CT Coronary Angiogram

Indication: [< >]-year-old [<man> <woman>] with [chronic chest pain] [atypical chest pain] [abnormal SPECT study] [exertional angina] [pre-surgical assessment].

Comparison: [type < date]

Procedure: A [< >]-slice MDCT coronary angiogram was obtained using retrospective ECG-gating. [< >] mL of [< >] contrast was administered IV. In preparation for the examination, the patient received [< >] mg [intravenous <oral>] metoprolol] [calcium channel blocker] for heart rate/rhythm control and [< >] mg sublingual nitroglycerin [spray <tablet] for coronary vasodilation. Prior to medication administration, the heart rate was [< >] beats per minute and blood pressure [< >] mm Hg. At the time of CT, the heart rate was [< >] beats per minute and blood pressure [< >] mm Hg. [There were no complications]. ECG tube modulation was [utilized in order to reduce the radiation exposure] [not utilized due to arrhythmia] [not utilized due to the need for systolic and diastolic imaging]. The CT dose index-volume (CTDIvol) was [< >] mGy and dose length product of the examination was [< >] mGy-cm.

EXTRA-CARDIAC FINDINGS: The visualized lungs [< >] and mediastinum [< >]. Images of the upper abdomen demonstrate [< >]. The pulmonary arteries are [<normal>
The visualized thoracic aorta is [enlarged]. (If the aorta is enlarged or dissected, description and size should be provided.)

CARDIAC MORPHOLOGY: The RA is [dilated]. The RV is [normal]. The LA is [dilated]. The LV is [dilated]. Valves [>]. [The pericardium is normal] <The pericardium is thickened> <There is a small pericardial effusion> <There is a moderate pericardial effusion> <There is a large pericardial effusion>. The heart [<is well separated from>] <abuts> the sternum.

FUNCTION: The calculated left ventricular ejection fraction is [>]%, LVEDV is [>] mL, LVESV [>] mL. There [are no regional wall motion abnormalities] <is hypokinesia/akinesia/dyskinesia of the anterioranterolateralinferolateralinferior wall/septum of the LV>.

CORONARY CT ANGIOGRAM: The overall quality of the CT angiographic examination is [excellent] <good> <fair> <poor> [and is limited by < poor arterial opacification> <misregistration artifacts> <patient motion>]. The coronary artery system is [right] <co-> <left> dominant with [normal] <anomalous> origins. The left main coronary artery (LM) [has no stenosis] <has mild stenosis> <has moderate stenosis> <has severe stenosis> <is occluded> <is non-evaluable>] with [no] <non-calcified> <mixed> <calcified> plaque.
The proximal left anterior descending artery (LAD) and first diagonal branch (D1) [<has no stenosis> <has mild stenosis> <has moderate stenosis> <has severe stenosis> <is occluded> <is non-evaluable>] with [<no> <non-calcified> <mixed> <calcified>] plaque.

The mid-distal LAD, D2 and D3 branches [<has no stenosis> <has mild stenosis> <has moderate stenosis> <has severe stenosis> <is occluded> <is non-evaluable>] with [<no> <non-calcified> <mixed> <calcified>] plaque.

[There is a ramus intermedius branch which <has no stenosis> <has mild stenosis> <has moderate stenosis> <has severe stenosis> <is occluded> <is non-evaluable> with <no> <non-calcified> <mixed> <calcified> plaque.]

The left circumflex coronary artery (LCx) and its obtuse marginal (OM) [and <LPDA/LPL>] branches [<has no stenosis> <has mild stenosis> <has moderate stenosis> <has severe stenosis> <is occluded> <is non-evaluable>] with [<no> <non-calcified> <mixed> <calcified>] plaque. *(If left- or co-dominant: LPDA and/or LPL branches need to be addressed)*

The right coronary artery (RCA) and acute marginal [and <RPDA/RPL>] branches [<has no stenosis> <has mild stenosis> <has moderate stenosis> <has severe stenosis> <is occluded> <is non-evaluable>] with [<no> <non-calcified> <mixed> <calcified>] plaque.
occluded> <is non-evaluable>] with [<no> <non-calcified> <mixed> <calcified>]
plaque. (If right- or co-dominant: RPDA and/or RPL branches need to be addressed)

BYPASS GRAFTS:
A [<LIMA> <RIMA> <saphenous venous> <radial artery> <gastroepiploic artery>] graft
to the [<LAD> <diagonal> <OM> <RCA> <PDA>] <is well-separated from> <abuts>
the sternum][ <> cm below the sternal notch]. The graft [<has no stenosis> <has mild
stenosis > <has moderate stenosis > <has severe stenosis > <is occluded> <is non-
evaluable>].

A [<LIMA> <RIMA> <saphenous venous> <radial artery> <gastroepiploic artery>] graft
to the [<LAD> <diagonal> <OM> <RCA> <PDA>] <is well-separated from> <abuts>
the sternum][ <> cm below the sternal notch]. The graft [<has no stenosis> <has mild
stenosis > <has moderate stenosis > <has severe stenosis > <is occluded> <is non-
evaluable>].

A [<LIMA> <RIMA> <saphenous venous> <radial artery> <gastroepiploic artery>] graft
to the [<LAD> <diagonal> <OM> <RCA> <PDA>] <is well-separated from> <abuts>
the sternum][ <> cm below the sternal notch]. The graft [<has no stenosis> <has mild
stenosis > <has moderate stenosis > <has severe stenosis > <is occluded> <is non-
evaluable>].

IMPRESSION: [< >]