

Coronary Artery Calcium Score (CACs)

Electron Beam CT (EBCT) and Multislice CT (MSCT) are non-invasive scans, done at rest, that measure the degree of calcification in the coronary arteries. The scan only takes minutes to complete and no contrast dye is needed. Atherosclerosis is present when there is calcification of arterial walls. Test results are reported as a calcium score which is then compared to the amount of calcium seen in age and sex matched controls in the asymptomatic general population. Angiogram studies have shown a high correlation with the total calcium score. For example, at CACS of 10, a small amount of atherosclerotic plaque is possible; at a CACS of 100, at least mild plaque is very likely; and at CACS of over 400, there is high risk of significant disease. However, early atheromatous plaque and recent thrombosis (clot) usually do not have any calcium in them and therefore will not be detected by this test. It is possible to suffer cardiovascular events from rupture of unstable, non-calcified plaque. Further, a positive test does not indicate the severity of obstruction (i.e. % stenosis) in any given vessel.

If your client has had Calcium Scoring done, please answer the following:

1. Please list date of test:

2. Total calcium artery score:

3. Was any other testing completed (check all that apply)?

Normal or Abnormal

Stress test	_____	_____	
Thallium stress test	_____	_____	
Stress echocardiogram	_____	_____	
Coronary angiogram	_____	_____	

4. Please note if your client has had any of the following?

History of chest pain _____ Diabetes _____
 Elevated cholesterol _____ Family history of heart disease ____
 Overweight _____ High blood pressure _____

5. Is your client currently on any medications? If yes (Please give details)

6. Has your client smoked cigarettes or other form of tobacco in the last 5 years?

If yes, please give details _____

7. Does your client have any other major health problems (ex: cancer, etc.)? If yes (Please give details) _____