

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).

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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>]

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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.>]

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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.>]

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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