

# Coronary Calcium Scan

Patient Name: <b>Roesler, Mark A</b>	Referring Physician: <b>Neil J. Goldberg , M.D.</b>
Date of Study: <b>2025-11-14</b> Outpatient Accession: <b>20253781933</b>	99 N La Cienega Bl #206 Beverly Hills, CA, 90230
ID Number: <b>040619686</b> Order#: <b>738846633</b>	Fax (310) 385-3226 Phone (310) 385-3228
Age: <b>70</b> Sex: <b>M</b> DOB: <b>1955-10-31</b>	

## EISNER Heart Watch Program

### History:

- Indication: screening, shortness of breath
- Symptom: shortness of breath
- Risk factors: hypercholesterolemia, diabetes, sleep apnea
- Medications: aspirin, cholesterol drugs, insulin, oral diabetic agent
- Height: 76 in. Weight: 210 lbs. Body Mass Index (BMI): 25.6 BP: 127 / 76.
- Diet is reported as 2/10 for low saturated fat (10=no saturated fat intake). Exercise is reported as 2/10.

### Findings:

#### Thoracic Aorta Diameters:

Test Date	Ascending Aorta	Descending Aorta
2025-11-14	3.6 cm	2.6 cm

#### Coronary Artery Calcification (CAC):

Location	#Lesions	Calcium Score
Left Anterior Descending	3	656
Circumflex	1	132
Right Coronary	2	82
<b>Total Coronaries</b>	<b>6</b>	<b>870</b>

#### Non-Coronary Calcification:

Location	#Lesions	Calcium Score
Ascending Aorta	2	240
Aortic Valve	1	26
<b>Total Aorta</b>	<b>2</b>	<b>240</b>

**MESA Percentile: 83**

### Impression:

- **Extensive coronary artery calcification: Coronary artery calcium score (CAC) 870 (Percentile:83).**
- Mild thoracic aorta calcification (score 240)
- Mild aortic valve calcification (score 26)
- Aggressive risk factor modification is recommended, including consideration of **high-intensity statin and aspirin 81 mg therapies.**
- Since the coronary calcium score shows extensive coronary calcification, coronary CT angiography or stress testing might be considered for further risk stratification.
- Pulmonary artery enlargement (3.2 cm diameter).

Thank you for referring this patient to us.

Sincerely yours,



Daniel S. Berman, M.D.

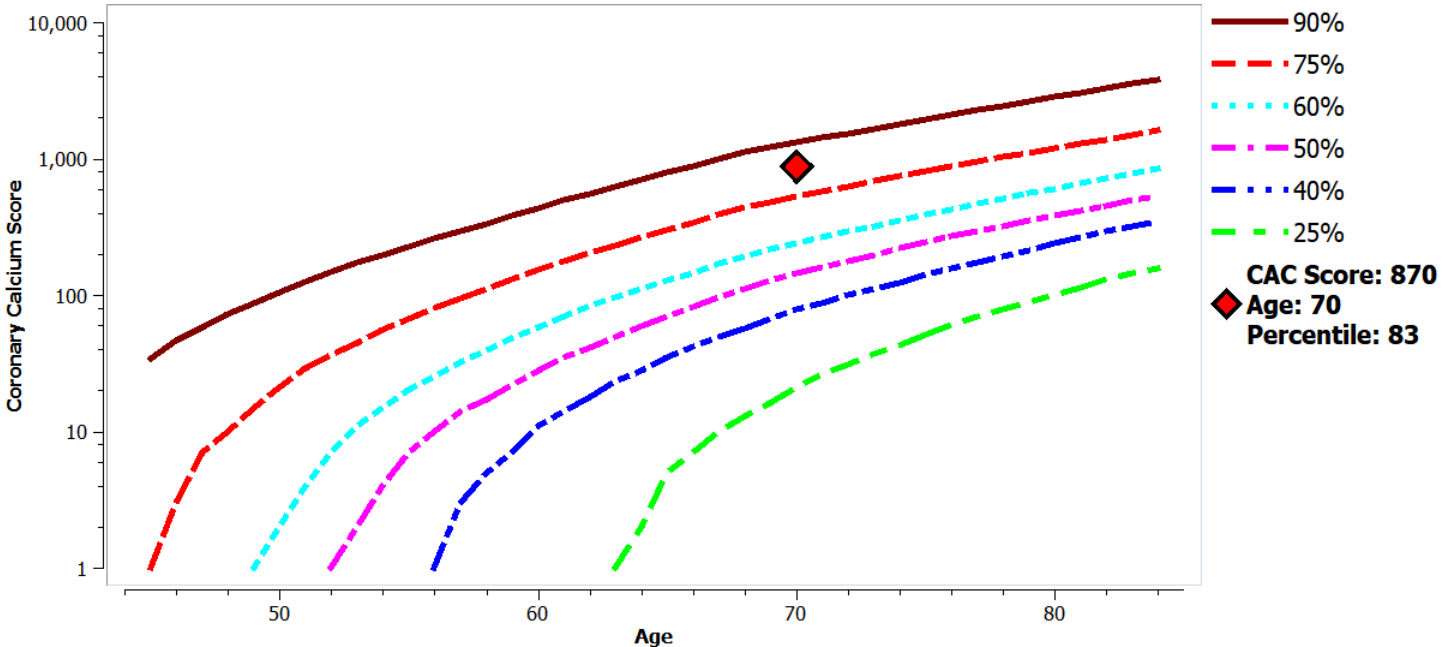
**Imaging Location:** S. Mark Taper Foundation Imaging Center, Cedars-Sinai Medical Center , 8700 Beverly Blvd , Los Angeles, CA, 90048 **Phone:** 310-423-8000

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**Coronary Artery Calcium Score Percentiles for Asymptomatic White Males**



Calcium percentile from MESA (<https://www.mesa-nhlbi.org/>)

**Technique:**

Scanner: Siemens SOMATOM Definition Flash 128 Slice Dual Source CT scanner  
 Axial cross sections of the heart were acquired in the supine position during inspiratory breath hold. Reformation of 3D data was performed on a separate workstation.

**Radiation Dose:** DLP 58 mGy-cm; CTDIvol: 4.00 mGy. One or more of the following dose reduction techniques were used: automated exposure control, adjustment of MA and/or KV per patient size, iterative reconstruction.

- Technical quality: excellent



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**Measurements:**

	<b>Value</b>
Aorta Ascending (non-contrast)	3.6 cm
Aorta Descending (non-contrast)	2.6 cm
Liver	54 HU

HR prior to image acquisition: 73

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### Calcium Score Risk Classifications and Treatment Recommendations in the 5-20% ASCVD Risk Group

Coronary Calcium Score	Risk	Treatment Recommendation
<b>0</b>	very low	Statin not recommended *
<b>1-99</b>	mildly Increased	moderate intensity statin if <75th% moderate to high intensity if >75th%
<b>100-299</b>	moderately increased	moderate to high intensity statin + ASA 81mg
<b>&gt;= 300</b>	moderate to severely increased	high intensity statin + ASA 81mg

\* Excluding >20% ASCVD Risk or familial hypercholesterolemia.  
 Source: H Hecht et al. J Cardiovasc Comput Tomogr 2017;11:157-168.

### High-, Moderate-, and Low-Intensity Statin Therapy (Used in the RCTs Reviewed by the Expert Panel) \*

High-Intensity Statin Therapy	Moderate-Intensity Statin Therapy	Low-Intensity Statin Therapy
Daily dose lowers LDL-C, on average, by approximately >= 50%	Daily dose lowers LDL-C, on average, by approximately 30% to < 50%	Daily dose lowers LDL-C, on average, by < 30%
<b>Atorvastatin (40)-80 mg</b> <b>Rosuvastatin 20 (40) mg</b>	<b>Atorvastatin 10 (20) mg</b> <b>Rosuvastatin (5) 10 mg</b> <b>Simvastatin 20-40 mg</b> <b>Pravastatin 40 (80) mg</b> <b>Lovastatin 40 mg</b> <b>Fluvastatin XL 80 mg</b> <b>Fluvastatin 40 mg BID</b> <b>Pitavastatin 2-4 mg</b>	<b>Simvastatin 10 mg</b> <b>Pravastatin 10-20 mg</b> <b>Lovastatin 20 mg</b> <b>Fluvastatin 20-40 mg</b> <b>Pitavastatin 1 mg</b>

\* Source: Stone NJ, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the ACC/AHA Task Force on Practice Guidelines. J Am Coll Cardiol 2014;63:2889-934.

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### Calcium Score Interpretation Guide

Coronary Calcium Score	Diagnosis	Clinical Interpretation	Gender and Age Issues
<b>0</b>	No identifiable atherosclerotic plaque. Very low CVD risk.	A 'negative' examination. NPV > 90-95% for absence of 'significant' CAD	Applicable to men and women over 40, but with caution in younger subjects.
<b>1-10</b>	Minimal plaque burden. Low CVD risk.	'Significant' CAD very unlikely	Applicable to men and women over 40 but note general recommendation*
<b>11-100</b>	Mild, plaque burden. Moderate CVD risk.	Likely mild or minimal coronary stenosis	<b>Greater clinical significance</b> when score is above 75th percentile for age and sex or if calcium present in 2 or more vessels.
<b>101-400</b>	Moderate plaque burden. High CVD risk.	Moderate non-obstructive CAD highly likely.	<b>Greater clinical significance</b> when score is above 75th percentile for age and sex or if calcium present in 2 or more vessels.
<b>Over 400</b>	Extensive plaque burden. Very high CVD risk.	High likelihood of at least one 'significant' coronary stenosis (>50% diameter)	<b>Greater clinical significance</b> when score is above 75th percentile for age and sex or if calcium present in 2 or more vessels.

\* Presence of chest pain, or multiple risk factors, or younger age subjects or female gender (esp. pre-menopausal) should encourage a more aggressive approach to therapy/management.

The Calcium Score should be interpreted in the context of several factors:

- Clinical decision-making requires the Calcium Score to be weighed along with other factors, i.e. the number of calcified plaques, the patient's age, gender, symptoms and risk factors.
- "Normal" score for any age is ideally zero. The Calcium Score has greater significance when it is above the 75th percentile of age and sex group, or if calcium is present in 2 or more vessels.
- A score of zero indicates no coronary artery calcification and this implies the absence of significant angiographic coronary narrowing in 99% of cases. It does not absolutely rule out the presence of soft non-calcified plaque, especially in younger patients and those who smoke heavily.
- Aorta calcification not considered in this chart

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CT Images

