

Patient Name : Ms.SUBHASHINI Visit No : CHA250035298  
Age/Gender : 54 Y/F Registration ON : 27/Feb/2025 10:56AM  
**Lab No : 10132594** Sample Collected ON : 27/Feb/2025 10:56AM  
Referred By : Dr.ESIC HOSPITAL LUCKNOW Sample Received ON :  
Refer Lab/Hosp : ESIC HOSPITAL LUCKNOW Report Generated ON : 27/Feb/2025 06:38PM

**CT CORONARY ANGIOGRAPHY**

Volumetric acquisition of axial CT data was performed before and after bolus intra-venous administration of 80 mL of non-ionic iodinated contrast agent.

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

**CALCIUM SCORE:**

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

**Aorta:** shows tricuspid aortic valve

**Left main coronary artery** shows origin from left posterior aortic sinus with 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 no obvious calcified / non-calcified plaque; 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. **Focal area of outline irregularity (<2 mm in length) and suspicious luminal narrowing (>50%) is seen approx.30mm distal to its origin...? due to motion artifacts/?? small non calcified plaque.** No other calcified / non-calcified plaques are seen in right coronary artery; however, optimal assessment is limited by respiratory motion artifacts. Distal opacification appears maintained.

**Dominant circulation:** Right sided.

**IMPRESSION:**

CORONARY ANGIOGRAM SHOWS -

- RIGHT DOMINANT CIRCULATION.



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- **SUSPICIOUS AREA OF FOCAL OUTLINE IRREGULARITY AND LUMINAL NARROWING IN RIGHT CORONARY ARTERY - ?DUE TO MOTION ARTIFACTS / ??SMALL NON-CALCIFIED PLAQUE.**
- **NO OTHER OBVIOUS CALCIFIED OR SOFT PLAQUE IN CORONARY ARTERIES. (CAD-RADS N)**

*Clinical correlation is necessary.*

[DR. JAYENDRA K. ARYA, MD]

Transcribed By: Kamran

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

CHARAK

