Se 1001
Im 1

Sep 17 2012
09 20 45 AM

inside GE

Patient ID	06283268	**Age**	42
Name		**Sex**	Male
Exam Date	Sep 17 2012	**Diabetes**	No
Birth Date	1970	**Smoking**	No

Cardiac History

Important Information About Your Scan

The following information is based on an analysis of the coronary arteries only. Calcium deposits do not correspond directly to the percentage of narrowing of the arteries. They do correlate directly to the amount of coronary plaque, and to the risk of future coronary disease. These calcium deposits usually begin to form years before any symptoms develop. Early detection and modification of risk factors, such as smoking and cholesterol intake, can slow the progress of coronary artery disease.

A low score suggests a low likelihood of coronary artery disease, but does not exclude the possibility of significant coronary artery narrowing. The results should be discussed with your physician taking into account other risk factors such as age, gender, family history, diabetes, smoking or high cholesterol levels.

Should you ever experience chest pain, difficulty in breathing, discomfort radiating into your neck or arm, or discomfort combined with lightheadedness, sweating, fainting or nausea, you should seek prompt medical attention.

Calcium Score

0 - 0:

1 - 10:

11 - 100:

101 - 400:

Greater than 401:

17 Sep 2012 09:08

1

Ex 6016/2890318
Se 1001
Im 2

Sep 17 2012
09 20 45 AM

CORONARY	AJ130	Volume
(LMA) Left Main Artery	0	0
(LAD) Left Anterior Descending	0	0
(LCX) Left Circumflex	0	0
(RCA) Right Coronary Artery	0	0
(PDA) Posterior Descending Artery	0	0
A	0	0
B	0	0
C	0	0
Total	**0**	**0**
Total (without additional vessels)	**0**	**0**

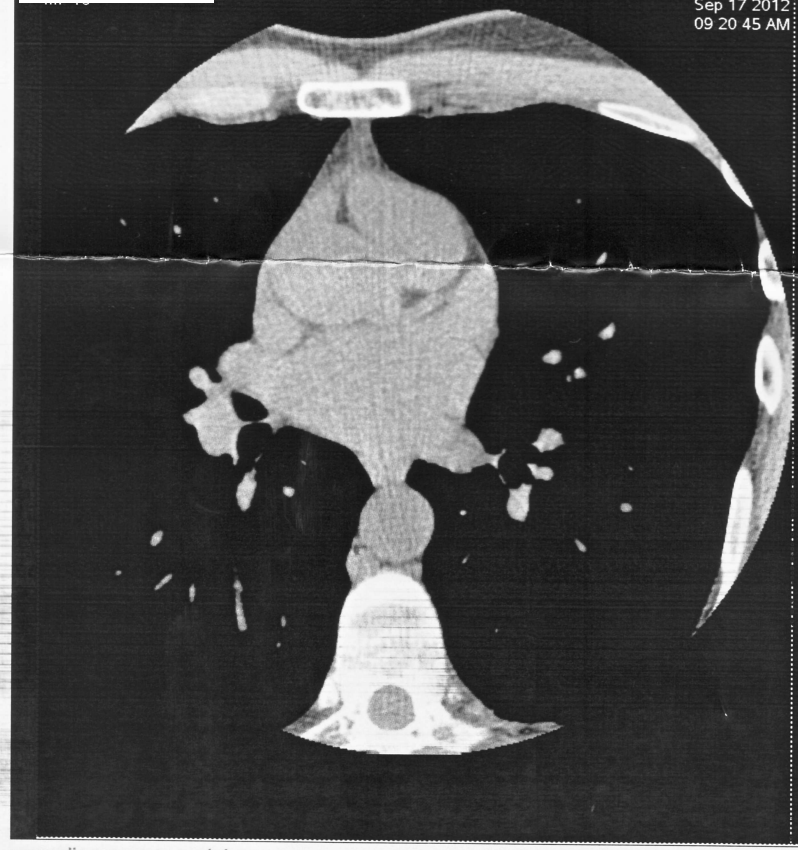
Calibration Factor : 0.785

17 Sep 2012 09:08

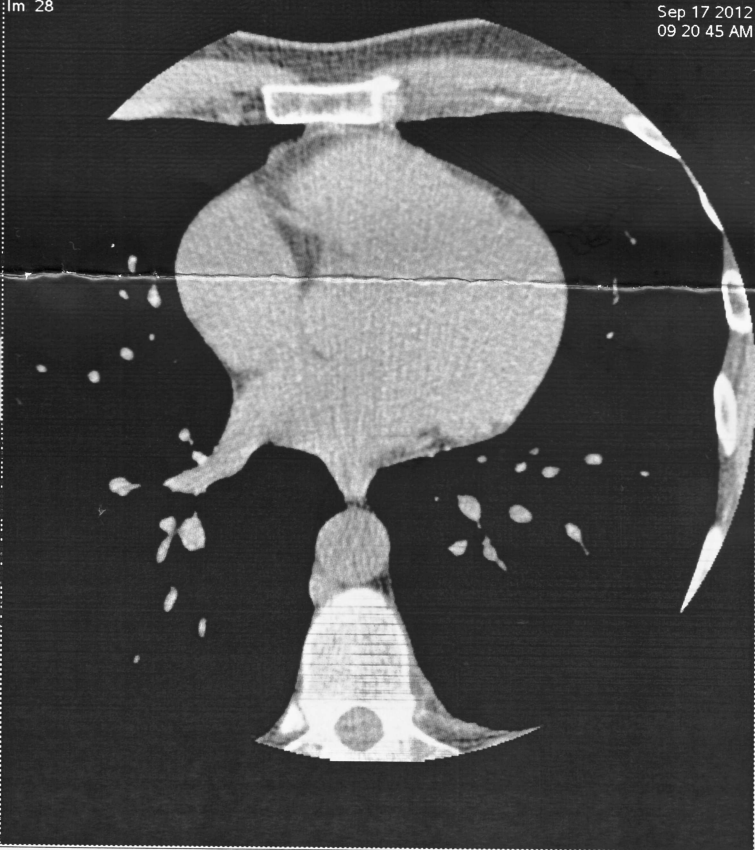
2

Se 1002
Im 28

Sep 17 2012
09 20 45 AM



Sep 17 2012
09 20 45 AM



Patient Name:

DOB: /1970 **Sex:** M

Ordered By:

Exam: CT Coronary Calcium Scoring

Date of Service: 09/17/2012
Patient Location: CT

Patient Type: O

CORONARY CALCIFICATION SCORING AND LIMITED THORACIC CT

TECHNIQUE: Computed tomography of the heart was performed with ECG gating and suspended respiration. A single scan was performed. Post processing was performed on the 3-dimensional computer work station to obtain diastolic phase images, determine calcium score, plaque volume and provide a quantitative assessment of extent of disease.

FINDINGS:

THORAX: Limited evaluation of the lungs, mediastinum and upper abdomen demonstrates a 5 mm noncalcified pulmonary nodule within the left upper lobe (image # 1). Otherwise no significant abnormalities. (Note that this CT included only the heart; portions of the lung and mediastinum were not imaged on this study.)
CARDIAC:

CALCIUM = ABSENT
TOTAL CALCIUM SCORE = 0. PERCENTILE FOR AGE/SEX: 0-25%.
No calcification is identified in the coronary circulation. This does not absolutely rule out the presence of atherosclerotic plaque, including unstable plaque, but does imply very low likelihood of significant luminal obstruction.

The probability of significant CAD is less than 5% and there is a very low risk of cardiovascular disease based on this test.

IMPRESSION:

1. No evidence of coronary calcification.

2. 5.0 mm noncalcified pulmonary nodule within the left upper lobe (image # 1). Note that only portion of the lungs are evaluated on this exam. In a low-risk patient, a followup CT scan should be performed in 12 months, and if unchanged no further followup imaging is necessary. In a high risk patient, initial followup CT scan in 6-12 months, and then 18-24 months is recommended if unchanged at that time. These recommendations are based upon the criteria and guidelines from the 2006 Fleishner Society.