

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name	: Mr.SYED RIAZUL HAQUE	Visit No	: CHA250033833
Age/Gender	: 73 Y 4 M 10 D/M	Registration ON	: 25/Feb/2025 10:59AM
Lab No	: 10131129	Sample Collected ON	: 25/Feb/2025 10:59AM
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	:
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 25/Feb/2025 07:03PM

## CT CORONARY ANGIOGRAPHY

Compromised assessment due to respiratory motion artifacts (inadequate breath hold)

#### CALCIUM SCORE:

РR

VESSEL	LMCA	LAD	LCX	RCA	TOTAL
AGATSTON SCORE	0	177.6	102.5	0	280.2

Aorta: shows tricuspid aortic valve with mixed density plaques in visualized part.

Left main coronary artery shows origin from left posterior aortic sinus with trifurcation into left anterior descending artery, left circumflex artery and ramus intermedius. No obvious calcified / non-calcified plaques are seen in left main coronary artery; however, optimal assessment is limited by respiratory motion artifacts.

Left anterior descending artery shows few calcified plaques in proximal & mid segments with the largest measuring approx. 8.3mm in segmental length being located just distal to left main coronary trifurcation. The plaques are causing upto 55% luminal narrowing; however, optimal assessment is limited by respiratory motion artifacts. Distal opacification appears maintained.

**<u>Ramus Intermedius</u>** is present in narrow in caliber.

Left circumflex artery shows few calcified/ partially calcified plaques with the largest measuring approx. 5.6mm in segmental length, being located approx. 21mm distal to left main coronary trifurcation. The plaques are causing upto 45-50% luminal narrowing; however, optimal assessment is limited by respiratory motion artifacts. Distal opacification appears maintained.

<u>**Right coronary artery**</u> shows origin from anterior aortic sinus. It appears attenuated in caliber beyond the origin of AM2 branch. Optimal assessment is limited by respiratory motion artifacts.

Dominant circulation: Left sided.

## IMPRESSION: - CORONARY ANGIOGRAM SHOWS -

- LEFT DOMINANT CIRCULATION.
- CALCIFIED / PARTIALLY CALCIFIED PLAQUES IN CORONARY ARTERIES CAUSING LUMINAL NARROWING AS DESCRIBED. (CAD-RADS 3/N)

Clinical correlation is necessary.



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[DR. JAYENDRA K. ARYA, MD]

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Transcribed By: Kamran

\*\*\* End Of Report \*\*\*

**CHARAK** 

