

# Sample Plaque Analysis

**Example Overview. Not For Clinical Use.**

John Doe

Birth Date: 06/05/1968 (55 years)

Sex: Male

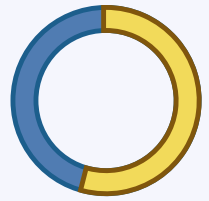
CT Study Date: 06/26/2023

Heartflow ID: ANYH-23FQRD-KRNT

Patient ID: 111ECAA13D2C4F5498305

Referring Physician: John Smith

Total Plaque Summary



828 mm<sup>3</sup>

Total Plaque Volume

94<sup>th</sup>

Patient Percentile<sup>1</sup>

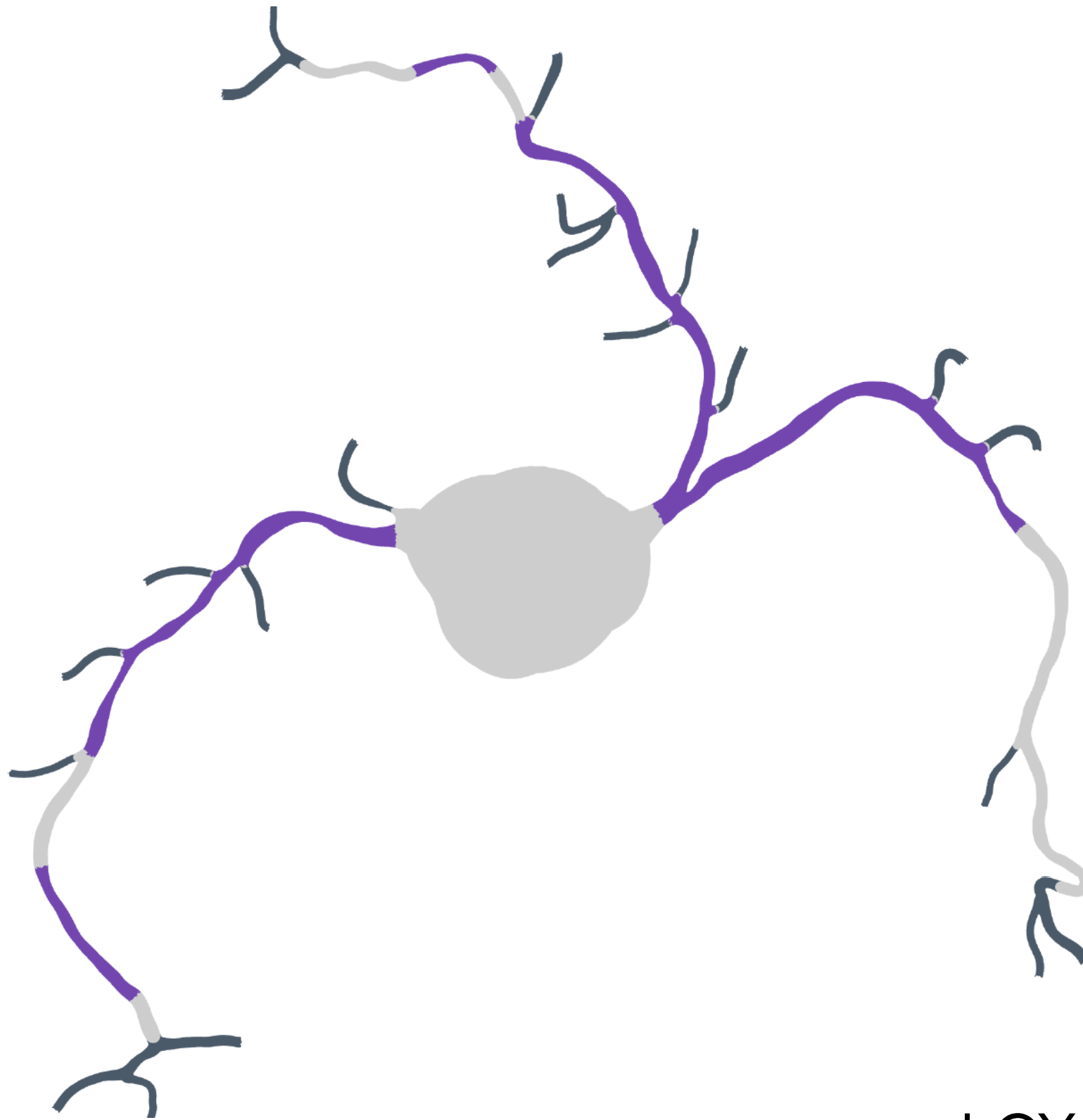
Plaque Types

● Calcified	384 mm <sup>3</sup>	(46%)
● Non Calcified	444 mm <sup>3</sup>	(54%)
● Low attenuation	0 mm <sup>3</sup>	(<1%)

2D Model - Plaque Volume by Vessel Territory

LM  
18 mm<sup>3</sup>

LAD  
325 mm<sup>3</sup>



RCA  
247 mm<sup>3</sup>

LCX  
238 mm<sup>3</sup>

Legend

- Regions of identified plaque
- Lumen
- Non-reportable

**John Doe**

Birth Date: 06/05/1968 (55 years)

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**LM and LAD Vessel Territory Analysis**



**Plaque Types**

<span style="color: blue;">●</span> Calcified	8 mm <sup>3</sup> (44%)
<span style="color: yellow;">●</span> Non Calcified	10 mm <sup>3</sup> (56%)
<span style="color: purple;">●</span> Low attenuation	0 mm <sup>3</sup> (<1%)

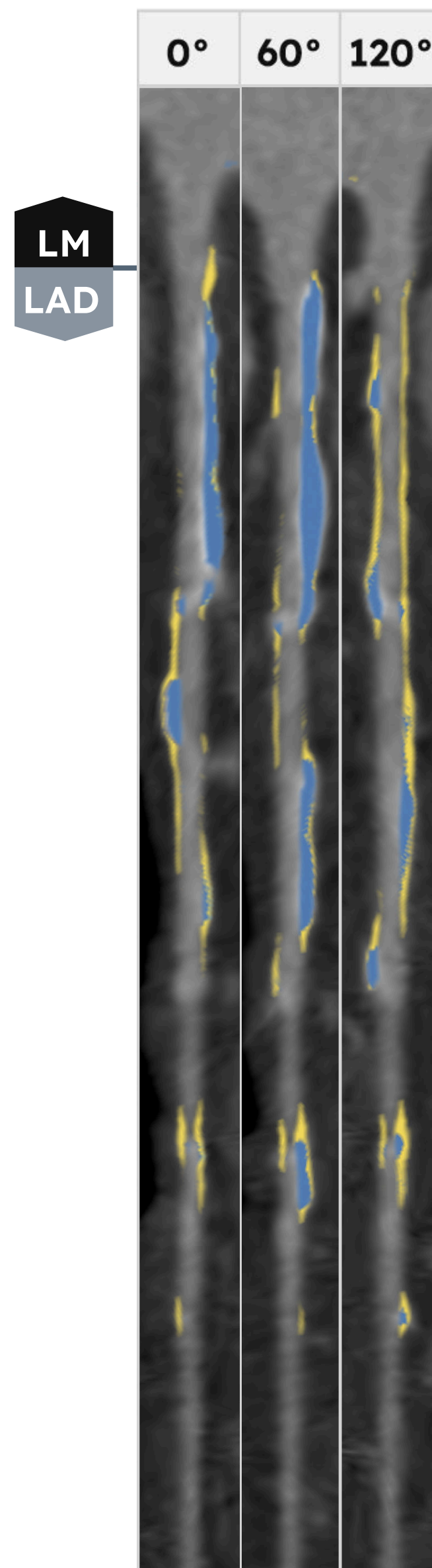
**Plaque Types**

<span style="color: blue;">●</span> Calcified	202 mm <sup>3</sup> (62%)
<span style="color: yellow;">●</span> Non Calcified	123 mm <sup>3</sup> (38%)
<span style="color: purple;">●</span> Low attenuation	0 mm <sup>3</sup> (<1%)

**2D Model**



**sCPR**



**Legend**

- 2D Model legend**
- Regions of identified plaque
  - Lumen
  - Non-reportable

**John Doe**

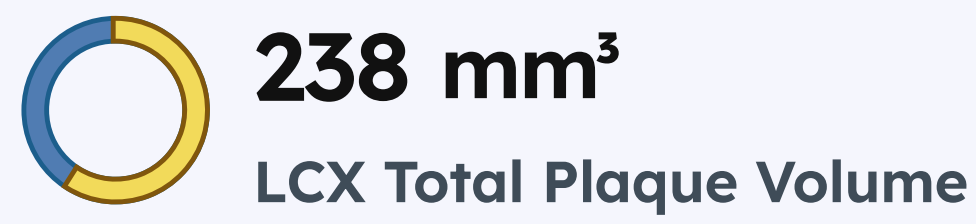
Birth Date: 06/05/1968 (55 years)

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**LM and LCX Vessel Territory Analysis**



**Plaque Types**

<span style="color: blue;">●</span> Calcified	8 mm <sup>3</sup> (44%)
<span style="color: yellow;">●</span> Non Calcified	10 mm <sup>3</sup> (56%)
<span style="color: purple;">●</span> Low attenuation	0 mm <sup>3</sup> (<1%)

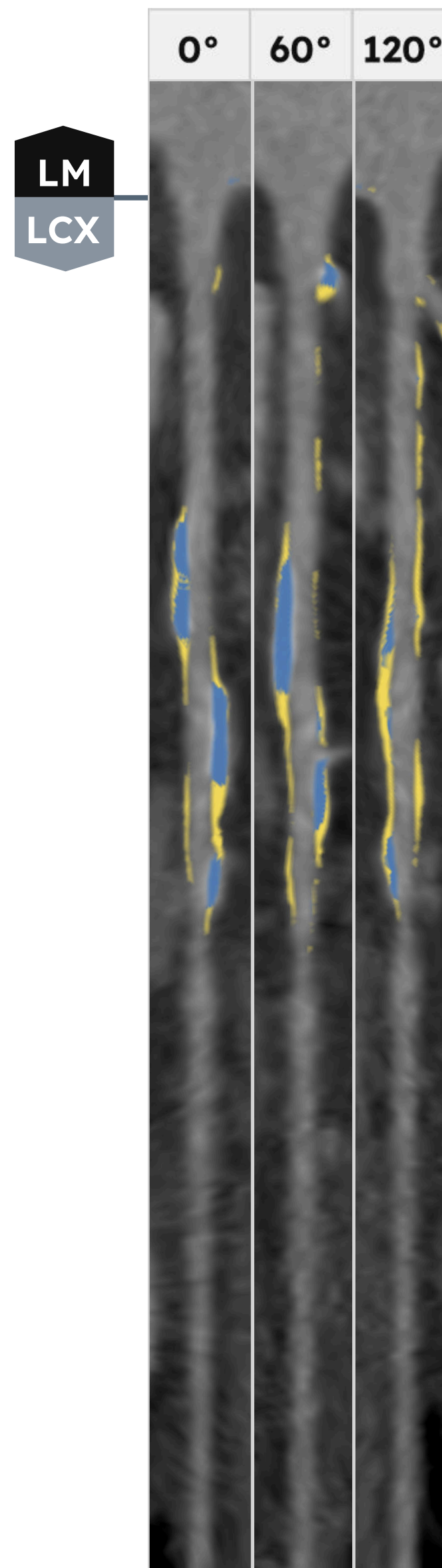
**Plaque Types**

<span style="color: blue;">●</span> Calcified	94 mm <sup>3</sup> (39%)
<span style="color: yellow;">●</span> Non Calcified	144 mm <sup>3</sup> (61%)
<span style="color: purple;">●</span> Low attenuation	0 mm <sup>3</sup> (<1%)

**2D Model**



**sCPR**



**Legend**

- 2D Model legend**
- Regions of identified plaque
  - Lumen
  - Non-reportable

John Doe

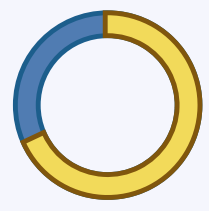
Birth Date: 06/05/1968 (55 years)

CT Study Date: 06/26/2023

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Patient ID: 111ECAA13D2C4F5498305

RCA Vessel Territory Analysis



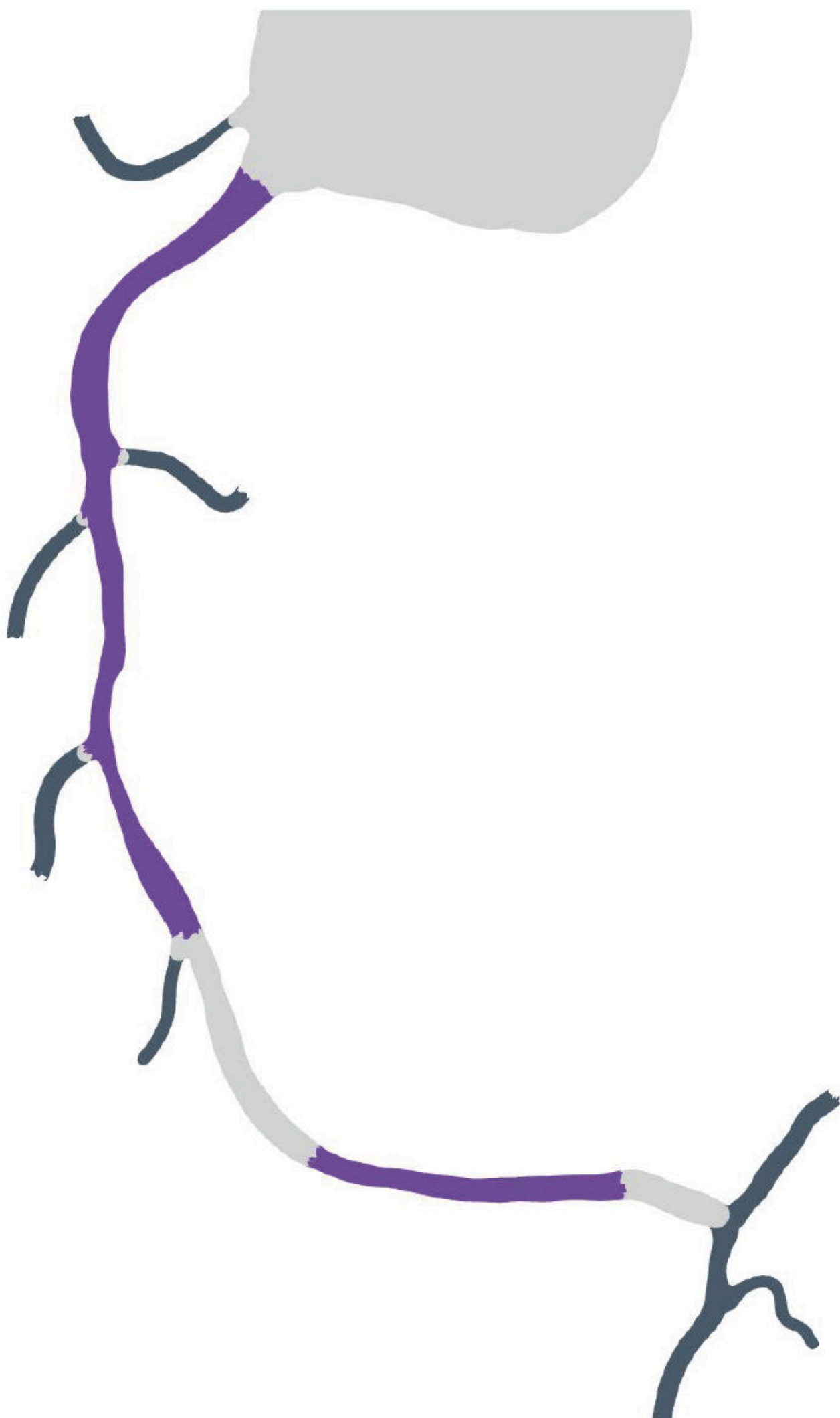
247 mm<sup>3</sup>

RCA Total Plaque Volume

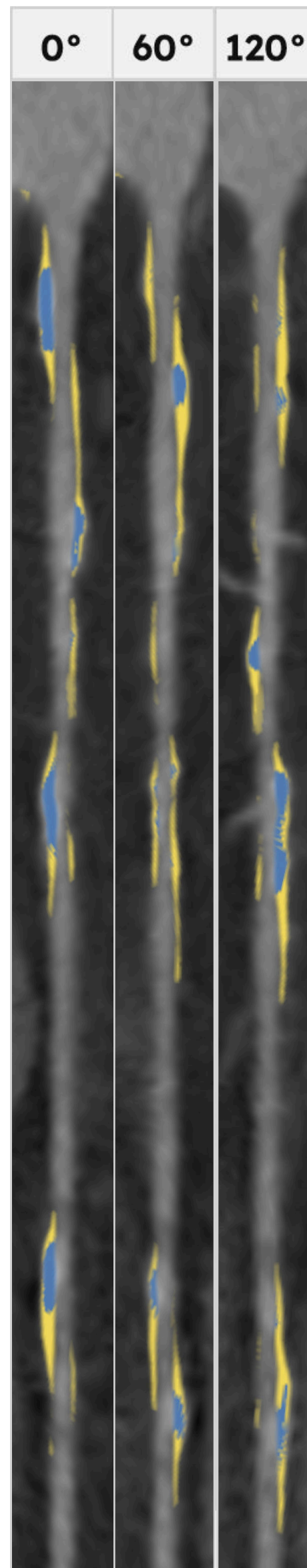
Plaque Types

● Calcified	80 mm <sup>3</sup>	(32%)
● Non Calcified	167 mm <sup>3</sup>	(68%)
● Low attenuation	0 mm <sup>3</sup>	(<1%)

2D Model



sCPR



Legend

- 2D Model legend
- Regions of identified plaque
  - Lumen
  - Non-reportable

John Doe

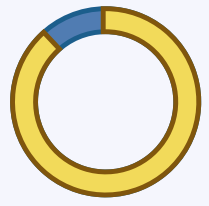
Birth Date: 06/05/1968 (55 years)

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Nomogram<sup>1</sup>



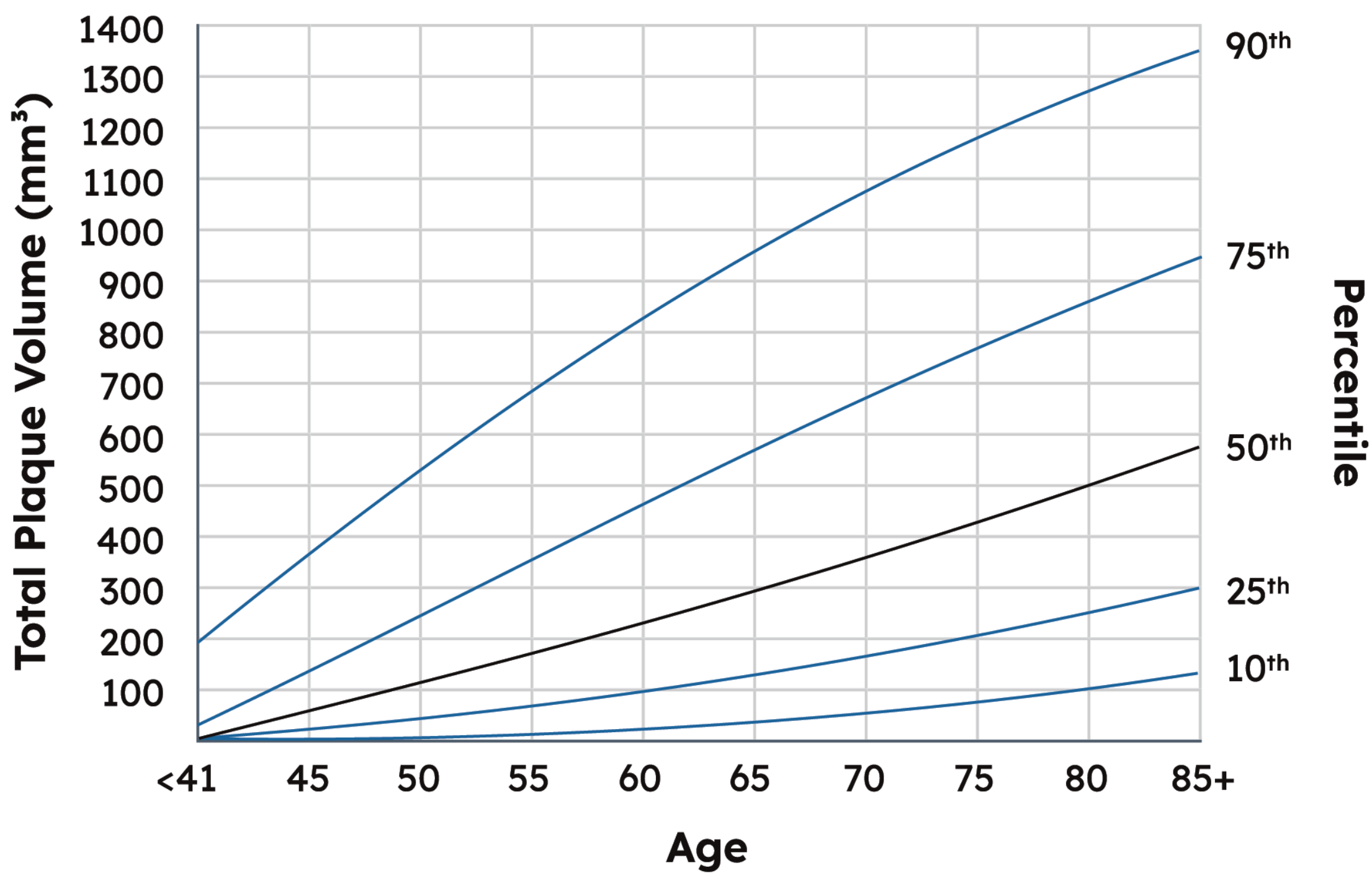
828 mm<sup>3</sup>

Total Plaque Volume

94<sup>th</sup>

Patient Percentile<sup>1</sup>

Male Plaque Volume Nomogram



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## CT Series and Phase information

The selected series and phase from the CT scan used to process this case is:

**Series:** AXIAL CARDIAC MULTIPHASE

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## References

### 1. Patient percentile and nomogram

Age- and Sex-Specific Nomographic CT Quantitative Plaque Data

**Disclaimer:** The age- and sex-stratified population percentile nomograms for atherosclerotic plaque measures were developed using findings from coronary CTA of more than 270,000 people who have undergone the Heartflow Analysis. The impact of age and sex on total plaque volumes should be considered. The information is intended to be used by qualified clinicians in conjunction with each individual's clinical history, symptoms, and other diagnostic tests, as well as the clinician's professional judgment.

Nomogram information excludes people with significant CCTA artifacts in the RCA territory, metallic coronary stents, and/or other metallic cardiac implants, so if plaque volumes are not available in all vessels systems for one of these reasons, use caution when using the nomogram. The patient percentile will only be available if age is provided and sex is male or female.


**Reference:** Tzimas, G., Khoo, J.K., Meier, J., et al. Poster Presentation SCCT July 2025.


### 2. Heartflow Analysis


This Heartflow Analysis was provided following the provider's confirmation of review of the corresponding coronary CTA.

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## Warnings

 Absence of nitrate administration during coronary CTA acquisition may adversely affect the accuracy of the Heartflow FFR Analysis. The Heartflow Analysis simulates maximal coronary hyperemia. Induction of coronary hyperemia commonly includes vasodilation of the epicardial coronary arteries via nitrate administration. Therefore, Heartflow recommends following SCCT Guidelines for coronary CTA acquisition, which include the use of sublingual nitrates at the time of image acquisition.

 The performance of the Heartflow Analysis has not been fully characterized in small vessels. Vessels with modeled lumen diameters less than 1.8 mm are grayed, and plaque volumes are non-reportable. When modeled lumen diameter decreases below 1.8mm due to disease, but distally recovers to 1.8 mm or greater, plaque volumes remain reportable. In some instances, continued distal disease and/or recovery may not be presented in the model.

 The Heartflow Analysis has not been validated with software-based motion correction algorithms. CT datasets with significant coronary motion may require application of software-based motion correction algorithms which use information from multiple phases(time points) to recreate the lumen and correct for motion.

Motion correction algorithms improve acceptability for standard visual interpretation, however they may distort the anatomy such that it is no longer representative of actual patient anatomy. The Heartflow Analysis is predicated upon the anatomy in the provided data, which may not represent actual patient anatomy.

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Created with Heartflow\_Analysis\_3.36.1.8 on 12/12/2024  
18:42 UTC.UDI:1)00853341006060(10)FFRCT\_3.36.1.8(11)  
2024-12-12(21)ANYH-23FQRD-KRNT



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