure Code: 75574 CTA coronary Arteries

Technique: IV contrast was administered and sequential 0.5 mm CT cuts were obtained through the chest using the Siemens Somatom Force CT scanner. Image post-processing consisting of muliplanar and 3D reconstruction were performed using the Philips IntelliSpace Workstation. Interactive image viewing, volumetric display and analysis were also performed. 3D coronary artery calcium scoring was done in accordance with a standardized protocol.

Final Impression:

- 1. CT coronary angiography shows only minimal coronary atherosclerosis.
- 2. No aortic aneurysm or dissection is seen.
- 3. There is a deep myocardial septal crypt.
- 4. Aortic valve is tri-leaflet and there is no evidence of stenosis or regurgitation.
- 5. No pericardial effusion or pericardial thickening.
- 6. Variant PV anatomy: right middle PV.
- 7. There is no evidence of left atrial appendage clot.
- 8. Please refer to the separate radiology report in Epic for any additional non-cardiovascular findings.

Procedural Data

Imaging Protocol: CT Prospective (Intervals), CT Flash Mode with Planning Scan

Radiopharmaceutical: CT Contrast, Iohexol (Omnipaque) Injection 320 mg/ml, 65/5 ml injected intravenously

Medications Administered: Nitrogylcerine SL, 0.4 mg

CTA Results

Left Main:

A normal sized 5.0 mm artery which arises normally from the left sinus of Valsalva and divides into the left anterior descending and circumflex coronary arteries. No significant atherosclerotic plaque present.

Left Anterior Descending (LAD):

A normal sized 4.0 mm artery which wraps around the apex and gives off two diagonal branches. Minimal non-calcified atherosclerotic plaque is present in the proximal and mid segment but with minimal <25% mid segment stenosis.

The first diagonal is a 2.0 mm artery which has no significant atherosclerotic plague present.

The second diagonal is a 1.5 mm artery which has significant atherosclerotic plaque present.

Left Circumflex:

A normal sized 4.3 mm non dominant artery which arises normally from the left main and gives off two obtuse marginal arteries before becoming the posterior descending artery. No significant atherosclerotic plaque present.

The first diagonal is a 1.8 mm artery which has no significant atherosclerotic plague present.

The second diagonal is a 2.0 mm artery which has no significant atherosclerotic plaque present.

The posterior descending is a 2.0 mm artery which has no significant atherosclerotic plaque.

Right Coronary Artery:

A normal sized 2.7 mm dominant artery which arises normally from the right sinus of Valsalva and gives off several right ventricular branches. No significant atherosclerotic plaque present.

The posterior descending is a 2.0 mm artery which has no significant atherosclerotic plaque present.

Ramus: A 2.0 mm artery which has no significant atherosclerotic plaque.

Stents: None

Bypass Grafts: None



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Pulmonary Arteries:

The main pulmonary artery is mildly dilated at 3.3 cm, but with no proximal thrombus identified.

Left Atrial and Pulmonary Vein Dimensions:

Left atrial size (A-P diameter) 3.5 cm

Left atrial volume: 102 ml.

Variant PV Anatomy: right middle PV.

There is no evidence of left atrial appendage clot.

Left Ventricular Valve Morphology:

There is a deep myocardial septal crypt.

Aortic valve is tri-leaflet and there is no evidence of stenosis or regurgitation.

Mitral valve is normal without significant stenosis or regurgitation.

Thoracic Aortic Dimensions:

No aortic aneurysm or dissection.

Aortic root: 3.5 cm.

Sinotubular junction 2.3 cm.

Mid ascending thoracic aorta 3.1 cm Descending thoracic aorta: 2.3 cm

Pericardium: No pericardial effusion or pericardial thickening.

Non-Cardiac Findings: There is a 5 mm non-calcified subpleural nodule in the left lower lobe of the lung.

April 27, 2023 10:45 AM EDT CSI Admin Staff
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