VITAL **Clark Memorial** VITAL

1220 Missouri Avenue
Jeffersonville Indiana, 47130

Patient ID: 5203092	**Referring Physician:** Cruz Rafael
Patient Name: Mattingly Mary A	**Exam Type:** PACKAGE 1--- CALCIUM SCORING ONLY
Date of Birth: 1948.07.23	**Scan Date:** 2022.02.28
Gender: F	**Report Date:** 2022.02.28-12:48PM
Indications: INDICATIONS	
History/Risk Factors: PATIENT RISK FACTORS	

CT Calcium Scoring

Coronary calcium is a marker for plaque (fatty deposits) in a blood vessel or atherosclerosis (hardening of the arteries). The presence and amount of calcium detected in a coronary artery by the CT scan, indicates the presence and amount of atherosclerotic plaque. These calcium deposits appear years before the development of heart disease symptoms such as chest pain and shortness of breath.

CT Calcium Score shows how much plaque is in your heart arteries.

A calcium score is computed for each of the coronary arteries based upon the volume and density of the calcium deposits. This can be referred to as your calcified plaque burden. It does not correspond directly to the percentage of narrowing in the artery but does correlate with the severity of the underlying coronary atherosclerosis.

Procedure

TECHNIQUE- Gated-. Slice thickness: 3mm.
Density threshold (HU):130 , Pixel threshold: 3 , Algorithm: Discrete

IN 20 MONTHS, WITH 60 IV CHELATIONS, MRS.MATTINGLY LOWERED HER LEFT MAIN ARTERIAL CALCIUM FROM 389 TO 0

Results

Left Main Arterial Plaque Reduced From 389 to 0 After IV Chelation Therapy!

CALCIUM SCORE 02/28/2022

Region	Calcium Score (Agatston)	Volume (mm^3)
LM	389	292
RCA	0	0
LAD	211	158
CX	2	7
PDA	---	---
Other1	---	---
Other2	---	---
Other3	---	---
Total	602	457

CALCIUM SCORE 10/12/2023

Region	Calcium Score
LM	0 Reduced From 389 to 0 after IV Chelation
RCA	0
LAD	SimonMed Unable to Access Stented Artery
CX	11.7
	(See Actual 10/12/2023 Calcium Score Report Below on Page 2)

02/28/2022 Total Calcium Score602

NOTES FROM DR CRUZ ON 2/28/24

Study Quality:- Enter study quality -
Comments: - Please enter conclusions here -

1) Need Chelation 40-60

2) Referral to cardiology

Previous Calcium Score of LM Artery on 2/28/2022 = 389
20 Months Later Repeat Calcium Score of LM Artery on 10/12/2023 = 0

SimonMed
See Tomorrow Today

SimonMed KY Louisville
4700 Chamberlain
LOUISVILLE, KY 40241
Phone: (502)901-2010

DIAGNOSTIC IMAGING REPORT

Patient: Mattingly, Mary Sex :F DOB: 07/23/1948 Age: 75
Diag. Imaging#: 8969580
Status:
Referring Physician:
CC Physician:

EXAM #37450046 - 10/12/2023 11:45 AM -CT CARDIAC CALCIUM SCORE

CT Calcium Score shows how much plaque is in your heart arteries.

INDICATION: Screening. Atherosclerotic cardiovascular disease (ASCVD) risk stratification.

COMPARISON: None.

TECHNIQUE: Noncontrast axial CT images were obtained through the level of the heart. The study was reviewed on dedicated calcium scoring software. CT scan done according to ALARA (As Low As Reasonably Achievable).

TECHNICAL QUALITY: Mild motion

Prior known CT or cardiac nuclear medicine studies performed in the last 12 months: 0

FINDINGS:

Previous Calcium Score of LM Artery on 2/28/2022 = 389
After 60 IV Chelation, Calcium Score of LM Artery on 10/12/2023 = 0

AFTER 60 IV CHELATION THERAPY
Vessel-level Agatston CAC scoring: October 12, 2023

* LM: 0 Left Main Arterial Plaque Reduced from 389 to 0 After IV Chelation Therapy!
** LAD: Unable to be assessed due to presence of hyperdense stent material
CX: 11.7 **Unfortunately, SimonMed was unable to assess the stented artery calcium score
Fortunately Clark Memorial is able to sassess stented arteries.
RCA: 0

BEFORE IV CHELATION THERAPY
February 28, 2022 Previous Calcium Score

LM 389 Calcium Score on Feb 28,2022. After 60 IV Chelations, Calcium SCore reduced to 0
LAD 211 Clark Memorial can assess stented arteries
CX 2
RCA 0
(See Actual Clark Memorial Calcium Score Report Above on Page 1)

EXTRA-CORONARY CALCIFICATION:
No calcification of the aortic valve.
No calcification of the visualized thoracic aorta.
No calcification of the mitral valve annulus.

GREAT VESSELS:
Main Pulmonary Artery: 2.1 cm
Aortic Sinus: 3 cm
Ascending Aorta: 3 cm

PERICARDIUM: Unremarkable.

OTHER FINDINGS: No focal airspace consolidation. Degenerative changes of the thoracic spine. Calcified mediastinal lymph nodes are noted

IMPRESSION: