



# PROJECT I-C HF21C- CT IMAGING REPORT

UNIVERSITY OF OTTAWA  
HEART INSTITUTE  
INSTITUT DE CARDIOLOGIE  
DE L'UNIVERSITÉ D'OTTAWA

Patient ID #:

Randomization #:

Project:   - Site:   - Number:



Date of CT:    /   /     
Year Month Day

In-patient  Out-patient

### Procedure Data

Baseline: HR:     N/A  
BP:    /     N/A

Pre CT: HR:     N/A  
BP:    /     N/A

PO Metoprolol:  Yes  No Dose:    .   mg

IV Metoprolol:  Yes  No Dose:    .   mg

PO Diltiazem:  Yes  No Dose:    .   mg

IV Diltiazem:  Yes  No Dose:    .   mg

PO Other:  Yes  No Dose:    .   mg  
specify: \_\_\_\_\_

IV Other:  Yes  No Dose:    .   mg  
specify: \_\_\_\_\_

S/L Nitro:  Yes  No Dose:  .  mg

Imaging: HR:

Post CT: HR:     N/A

BP:    /     N/A

BP:    /     N/A

### Contrast

Timing bolus    cc Rate:  .  cc/s

Cardiac CT    cc Rate:  .  cc/s

Contrast / Saline Mix    cc Rate:  .  cc/s   % contrast

Saline    cc Rate:  .  cc/s

### Type of Contrast

- Visipaque 270
- Visipaque 320
- Omnipaque 300
- Omnipaque 350
- Isovue 370
- Other \_\_\_\_\_

### Tube Output

mA:    kV:

### DLP

Non-Contrast:     mGy.cm Timing bolus:     Cardiac:

- ECG Rhythm  sinus rhythm  
 atrial fibrillation  
 AV block  
 other \_\_\_\_\_

- Arrhythmias  none  
 PVCs  rare  frequent  
 PACs  rare  frequent  
 other \_\_\_\_\_

### TEST CANCELLATION:

- no IV access  atrial fibrillation  ++ Ca  other \_\_\_\_\_

Image quality:  Excellent  Good  Fair  Poor  N/A

Comments: \_\_\_\_\_





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Plaque

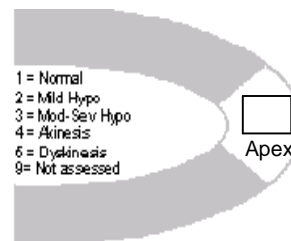
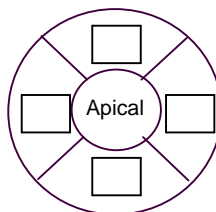
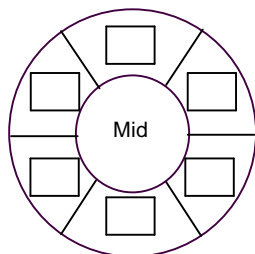
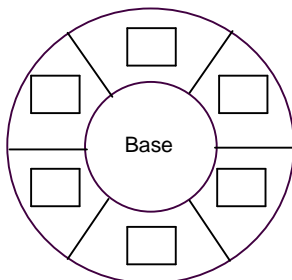
Stenosis

|    |         | Plaque                |                       |                       | Stenosis              |                       |                       |                       | Stenosis %            | Diameter <1.5 mm      | Comments              |                       |                       |     |
|----|---------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----|
|    |         | Norm                  | Not Present           | Not Eval              | Ca                    | Non-Ca                | Both                  | Mild <50%             |                       |                       |                       | Mod 50-69%            | Sig ≥70%              | Occ |
| 1  | RCA (P) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 2  | RCA (M) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 3  | RCA (D) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 4  | PIV     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 5  | LM      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 6  | LAD (P) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 7  | LAD (M) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 8  | LAD (D) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 9  | D1      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 10 | D2      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 11 | LCX (P) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 13 | LCX (M) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 15 | LCX (D) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 12 | M1      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 14 | M2      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 16 | LV      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 17 | IM      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 18 |         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 19 |         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 20 |         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 21 |         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |
| 22 |         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |     |

Dominance:  RCA  LCA  Co-dominant

Calcium Score Agatston:            N/A

Wall Motion  N/A



- 1 = Normal
- 2 = Mild Hypo
- 3 = Mod-Sev Hypo
- 4 = Akinesis
- 5 = Dyskinesis
- 9 = Not assessed

LVEF:       %  N/A

LVEDV:       cc  N/A

LVESV:       cc  N/A





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Patient ID #:

Randomization #:

-   -

Project Site Number

**INTERPRETATION (To be completed by the interpreting physician)**

- Normal
- Obstructive CAD
  - 1VD  $\geq$  50%
  - 2VD  $\geq$  50%
  - 3VD  $\geq$  50%

Risk:  Non-high risk CAD

High risk CAD

Left main  $\geq$  50%  
or  
3 Vessel Disease  $\geq$  70%  
or  
2 Vessel Disease  $\geq$  70%  
(involving Proximal LAD)

**RECOMMENDATION (Mark only one)**

- Medical therapy
- ICA

**FAX A COPY OF THE FINAL CLINICAL REPORT TO 613-761-5406**

**COMMUNICATION**

- I have interpreted the clinical report for this CT  Yes  No
- The **best recommendation** for management is included in the clinical report.  Yes  No
- The referring MD was contacted directly with the recommendations  Yes  No

**COMMENTS (Please print in block letters)**

Date of interpretation:     /   /    
Year Month Day

Interpretation Physicians Initials:

