

CANADA DIAGNOSTIC

MR • CT • US • PAIN MANAGEMENT INJECTIONS

136 - 555 WEST 12TH AVENUE
VANCOUVER, BC. V5Z 3X7
T 604 709 8522
TOLL FREE 1 877 709 8522
CanadaDiagnostic.com

Patient Name:

Patient DOB:

Patient ID:

PHN:

Description: **Screening Heart CT**

Study Date:

Accession #:

Referring Physician: PERMINDER, PARMAR

REPORT

SCREENING CT OF THE HEART

HEART

Low Dose CT Coronary Artery Calcium Screening:

We performed cardiac-gated multidetector 128-slice scan through the heart for detection of coronary artery calcification using the Siemens Somatom Perspective 128-Slice CT Scanner.

Findings:

The following information is based on an analysis of coronary arteries only. Calcium deposits do not correspond directly to the percentage of narrowing of the arteries. They do however 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 blood pressure, smoking, cholesterol levels, lifestyle and diet can slow the progress of coronary artery disease.

CANADA DIAGNOSTIC

MR • CT • US • PAIN MANAGEMENT INJECTIONS

136 - 555 WEST 12TH AVENUE
VANCOUVER, BC. V5Z 3X7
T 604 709 8522
TOLL FREE 1 877 709 8522
CanadaDiagnostic.com

Patient Name:

Patient DOB:

Patient ID:

PHN:

Description: **Screening Heart CT**

Study Date:

Accession #:

Referring Physician: PERMINDER, PARMAR

The likelihood of significant coronary artery disease and the risk of heart attack increases as the calcium score increases. The best possible score is 0. Patients with no calcium in the coronary arteries tend to have a low risk for coronary artery disease or heart attack in the next two to five years. A low score does not however completely exclude the possibility of coronary artery disease, as this test does not detect non-calcified soft plaque.

We strongly recommend that patients discuss with their physician the result of this examination, taking into account the other risk factors mentioned above. It is also important to remember that if you develop chest pain or think you may be having symptoms of a heart attack, that you should immediately go to an emergency room or call 911 even if your calcium score is low.

Your total calcium score is 93.9 placing you in the approximately 50th percentile for asymptomatic apparently healthy persons of the same age and gender.

This patient has a right dominant coronary arterial tree. No congenital coronary anomalies are identified. No valvular calcification is noted.

No significant mediastinal or hilar lymphadenopathy seen within the field-of-view. Visualized upper abdomen is suboptimally assessed without IV contrast but appears grossly unremarkable.

Lung parenchyma within the field-of-view is also unremarkable, without evidence in particular, of

CANADA DIAGNOSTIC

MR • CT • US • PAIN MANAGEMENT INJECTIONS

136 - 555 WEST 12TH AVENUE
VANCOUVER, BC. V5Z 3X7
T 604 709 8522
TOLL FREE 1 877 709 8522
CanadaDiagnostic.com

Patient Name:

Patient DOB:

Patient ID:

PHN:

Description: **Screening Heart CT**

Study Date:

Accession #:

Referring Physician: PERMINDER, PARMAR

the lung nodules.

Regional bones are within normal limits.

Calcium Score

Left Main Artery (LMA)

Agatston 0 Volume 0

Left Anterior Descending (LAD)

Agatston 76.0 Volume 67.1

Left Circumflex (LCX)

Agatston 0 Volume 0

Right Coronary Artery (RCA)

Agatston 17.9 Volume 17.9

Total

Agatston 93.9 Volume 85.0

Impression:

Coronary artery calcification score of 93.9, corresponding to approximately the 50th percentile for age and gender, and indicating moderate plaque burden, and moderate risk of angina or a hard coronary event in the next 2-5 years.