



European Society of Radiology

Cardiac CT Reporting Structure: Use this memo sheet for your course
Christian Loewe, Florian Wolf

Indication:

patient's history with regard to referral to cardiac CT:
known / suspected CAD; previous treatment (stent, bypass); symptoms at time of cardiac CT

Examination technique:

ca-scoring performed: yes / no; amount of contrast; postprocessing

Report:

Ca-Score:

*calcifications are present / absent
Agatston score and mass score*

CTA of the Coronaries

cardiac / ventricle size:

ventricles / atrias are of normal size / enlarged

myocardium / contractility:

*myocardium shows homogeneous / inhomogeneous contrast enhancement
scars / calcifications are present / absent
contractility – as far as assessable – is normal / abnormal
hypokinetic areas are present / absent*

pericardium:

pericardium is thin / thickened / calcified

valves:

valves are normal / bicuspid / calcified / thickened / vegetations are present

anatomy:

*normal / abnormal branching of coronaries / coronary anomalies are present
dominance of the RCA / Cx / codominance of the Cx*

disease:

plaques / calcifications are present / absent; leading to stenoses or not

stenoses:

*are significant not significant
are calcified or not
length of stenoses*

occlusions:

*calcified or not
length of occlusion
reconstitution present or not*

localization (coronary segment!) of disease

bypass grafts:

*present / absent
ACBP vs. LIMA vs. RIMA
bypass grafts are perfused / occluded
anastomoses are normal / stenotic
bypass graft stenoses are present / absent
target vessel is stenotic / calcified / normal / small
localization of distal anastomosis*