

# 64 - Slice CT

**0.4 mm** Isotropic Resolution

**3** Rotations Per Sec

**64 Slice Scanner** 

**194 Slices Per Sec** 

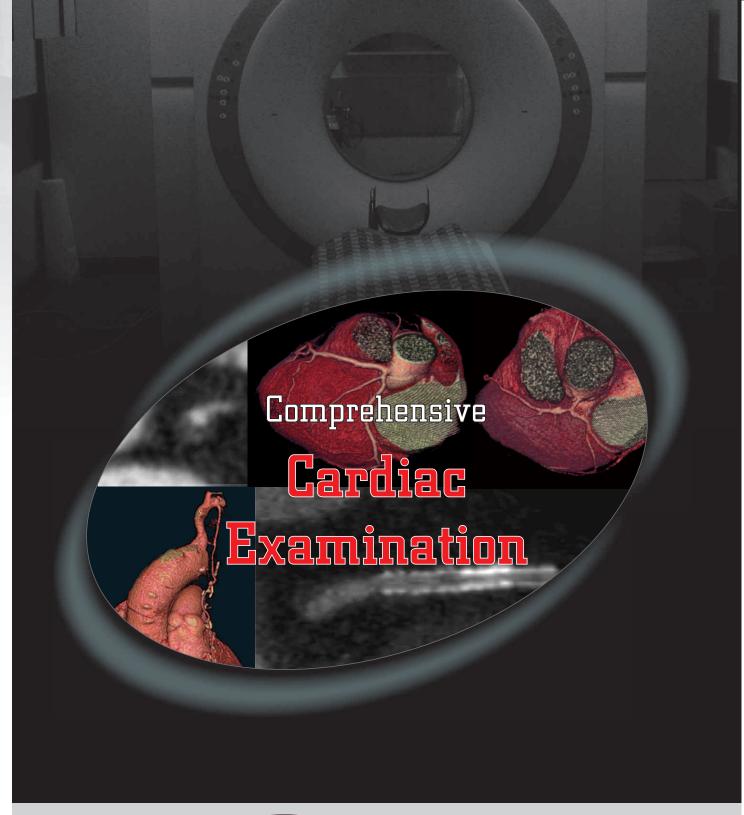
**330 ms Rotation Time** 



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### Coronary CT Angiography & Plaque Visualization

- The negative predictive value for ruling out coronary artery disease is 98% (Fig. 1)
- It shows stenotic lesions with a high degree of accuracy (Fig. 2)
- Intra-stent visualization is possible (Fig. 3)
- Soft plaque visualization is excellent (Fig. 4)
- It can be considered the gold standard for graft assessment (Fig. 5)



Fig. 1: Normal study showing the left circulation.



Fig. 2: A high-grade mid-LAD stenosis (arrow).

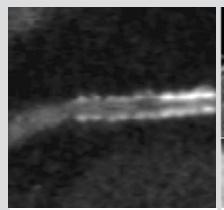


Fig. 3: Intra-stent visualization of severe intimal hyperplasia.

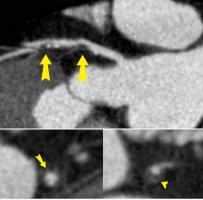


Fig. 4: The proximal LAD shows two soft tissue plaques (arrows) with minor calcification in one. Transaxial images through the proximal plaque reveal its true dimensions with the lipid core (arrowhead).

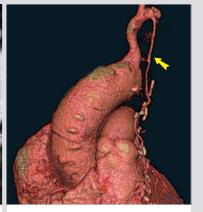
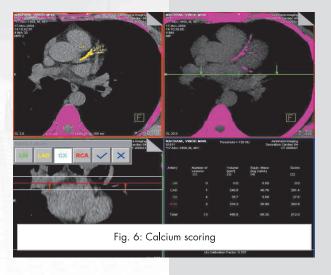


Fig. 5: Post-graft study showing a patent LIMA to LAD graft (arrow)

### Coronary Ca Scoring

- Validated technique that assesses the risk of a future cardiac event
- A high calcium score implies a high risk
- A negative calcium score rules out significant coronary artery disease with high specificity



#### Wall Motion and Function

 Segmental wall motion and global function (ejection fraction and volumes) can be assessed in the same examination

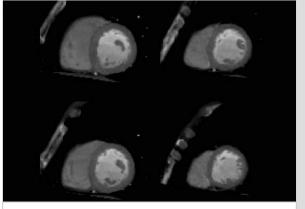


Fig. 7: Normal study for segmental wall motion and function

## Valvular Diameters & Calcification

• Valvular diameters and calcification are also well seen



Fig. 8: Transaxial view through the aortic valve with calcification