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.