

Patient Name	REDACTED FOR SAMPLE	Patient ID	REDACTED FOR SAMPLE
Accession Number	REDACTED FOR SAMPLE	Age / Gender	046Y / Male
Referred By	REDACTED FOR SAMPLE	Date	REDACTED FOR SAMPLE



What We Measured:



Aortic Aneurysm Screening:

Measured the size of the aorta to detect early enlargement, helping prevent life-threatening complications proactively.



CT Calcium Scoring:

Assessed the amount of calcium in the heart's arteries to estimate the long-term risk of heart attacks.



What We Found:

Aortic Aneurysm Screening

Findings:	Interpretation:
Your Aorta is normal in Size	There are no signs of aortic aneurysm
Recommendations: You have low risk of aortic aneurysm. Maintain your current lifestyle, continue structured training.	

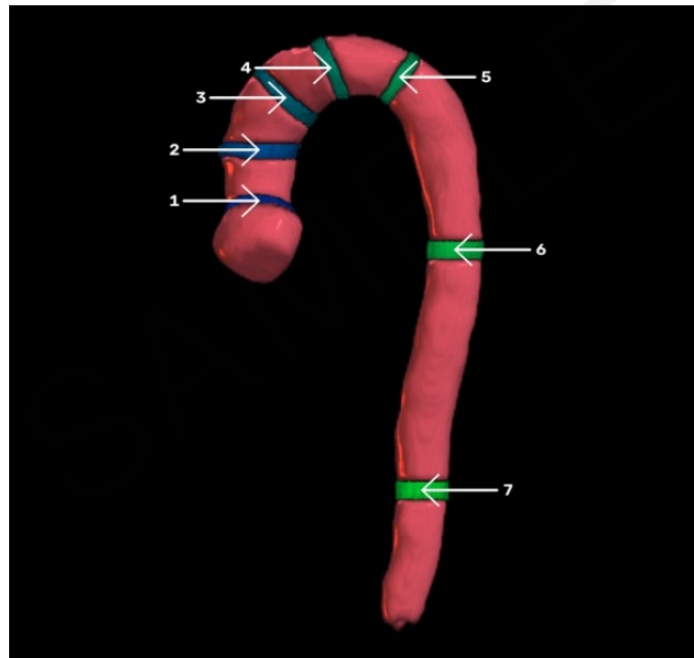
Cardiac Calcium Scoring

Your Score:	Interpretation:
High	A high calcium score may be consistent with significant risk of having a cardiovascular event.
Recommendations: Kindly consult with a Cardiologist / Cardiothoracic surgeon on further steps to take regarding your cardiovascular risk prevention. Strict Blood Pressure and cholesterol control is advised.	

AORTIC ANEURYSM SCREENING

Aorta Measurements

Index	Location	Diameter (mm)	Normal Range (mm)
1	Sinotubular Junction	24.45 mm	< 32 mm
2	Mid Ascending Aorta	23.87 mm	< 34 mm
3	Proximal Aortic Arch	25.74 mm	< 33 mm
4	Mid Aortic Arch	22.39 mm	< 33 mm
5	Proximal Descending Aorta	18.07 mm	< 33 mm
6	Mid Descending Aorta	17.15 mm	< 29.8 mm
7	Aorta At Diaphragm	17.78 mm	< 26.9 mm



Notes:

- Above normal ranges are based on 2010 ACCF/AHA/AATS/ACR/ASA/SCA/SCAI/SIR/STS/SVM Guidelines for the Diagnosis and Management of Patients with Thoracic Aortic Disease. Increase in diameter of one or more segments of Aorta above the 36.0 mm needs serial follow up and consultation with a vascular surgeon.
- Aortic dimensions should be interpreted in relation to patient body size; fixed absolute cut-offs are based on population averages. Interval change should guide follow-up.
- In follow up imaging - an increase in aortic diameter of >5 mm within one year (or >3 mm/year over two consecutive years) constitutes rapid expansion. This finding is clinically significant and warrants prompt physician consultation, review of cardiovascular risk factors, and close follow-up with repeat imaging.

CT CALCIUM SCORING OF HEART (Non-gated study)

CAC Scores	
Artery	Non Gated CT Calcium Scoring
LM & LAD	371.92
LCX	322.82
RCA	18.96
Total	713.7

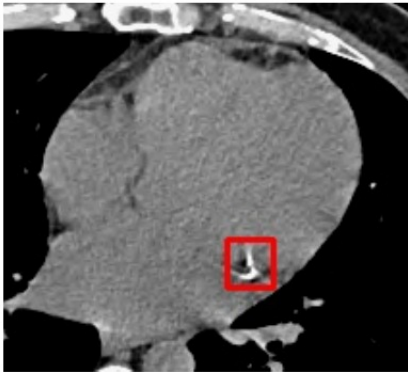
CT Calcium Score (Non-gated study)	
Total Coronary Calcium Score	713.7
Risk of Coronary Artery Disease	High Risk

Reference Ranges for Calcium Score		
Total Calcium Score	Risk of Coronary Artery Disease	Description
0 to 10	Nil / Minimal Risk	Findings are consistent with a low risk of having a cardiovascular event in the next 5 years.
11 to 100	Mild Risk	Mild coronary atherosclerosis is present. There is likely mild or minimal coronary stenosis. A mild risk of having CAD exists.
101 to 400	Moderate Risk	Moderate calcium is detected in the coronary arteries and confirms the presence of atherosclerotic plaque. A moderate risk of having a cardiovascular event exists.
>400	High Risk	A high calcium score may be consistent with significant risk of having a cardiovascular event.

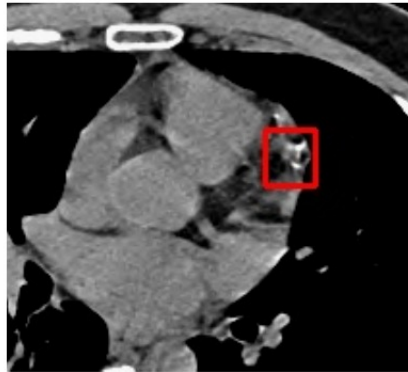
Notes:

- CT calcium scoring is a screening tool, and should not be used as the sole basis for diagnosing or excluding coronary artery disease. Confirm stenosis via DSA or CT coronary angiography.
- In patients with stents or on statin therapy, calcium score may not accurately reflect the underlying atherosclerotic disease burden.
- Non-gated CT provides an approximate calcium score assessment but not a formal Agatston score.
- A zero calcium score does not rule out non-calcified (soft) plaque and associated risk.
- Limitations of CT calcium score include potential motion and partial volume artifacts.

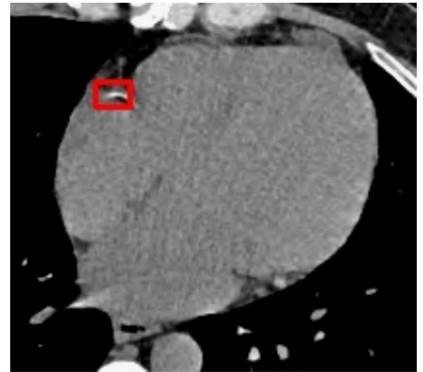
Key Slices



LCX

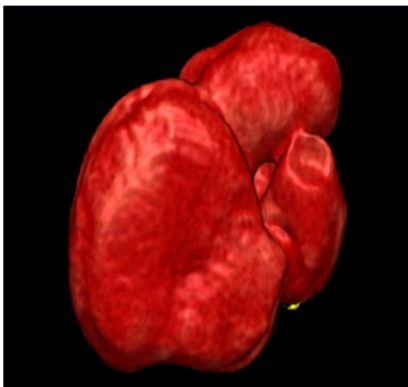


LAD

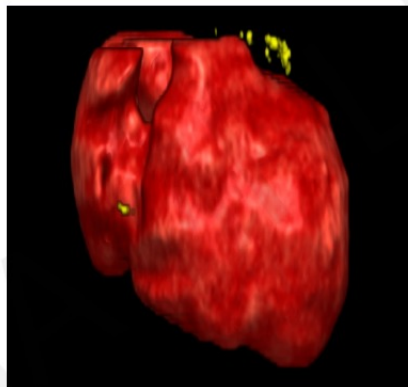


RCA

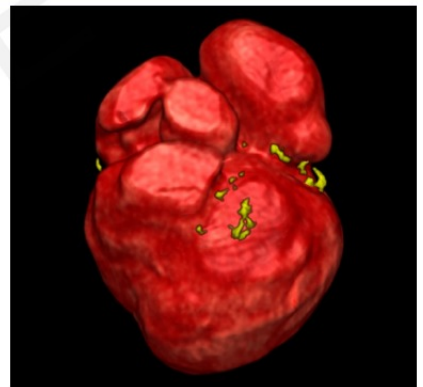
3D view



Inferior



Anterior



Cardiac