

Patient Name : Mr. ANIL KUMAR DUBEY Visit No : CHA250044991
Age/Gender : 60 Y/M Registration ON : 13/Mar/2025 09:09AM
Lab No : 10142286 Sample Collected ON : 13/Mar/2025 09:09AM
Referred By : Dr. NIRUPAM PRAKASH Sample Received ON :
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 13/Mar/2025 05:25PM

CT CORONARY ANGIOGRAPHY

CALCIUM SCORE:

VESSEL	LMCA	LAD	LCX	RCA	TOTAL
AGATSTON SCORE	0	28.6	0	2.1	30.7

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.

Left anterior descending artery shows few small calcified plaques in mid segment with the largest measuring approx 7.5 mm being located approx 14.8mm distal to left main coronary bifurcation. The plaques are causing upto 50-55% luminal narrowing. 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. No obvious calcified / non-calcified plaques are seen in rest of left circumflex artery.

Right coronary artery shows origin from anterior aortic sinus. A partially calcified plaque with spotty calcification is seen in right coronary artery measuring approx 6.0 mm in segmental length, being located approx 11.1 mm distal to its origin and causing approx 50-55% luminal narrowing; however, detailed assessment is limited by motion artifacts. Distal opacification appears maintained.

Dominant circulation: Right sided.

IMPRESSION: - CORONARY ANGIOGRAM SHOWS -

- RIGHT DOMINANT CIRCULATION.
- CALCIFIED & PARTIALLY CALCIFIED PLAQUES IN CORONARY ARTERIES CAUSING LUMINAL NARROWING AS MENTIONED ABOVE. (CAD-RADS -3).

Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, MD]

Transcribed by Rachna

*** End Of Report ***

