Procedure: Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post-processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) (CPT code: 75574).

Acquisition mode: [Prospective ECG triggering]
Contrast type and volume: [Isovue] [105 ml] [115ml]
Medication used: [Nitroglycerin 800 mcg], [Metoprolol 100mg PO]
Complications: [None]
Image quality: [Good] signal noise. [No significant artifacts].
Scanner: [Siemens SOMATOM Definition Flash] [with “Flash” protocol]

Coronary Calcium (Agatston):

LM: [0]
RCA: [0]
LAD: [0]
LCX: [0]
TOTAL: [0]

Percentile age/gender cohort: [Not Applicable] [percentile for age, gender, and race/ethnicity-matched group per MESA database.]

Coronary angiography:

Left Main: The left main is a [large] caliber vessel with a [normal] take off from the left coronary cusp that [bifurcates to form a left anterior descending artery and a left circumflex artery.] [trifurcates into a LAD, LCX, and ramus intermedius.] [There is no plaque or stenosis]

Left anterior descending artery: [The LAD is patent with no evidence of plaque or stenosis.] The LAD gives off [two patent] diagonal branches.

[Ramus intermedius: Patent with no evidence of plaque or stenosis.]

Left circumflex artery: [The LCX is non-dominant and patent with no evidence of plaque or stenosis.] The LCX gives off [two patent] obtuse marginal branches.

Right coronary artery: [The RCA is dominant with no evidence of plaque or stenosis.] The RCA terminates as a PDA and right posterolateral branch [without evidence of plaque or stenosis.]

Left Atrium: [Left atrial size is normal in size with no left atrial appendage filling defect.]

Left Ventricle: The ventricular cavity size is within normal limits. There are no stigmata of prior infarction. There is no abnormal filling defect.
Pulmonary arteries: [Normal in size without proximal filling defect.]

Pulmonary veins: Normal pulmonary venous drainage. There were [four] noted pulmonary veins, [two] on the right and [two] on the left.

Pericardium: [Normal thickness with no significant effusion or calcium present.]

Cardiac valves: [There is no thickening or calcifications in the aortic and mitral valves.]

Aorta: [Normal caliber with no significant disease.]

Extra-cardiac findings: [There are no significant extra-cardiac findings in the available limited views of the lungs, mediastinum, and abdomen.]

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IMPRESSION:

1. Total calcium score [0].
2. [No evidence of coronary stenosis or plaque by Coronary CT Angiography.]

CAD RADS [0] [S (stent)] [G (graft)] [V (vulnerability)]

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RECOMMENDATIONS:

[CAD RADS 0: Reassurance. Consider non-atherosclerotic causes of chest pain.]
[CAD RADS 1: Consider non-atherosclerotic causes of chest pain. Consider preventive therapy and risk factor modification.]
[CAD RADS 2: Consider non-atherosclerotic causes of chest pain. Consider preventive therapy and risk factor modification, particularly for patients with non-obstructive plaque in multiple segments.]
[CAD RADS 3: Consider further functional testing. Consider symptom-guided anti-ischemic and preventive pharmacotherapy as well as risk factor modification per published guideline statements.]
[CAD RADS 4A: Consider further functional testing or invasive coronary angiography with revascularization per published guideline statements. Consider symptom-guided anti-ischemic and preventive pharmacotherapy as well as risk factor modification per published guideline statements.]
[CAD RADS 4B: Invasive coronary angiography recommended with revascularization per published guideline statements. Consider symptom-guided anti-ischemic and preventive pharmacotherapy as well as risk factor modification per published guideline statements.]
[CAD RADS 5: Consider invasive angiography and/or viability assessment with revascularization per published guideline statements. Consider symptom-guided anti-ischemic and preventive pharmacotherapy as well as risk factor modification per published guideline statements.]
Final diagnosis:
[I25.10 CAD, native]
[Z03.89 Evaluation for suspected cardiovascular disease not found]
[R07.9 Chest pain, unspecified]
[I48.91 Atrial Fibrillation]
[Q24.5 Aberrant congenital coronary artery]

[<>] MD