

Patient Name	: Ms.MADHURI	Visit No	: CHA250043523
Age/Gender	: 53 Y/F	Registration ON	: 11/Mar/2025 08:50AM
Lab No	: 10140818	Sample Collected ON	: 11/Mar/2025 08:50AM
Referred By	: Dr.L	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 06:32PM

CT CORONARY ANGIOGRAPHY

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

CALCIUM SCORE:

VESSEL	LMCA	LAD	LCX	RCA	TOTAL
AGATSTON SCORE	0	9	0	0	9

Aorta: shows tricuspid aortic valve with valvular calcification and mixed density plaques in arch of aorta.

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 tiny calcified plaque with spotty calcification causing minimal to mild luminal narrowing; however, optimal assessment is limited by respiratory motion artifacts. Distal opacification appears maintained.

Ramus Intermedius is present and narrow in caliber.

Left circumflex artery is narrow in caliber and appears attenuated in caliber beyond origin of OM1 branch - normal variant in right dominant circulation. Optimal assessment is limited by respiratory motion artifacts.

Right coronary artery shows origin from anterior aortic sinus. No obvious 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.

Cardiomegaly is seen with marked dilatation of atria.

Subtle mitral valve calcification is seen.

Pulmonary trunk is prominent, measuring approx. 30 mm in caliber.

IMPRESSION: - CORONARY ANGIOGRAM SHOWS -

- RIGHT DOMINANT CIRCULATION.
- TINY CALCIFIED PLAQUE IN LEFT ANTERIOR DESCENDING ARTERY AS MENTIONED ABOVE (CAD-RADS N).

Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, MD]

Transcribed By: RACHNA

*** End Of Report ***



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