

Patient Name	: Mr.RAGHWANDRA PRATAP	Visit No	: CHA250043990
Age/Gender	: 49 Y/M	Registration ON	: 11/Mar/2025 02:51PM
Lab No	: 10141285	Sample Collected ON	: 11/Mar/2025 02:51PM
Referred By	: Dr.BPH	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 06:20PM

CT CORONARY ANGIOGRAPHY

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

CALCIUM SCORE:

VESSEL	LMCA	LAD	LCX	RCA	TOTAL
AGATSTON SCORE	0	15.1	9.6	0	24.7

Aorta: shows tricuspid aortic valve with **valvular thickening and calcification as well as few mixed density plaques in aortic arch.**

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 a small calcified plaque measuring approx. 2.8 mm in segmental length, being located approx. 14.5 mm distal to left main coronary trifurcation and causing approx. 25-30 % 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 OM2 branch - normal variant in right dominant circulation. **Tiny calcified plaque with spotty calcification is seen in left circumflex artery causing minimal to mild luminal narrowing; however, 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.

There is thickening of left ventricular myocardium measuring upto 14 mm in maximum thickness.

IMPRESSION: - CORONARY ANGIOGRAM SHOWS -

- **RIGHT DOMINANT CIRCULATION.**
- **CALCIFIED PLAQUES IN CORONARY ARTERIES CAUSING LUMINAL NARROWING AS MENTIONED ABOVE (CAD-RADS 2/N).**

Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, MD]

Transcribed By: RACHNA



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*** End Of Report ***

