RAPID-CTCA Scan Report Form

To be completed by the reporting radiologist/cardiologist
Please refer to the study guidance document if required

Participant No: ☐☐☐☐☐

If No, reason:
- ☐ Patient withdrawal
- ☐ Patient deterioration
- ☐ Patient non-compliant in scan
- ☐ CT scanner not available
- ☐ Radiologist not available
- ☐ Radiographer not available
- ☐ Death
- ☐ STEMI
- ☐ Atrial Fibrillation
- ☐ ICU Admission
- ☐ Protocol Deviation
- ☐ High CAC score
- ☐ Other

If other, specify:

Scan quality:
- ☐ Good (diagnostic)
- ☐ Moderate (diagnostic but sub-optimal)
- ☐ Poor (limited diagnostic)
- ☐ Non-diagnostic (uninterpretable)
- ☐ Indeterminate

CTCA performed? Yes ☐ No ☐ If Yes, Date: D D M M Y Y Time: ☐☐:☐☐

Inpatient ☐ Ambulatory ☐

Prospective (Step and Shoot) ☐ Retrospective ☐ Flash ☐

Type of Scanner Siemens ☐ Toshiba ☐ Phillips ☐ GE ☐ Other ☐ If other, specify:

Number of Detector 64 ☐ 80 ☐ 96 ☐ 128 ☐ 256 ☐ 320 ☐

DLP ☐☐☐☐.☐☐ mGy-cm Tot contrast Vol ☐☐☐ ml

Heart Rhythm (Pre-scan): Sinus ☐ AF ☐ Ectopic ☐

Heart rate (Pre-scan): ☐☐☐ bpm

Heart Rhythm (during scan): Sinus ☐ AF ☐ Ectopic ☐

Heart rate (during scan): ☐☐☐ bpm

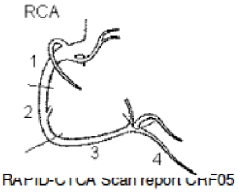
Beta Blocker Administered? Yes ☐ No ☐

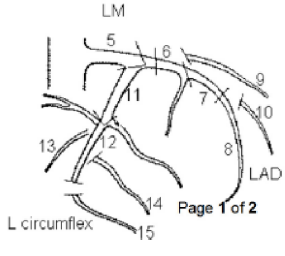
GTN Administered? Yes ☐ No ☐

Total CAC Score completed? Yes ☐ No ☐

If Yes, Total Score ☐☐☐☐ AU

Diameter Stenosis	<10%	10-49%	50-69%	≥70%	Subtotal/ total occlusion (100%)	Uninter-pretable	Absent	Stent
1. Proximal RCA	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
2. Mid RCA	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
3. Distal RCA	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
4. RCA/Cx-PDA	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
5. Left Main Stem	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
6. Proximal LAD	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
7. Mid LAD	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
8. Distal LAD	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
9. LAD first diagonal	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
10. LAD second diagonal	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
11. Proximal circumflex	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
12. First obtuse marginal/intermediate	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
13. AV circumflex	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
14. Second obtuse marginal	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
15. Mid/distal circumflex	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐





Place hospital label here:

Other cardiac findings Yes ☐ No ☐

Tick all that apply:

- ☐ Aortic valve calcification
- ☐ Mitral valve calcification
- ☐ Cardiomegaly (select all applicable)
  (LV ☐ LA ☐ RA ☐ RV ☐)
- ☐ LV wall thinning
  (regional ☐ global ☐)
- ☐ Hypertrophic obstructive cardiomyopathy
- ☐ Left ventricular hypertrophy
- ☐ Pericardial disease
- ☐ Pulmonary hypertension
- ☐ Significant other (specify):_____

Non-cardiac findings Yes ☐ No ☐

Tick all that apply:

- ☐ Significant lymphadenopathy
- ☐ Mediastinal masses
- ☐ Pneumonia
- ☐ Pulmonary emboli
- ☐ Pulmonary mass or nodule
- ☐ Pulmonary Hypertension
- ☐ Parenchymal lung disease
  (emphysema ☐ pulmonary fibrosis ☐ Other ☐
  Please specify) _____)
- ☐ Pleural disease
  (No ☐ plaques ☐ thickening ☐ pleural effusions ☐
  Other ☐ (specify) _____)
- ☐ Hiatus hernia
- ☐ Liver pathology
- ☐ AAA
- ☐ Thoracic/Aortic dissection
- ☐ Bone pathology (If yes, specify)_____
- ☐ Significant other (specify)_____

Treatment History CABG? Yes ☐ No ☐

Graft	<10%	10-49%	50-69%	≥70%	Subtotal/ total occlusion (100%)	Uninter-pretable	Absent	Stent
1. LIMA	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
2. RIMA	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
3. Other arterial graft	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
4. SVG 1	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
5. SVG 2	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐
6. SVG 3	☐	☐	☐	☐	☐	☐	☐	Yes ☐ No ☐

CTCA Interpretation

Coronary Artery Disease: Yes ☐ No ☐

If Yes:

Obstructive ☐
(diameter stenosis >70% of > 1 major epicardial vessel or > 50% of left main stem

Non-obstructive ☐
(diameter stenosis <70% but >10% and/or calcium score > 400 AU and/or >90% for age and sex

CAD findings identified on CTCA as cause of chest pain (select one)
Definite ☐ Possible ☐ Unlikely ☐ No ☐

Non-CAD finding that requires clinical intervention (select one) Definite ☐ Possible ☐ Unlikely ☐ No ☐

Comments:

1st Reviewer _____ _____ ____:____ _____
Print Name | Date of report | Time | Signature

Role (tick one): Cardiologist ☐ Radiologist ☐

2nd Reviewer (If applicable) _____ _____ ____:____ _____
Print Name | Date of report | Time | Signature

Role (tick one): Cardiologist ☐ Radiologist ☐