What is cardiac CT for calcium scoring?

CT (computed tomography) is a painless test that uses special X-ray equipment to obtain multiple cross section images of the body. These detailed images assist physicians in diagnosing and treating medical conditions. A CT calcium scoring scan is a noninvasive way of obtaining information about the location and extent of calcified plague in the coronary arteries—the vessels that supply blood to the heart wall. Plague is a build-up of fat and other substances, including calcium, which can over time narrow the arteries or even close off blood flow to the heart. The result may be a heart attack or painful angina in the chest. Because calcium is an indication of coronary artery disease, the amount detected on a cardiac CT scan is a helpful diagnostic tool. A positive test means that coronary artery disease is present, regardless of whether the patient is experiencing symptoms. The amount of calcification expressed as a score-may help to predict the likelihood of a heart attack in the coming years.

CALCIUM SCORE	PRESENCE OF PLAQUE
0	No evidence of plaque
1-10	Minimal evidence of plaque
11-100	Mild evidence of plaque
101-400	Moderate evidence of plaque
Over 400	Extensive evidence of plaque

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Aug 2019

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CT Calcium Scoring

Everything you need to know





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According to the Department of Health and Human Services Centers for Disease Control and Prevention, heart disease is the leading cause of death in the United States and is a major cause of disability. The most common type of heart disease is coronary artery disease (CAD), which can lead to a heart attack. The risk of CAD can be reduced by early detection. ARA's board-certified radiologists, in conjunction with our skilled and experienced technologists and advanced CT scanners, are uniquely equipped to diagnose problems that could mean the difference between full recovery or continuous complications.

Who benefits from CT calcium scoring?

The goal of CT calcium scoring is to detect coronary artery disease (CAD) at an early stage when there are no symptoms and to determine its severity. It is a screening study that may be recommended by a physician for patients with risk factors for CAD but no clinical symptoms. The procedure is most often suggested for men aged 45 years or older and for post-menopausal women aged 55 and above.

Great news! ARA's low-dose CT scanners allow for an up to 60% reduction in radiation dose with improved image quality. Some patients choose to have the test on their own, even if their doctors have not recommended it, in order to detect early-stage CAD. The major risk factors for CAD, other than age, are:

- abnormally high blood cholesterol levels
- family history of heart disease
- diabetes
- high blood pressure
- cigarette smoking
- obesity
- lack of physical activity

How is the procedure performed?

- The patient usually lies on his or her back on the CT examination table. Straps and pillows may be used to ensure correct positioning.
- ECG leads are attached to the chest in order for the scanner to record the electrical activities of the heart.
- The patient will be alone in the exam room for the scan but will be able to speak with the technologist at all times.
- The technologist will move the table through the CT scanner once to determine position and again for the actual scan. The patient is asked to hold their breath a few times for periods of 20 to 30 seconds while the images are recorded.
- The CT scan is usually completed within 5 to 10 minutes. Normal activities may be resumed after the procedure.

To schedule a CT calcium scoring exam or for further questions, please visit www.ausrad.com or call (512) 453-6100.

What are the benefits?

- CT calcium scoring is a convenient and non-invasive way of assessing the amount of calcium in the coronary arteries.
- The examination takes little time and causes no pain.
- The examination does not require injection of contrast material.
- The examination can suggest the presence of CAD even when the coronary arteries are less than 50 percent narrowed. Standard cardiac tests will not reliably detect this level of blockage, and more than half of all heart attacks occur with less than 50 percent narrowing.

Who interprets the results and how do I get them?

A radiologist, a medical doctor with board certification who is also specifically trained to supervise and interpret radiology examinations, will analyze the images and send a signed report to the patient's referring physician and/or primary care physician, who will then share the results with the patient. A copy is also delivered to the patient's home address.

