

CT Coronary Calcium Scoring

FAQs

Q: What is a coronary calcium score?

A: A calcium score is a measure used to estimate the amount of cholesterol plaque in your arteries. A higher calcium score can mean a higher likelihood of suffering a heart attack.

Q: Is this CT Scan right for me?

A: A CT Coronary Calcium Scan is recommended for men age 40+ and women age 45+ with one or more of these heart disease risk factors:

Hypertension (blood pressure greater than 140/90)

Cholesterol level greater than 160/LDL

Diabetes

Obesity

Tobacco use

Family history of heart disease

To determine if a heart scan is appropriate for you, you should make an appointment to see your primary care physician.

Q: Are there specific reasons I would NOT qualify for a heart scan?

A: **Yes.** Patients who have undergone Coronary Artery Bypass Grafts (CABG) are not candidates for this screening exam. These patients should continue to manage their existing disease in partnership with their cardiologist.

Q: Is a doctor's order required to have a CAC CT Scan?

A: **Yes.** Before scheduling your heart scan you should visit your doctor. This can provide additional information on your heart attack risk for your doctor to consider. This exam might include:

- A review of your medical history and your family medical history
- A physical exam, including blood pressure measurement
- A risk assessment, including questions about your exercise and smoking habits
- Blood tests, including your cholesterol levels

Q: When will I receive my test results?

A: A report containing your coronary calcium score will be sent to you and your primary care doctor within a few days your scan. The table below provides basic guidelines for interpreting your calcium score. Please consult with your primary care doctor or cardiologist to develop a plan for your heart health.

Calcium Score Interpretation

0	No identifiable atherosclerotic plaque. Very low cardiovascular disease risk. Less than 5% chance of presence of coronary artery disease. A negative examination.
1-10	Minimal plaque burden. Significant coronary artery disease very unlikely.
11-100	Mild plaque burden. Likely mild or minimal coronary stenosis.
101-400	Moderate plaque burden. Moderate non-obstructive coronary artery disease highly likely.
Over 400	Extensive plaque burden. High likelihood of at least one significant coronary stenosis (>50% diameter).