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www.advancedbodyscan.com

Patient ID

Age

Name

Sex

Exam Date

Scored By

Birth Date

Important Information About Your Scan

Calcium deposits correlate directly to the amount of coronary plaque, and to the risk of future coronary disease. A low score suggests a low likelihood of coronary artery disease, but does not exclude the possibility of significant coronary artery narrowing. The results should be discussed with your physician taking into account other risk factors such as age, gender, family history, diabetes, smoking or high cholesterol levels.

Should a pacemaker, stent and/or bypass be present at the time of this scan, the artifact produced by any one or all of these may directly affect the ability to give an absolute total calcium score.

Score Summary

Your total calcium score is 984.

Ranking Guide

Your score of 984 places you in the 60 th percentile rank. That means 40 percent of the male at the ages greater than 75 will have a higher calcium score than you.

Calcium Score

- 0 - 0:** No Plaque Burden
- 1 - 10:** Minimal Plaque Burden
- 11 - 100:** Mild Plaque Burden
- 101 - 400:** Moderate Plaque Burden
- Greater than 401:** Extensive Plaque Burden

CORONARY	AJ-130
(LMA) Left Main Artery	23
(LAD) Left Anterior Descending	436
(LCX) Left Circumflex	235
(RCA) Right Coronary Artery	290
(PDA) Posterior Descending Artery	0
Total	984
Total (without additional vessels)	984

Calibration Factor : 0.743



Patient Name:
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Date of Birth:
Referring Physician: Advanced Body Scan
Date of Service: 2018-08-07

STUDY PERFORMED: CT Chest, Abdomen and Pelvis without contrast

TECHNIQUE: Low-dose non contrast helical CT images were acquired of the chest, abdomen and pelvis. Separate data sets were created for the chest and abdomen/pelvis using appropriate reconstruction algorithms. A gated coronary acquisition was also performed for calcium scoring.

CLINICAL INFORMATION: Routine screening exam.

COMPARISON: None

CHEST:

LUNGS AND AIRWAYS: No suspicious nodules or other concerning findings in the lungs. The central airways are widely patent.

PLEURAL SPACES: No pneumothorax or pleural effusion. No focal thickening or calcification of the pleura.

HEART AND MEDIASTINUM: The visualized portions of the thyroid gland have a normal non-contrast appearance. The heart is overall normal in size and without pericardial effusion. No mediastinal, hilar or axillary lymphadenopathy. The thoracic aorta and great vessels have a normal non contrast appearance, aside from calcifications. The appearance of the esophagus is within normal limits for age.

BONES AND SOFT TISSUES: Scoliotic curvature with moderate degenerative changes of the thoracic spine. The thoracic soft tissues are within normal limits for age.

CALCIUM SCORE: 984- Grading of coronary artery disease based on total calcium score (Agatston method). A detailed calcium scoring report will be provided separately.

ABDOMEN AND PELVIS:

HEPATOBIILIARY: The liver is normal in size and density. No focal hepatic lesions. Calcified gallstone noted.

PANCREAS: No focal masses or ductal dilatation.

SPLEEN: No splenomegaly.

ADRENALS: No adrenal nodules.

KIDNEYS/URETERS/BLADDER: No hydronephrosis or stones. Normal renal contour. Bladder is within normal limits.

PELVIC ORGANS (Prostate/Uterus/Ovaries): Posttreatment changes in the prostate bed.

BOWEL: A few scattered diverticula. No focal mass or focal bowel wall thickening. No obstruction.



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PERITONEUM / RETROPERITONEUM: No free air or fluid.

LYMPH NODES: No lymphadenopathy.

VESSELS: Normal noncontrast appearance aside from scattered calcifications.

BONES AND SOFT TISSUES: The bones appear demineralized. Moderate degenerative changes of the spine. Soft tissues are within normal limits for age.

IMPRESSION:

- 1. No suspicious pulmonary nodules.**
- 2. Coronary calcifications are noted. A separate detailed calcium scoring report will be provided.**
- 3. Calcified gallstone noted.**
- 4. Minimal diverticulosis.**
- 5. The bones appear demineralized. Consider correlation with bone densitometry.**

Interpreted by and electronically signed by - Anthony Sparks, MD - at August 13, 2018 02:04

PATIENT: /