

SCCT TAVI Template

Procedure: Computed tomographic angiography, heart, coronary arteries, and thoracic, abdominal and proximal peripheral arteries, with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed). This was followed by Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including non-contrast images, if performed, and image postprocessing. (CPT code: 75574, 75635).

Exam Date:[< >]

Indication: [< >]

Gating: Retrospective, ECG-gated helical cardiac volume transitioning to non-gated helical aorta and distal run-off acquisition

Cardiac cycle timing: End-systole

Contrast type and volume: [< >] ml of [< >]

Medications used: [<None>]

QC: [<Good>] signal noise

Artifacts: [<None>][<Mild beam hardening artifact/Mild motion artifact>]

Complications: None

Scanner:[< >]

Coronary Calcium:

LM:[< >]

RCA:[< >]

LAD:[< >]

CFX: [< >]

TOTAL: [< >]

Percentile age/gender cohort: [<Not applicable>]/ [< >] percentage for age-matched group per MESA score.

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. [<There is no angiographic evidence of disease present.>]

Left anterior descending artery: The LAD is a [<large>] caliber vessel that arises normally from the left main and supplies [<two>] diagonal [<branches>] before wrapping the apex. [<There is no angiographic evidence of disease present.>]

Left circumflex artery: The circumflex is a [<medium>] caliber non-dominant vessel that gives off [<two>] obtuse marginal [<branches>] before terminating as a small vessel in the AV groove. [<There is no angiographic evidence of disease present.>]

Right coronary artery: The RCA is a [<large>] caliber, dominant vessel that arises from the right coronary cusp and gives off a right posterior descending artery and right postero-lateral branch. [<There is no angiographic evidence of disease present.>]

Aortic Annulus annular measurements are as follows:

Short diameter is [< >] mm, long diameter is [< >] mm, annular area is [< >] cm², annular area-derived diameter is [< >] mm, annular circumference is [< >] mm, and annular circumference-derived diameter is [< >] mm.

The appropriate fluoroscopic projection angle to obtain an orthogonal view onto the aortic valve plane is [<RAO 30 and caudal 15>]

Aortic Valve: There is apparent trileaflet morphology. There is severe calcification involving the aortic valve cusps, severe calcification of the

commissures, and severe calcification of the annulus. Maximal leaflet length is [$< >$] mm.

Aortic Root: Sino tubular junction diameter measures [$< >$] mm. The width and height of the Sinus of Valsalva is [$< >$] mm and [$< >$] mm, respectively. The distance from the annulus to the origin of the left main coronary artery is [$< >$] mm and to the right coronary artery is [$< >$] mm.

Thoracic Aorta: The ascending aorta is located immediately posterior to the sternum with a measured width [$< >$] mm from the aortic valve annulus of [$< >$] mm. There is a three-vessel aortic arch with minimum width measured at [$< >$] mm. The descending aorta has a minimum width measured at [$< >$] mm. There is diffuse calcific atherosclerotic disease throughout.

Abdominal Aorta: There is [$<no>$] evidence of kinking. There is no intraluminal obstruction or thrombi. There is diffuse calcific atherosclerotic disease throughout.

Iliofemoral arteries: There is minimal calcification or tortuosity visualized. The minimum vessel width on the left side and right side are [$< >$] mm and [$< >$] mm respectively.

Left Ventricle: The left ventricular outflow tract diameter measures [$< >$] mm with and estimated area [$< >$] cm² and demonstrated [$<no>$] evidence of calcification. The ventricular cavity size is within normal limits. Left ventricular hypertrophy was present. There are no stigmata of prior infarction. There was no evidence of apical thrombus.

Left Atrium: Left atrial size is normal in size with no left atrial appendage 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.

SUMMARY:

1. Aortic annular, root and valve measurements as above.
2. No significant stenosis, tortuosity or kinking of the aorta, iliac, or femoral arteries bilaterally.
3. No left ventricular thrombus.
4. [$< >$] angiographic evidence of coronary artery disease/ CAD-RADS: [$< >$]
 2. CAC 0.

Please see separate radiology interpretation for non-cardiac findings.

Final diagnosis: I25.10 CAD, native I48.91 Atrial Fibrillation
I35.0 Nonrheumatic aortic valve stenosis Q23.1 Bicuspid aortic valve