

		CSCT Manual Clinical				
		I	II	III	IV	V
Rest CTAC Automatic	I	27	5	9	2	0
	II	0	0	0	0	0
	III	2	1	4	2	0
	IV	2	0	3	11	0
	V	3	0	0	6	21

		CSCT Manual Clinical				
		I	II	III	IV	V
Stress CTAC Automatic	I	26	4	9	0	0
	II	0	0	0	0	0
	III	5	1	3	4	0
	IV	0	1	4	11	1
	V	3	0	0	6	20

		CSCT Manual Clinical				
		I	II	III	IV	V
Rest CTAC Manual Clinical	I	31	6	12	10	0
	II	1	0	2	3	1
	III	1	0	2	7	5
	IV	0	0	0	1	9
	V	1	0	0	0	6

		CSCT Manual Clinical				
		I	II	III	IV	V
Stress CTAC Manual Clinical	I	30	5	12	8	0
	II	0	0	2	7	1
	III	3	1	2	6	5
	IV	0	0	0	0	5
	V	1	0	0	0	10

Csct Manual

**Margaret L. Lial, John Hornsby, David I.
Schneider**



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Instructor's Solutions Manual Volume I Patricia Foard, 2003-09 *Hybrid Cardiac Imaging for Clinical Decision-Making* Francesco Nudi, Orazio Schillaci, Giuseppe Biondi-Zoccai, Ami E. Iskandrian, 2022-08-18 Performing any diagnostic test in medicine is always a matter of trying to get the condition of the patient diagnosed properly with the least effort exposure discomfort and at the same time with the lowest possible error probability Pre test probability is helpful but often imprecise effectively overestimating the patient's risk profile In a broader prevention objective the phases of a disease its onset progression and complications must be taken into account The negative predictive value which is so important has in turn its main limitation in identifying the healthy patient that is the one who does not belong to any cluster of patients in which we would act in terms of prevention In coronary syndromes the goal is instead to evaluate coronary heart disease from mild to more extensive and significant forms For this purpose it is necessary to use parameters that investigate different and complementary aspects stenosis ischemia the morphology of the atherosclerotic plaque metabolic processes in particular vitality and apoptosis the presence of inflammatory processes The possibility already present thanks to Hybrid Imaging of joining exams that study different aspects will allow the patient to be increasingly characterized not only from a diagnostic point of view but also from a prognostic and personalized therapeutic choice **Applied Calculus Student Solutions**

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study I the evaluation of an AI based calcium scoring computed tomography CSCT software study III and the evaluation of an photon counting detector PCD CT study IV One study aimed to evaluate the long term prognostic value of coronary computed tomography angiography CCTA in symptomatic patients with no history of CAD study II The software evaluation studies study I and III and the prognostic study study II utilized CT data from clinical patients while the PCD CT evaluation study study IV used CT data from cadaveric specimens The performances of both software programs were compared with standard references being represented by fractional flow reserve FFR measurements study I and coronary artery calcification CAC scores from a semi automatic software study III respectively The PCD CT performance on CAC quantification was compared with corresponding results from an energy integrating detector EID CT using micro CT as the standard reference study IV The prognostic study merged registries to identify major adverse cardiac events MACE having a follow up time of up to 7 5 years study II The CT FFR and CSCT software correlation and agreement to corresponding standard references were good and excellent respectively Also both software programs had time saving potential study I and III The CAC quantification was more accurate using PCD CT than EID CT study IV The prognosis was excellent in patients with normal coronary arteries and progressively impaired in non obstructive and obstructive CAD study II The results in this thesis convey developmental technical CT technology advances for CAD investigations In addition prognostic follow up data is communicated The results may benefit patients by an increased accuracy in the CT evaluation of CAD and can contribute to improve clinical follow up strategies Furthermore the results suggest possibilities to improve the workflow in clinical radiology which potentially could impact health care costs

Datortomografi DT r en kliniskt anv nd modalitet f r utredning av misst nkt kransk rlsjukdom F r att f rb ttra framtida diagnostik klinisk effektivitet och uppf ljningsstrategier r det av stor vikt med teknisk vidareutveckling och att erh lla relevant prognostisk information Syftet med denna avhandling var att studera anv ndandet av DT vid misst nkt kransk rlssjukdom Tre studier syftade till att utv rdera nya tekniker vilket innefattade utv rderingar av tv nya mjukvaror samt en utv rdering av fotonr knar DT FR DT En studie syftade till att utv rdera det prognostiska v rdet av DT kransk rl Det f rsta delarbetet utv rderade en mjukvara som anv nde data fr n DT kransk rl f r att ber kna tryckfall ver misst nkta kransk rlsstenoser Tiden f r att erh lla tryckfallsm tningarna registrerades ocks Resultaten av tryckfallsm tningarna j mf rdes med en standardreferens vilken utgjordes av invasiva kateterburna tryckfallsregistreringar Det andra delarbetet unders kte prognosen f r patienter med olika fynd vid DT kransk rl Genom registersamk rning erh lls data om kransk rlsrelaterad sjukdom med uppf ljningstid p upp till 7 5 r Det tredje delarbetet utv rderade en AI mjukvara som utf rde automatiska m tningar av kransk rlskalk baserat p kliniskt utf rda DT unders kningar f r detta ndam l calcium scoring Tiden f r att erh lla m tningarna registrerades ocks Resultaten j mf rdes med en standardreferens vilken utgjordes av en konventionell semi automatisk metod Det fj rde delarbetet utv rderade f rm gan att kvantifiera kransk rlskalk fr n avlidna med FRDT Bilder fr n b de FR DT och DT anv ndes f r kvantifiering av kalkvolym och j mf rdes med en standardreferens vilken utgjordes av micro DT

Korrelationen och verensstemmelsen mellan mjukvarorna och standardreferenserna var god för tryckfallberäkningarna verkranskräslförutgångar och mycket god för AI baserad mätning av kranskräskalk. Både mjukvarorna hade tidsbesparande potential. För patienter med normala kranskräsl var prognosen utmärkt men den försumrades med hög grad av kranskräslsjukdom. Användande av FR-DT-bidrog till en bättre noggrannhet än DT vid kvantifiering av kranskräskalk. Avhandlingen förmedlar värdet av teknisk utveckling vid utredning med DT för misstänkt kranskräslsjukdom. Dessutom presenteras nya prognostiska data. Resultaten kan gynna patienten genom skrapdiagnostik och mer effektiva utredningar vilket kan ge framtida ekonomiska effekter. Därtill kan de prognostiska resultaten bidra till förbättrade kliniska uppföljningsstrategier.

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