1202 Medical Center Dr.
Wilmington, NC 28401
Phone: (910) 341-3300

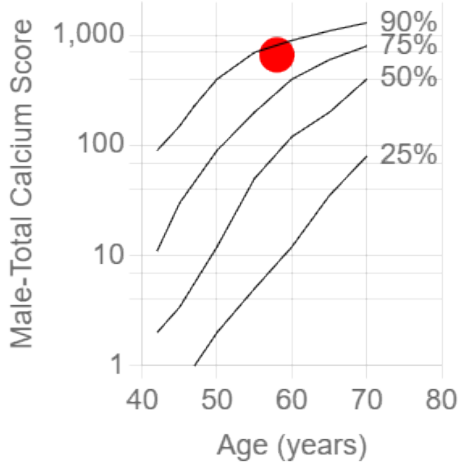
WILMINGTON HEALTH

ICACTL
Accredited Computed Tomography Laboratory

HeartScore

Name: Example, John Patient ID: WH1234567

DOB:	01/01/1965	**Study Date:**	08/20/2023 08:27:01 PM	**Location:**	Wilmington
Age:	58	**Ordering:**	Heston LaMar, MD	**Reasons:**	Executive Health
Sex:	Male	**Attending:**	Dr. Matthew Janik, MD, FACC		
H/W/BMI	70in 220 lb 31.6				



Lab date:	08/20/2023
Fasting glucose:	98mg/dl
Total cholesterol:	230mg/dl
Triglycerides:	110mg/dl
HDL cholesterol:	38mg/dl
LDL cholesterol:	140mg/dl

Technique: Step-and shoot, 3.0 mm axial images during breath hold, using ECG-gating. Narrow FOV images for scoring at scanner, and lung reformats reviewed.

Reasons for Study: Executive Health

Coronary Risk Factors: Risk factor: high blood pressure.

Technique: Step-and shoot, 3.0 mm axial images during breath hold, using ECG-gating. Narrow FOV images for scoring at scanner at the scanner, and lung reformats reviewed.

Cardiac Structures: Cardiac chambers appear normal in size. No pericardial thickening or effusion. Normal coronary origins. Visualized portions of the aorta are normal in size. IVC, SVC and main PA unremarkable.

Non-Cardiac Findings: Visualized portions of the lung fields demonstrate no evidence of lung nodule, mass, infiltrate, edema, or effusion. No lytic or blastic lesions. Visualized upper abdominal structures demonstrate no abnormality. All non-cardiac findings are the sole responsibility of Southeastern Overread Services.

Calcium "Total Score":	**665**	Total coronary calcium score is the sum of Left main 56, LAD 378, LCx144 and RCA 87. The cumulative amount of calcium in heart arteries correlates directly with total plaque and with risk of myocardial infarction and death from cardiovascular disease.
Calcium Score "Percentile":	**95%**	This means that 95% of asymptomatic people of the same age, sex and race will have a lower calcium score.
Arterial Age:	**86**	Age at which the estimated risk of heart attack and death, is the same as that for the observed CAC score. Can be interpreted as an "age equivalent" for your arteries.
Framingham Risk Score (FRS):	**16%**	Calculated based on clinical factors including age, sex, blood pressure, smoking status, and cholesterol values. Provides an estimate of the risk of heart attack or death from cardiovascular causes, over a 10-year period.
Adjusted FRS:	**25%**	This again estimates 10-year risk of heart attack or cardiovascular death, but now taking into account the observed calcium score.

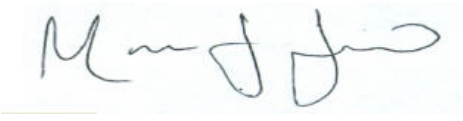
Impression:

- Obese. Elevated blood pressure. Elevated LDL (bad) cholesterol. Low HDL (good) cholesterol. Elevated total cholesterol.
- Extensive atherosclerotic coronary plaque burden with a high risk of at least one significant coronary artery stenosis.
- The true risk of cardiovascular events such as heart attack is likely higher than clinical estimates.
- Adjusted FRS suggests a **HIGH RISK** of cardiovascular events over ten years.

Recommend:

- **Treat coronary risk factors working with a preventive cardiologist and/or a prevention-focused primary care provider.**
- **High potency "statin" (e.g. rosuvastatin 40mg daily) -- in addition to weight loss and routine cardiovascular exercise for reduction in risk of heart attack and stroke (per ACC/AHA guidelines).**
- **Consider the role of nuclear stress testing (per appropriate use criteria) for further risk stratification.**
- **Blood pressure control for <130/ <80 mmHg (average, resting).**

A copy of this report was sent to the patient and to Ordering: Dr. Heston LaMar, MD.



Matt Janik, MD, FACC Phone 910 815-6154
Electronically signed by Matt Janik, MD, FACC Phone 910 815-6154 on 08/20/2023 at 08:33:55 PM