

Patient Name	: Mr. SHAH REHAN AHMAD	Visit No	: CHA250035251
Age/Gender	: 49 Y O M O D /M	Registration ON	: 27/Feb/2025 10:19AM
Lab No	: 10132547	Sample Collected ON	: 27/Feb/2025 10:19AM
Referred By	: Dr.CHARAK ALIGANJ	Sample Received ON	:
Refer Lab/Hosp	: CREDIT CLIENT	Report Generated ON	: 27/Feb/2025 06:23PM

CT CORONARY ANGIOGRAPHY

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

CALCIUM SCORE:

VESSEL	LMCA	LAD	LCX	RCA	TOTAL
AGATSTON SCORE	0	1.7	0	0	1.7

Aorta: shows tricuspid aortic valve with few fibro-fatty plaques in visualized part.

Left main coronary artery shows origin from left posterior aortic sinus. It appears short in length with early bifurcation into left anterior descending artery and left circumflex artery. 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 suspicious non-calcified plaque measuring approx. 6.0mm in segmental length, being located just distal to left main coronary bifurcation and causing upto 50% luminal narrowing. Tiny calcified plaque with spotty calcification is seen in mid segment of left anterior descending artery measuring approx. 1.6mm in segment length, being located approx. 15.5mm distal to left main coronary bifurcation and causing approx. 35-40% luminal narrowing. Suspicious non calcified plaque measuring approx. 6.0mm in segmental length is seen in D1 branch, being located approx. 2.5mm distal to its origin and causing approx. 70-75% luminal narrowing; however, optimal assessment is limited by respiratory motion artifacts. Distal opacification appears maintained.

Ramus Intermedius is absent.

Left circumflex artery is narrow in caliber and appears attenuated in caliber beyond origin of OM2 branch - normal variant in right dominant circulation. Optimal assessment is limited by respiratory motion artifacts.

Right coronary artery shows origin from anterior aortic sinus. small calcified plaque measuring approx. 6.3mm in segmental length is seen in proximal segment of right coronary artery being located approx. 20mm distal to its origin and causing approx. 80-85% luminal narrowing; however, optimal assessment is



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limited by respiratory motion artifacts. Distal opacification appears maintained.

Dominant circulation: Right sided.

Main pulmonary trunk is borderline prominent, measuring approx 29 mm in caliber.

IMPRESSION: - CORONARY ANGIOGRAM SHOWS -

- RIGHT DOMINANT CIRCULATION.
- NON-CALCIFIED/CALCIFIED PLAQUES IN CORONARY ARTERIES CAUSING LUMINAL NARROWING AS DESCRIBED ABOVE. (CAD-RADS 4A/N)

Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, MD]

Transcribed By: Kamran

*** End Of Report ***

CHARAK

