Date: [Date]

Referring Physician: [Physician Name]
Department: [Department Name]
Facility: [Facility Name]

RE: Cardiovascular Imaging Consultation
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]
Examination Date: [Date of Imaging]

Dear Dr. [Referring Physician Last Name],

At your request, I have performed a formal consultation and interpretation of the following cardiovascular imaging study: [Type of Study, e.g., Cardiac CT Angiography / Cardiac MRI].

Clinical Indication:
[Reason for exam, e.g., Evaluation of coronary artery disease, valvular dysfunction, or cardiomyopathy.]

Comparison:
[Relevant prior studies and dates, or "None available".]

Technique:
[Brief description of sequences, contrast used, and medication administered such as beta-blockers or nitroglycerin.]

Findings:

- **Cardiac Morphology/Function:** [Chamber size, wall thickness, ejection fraction, and regional wall motion.]
- **Coronary Arteries:** [Anatomic course, presence of plaque, stenosis severity, and CAD-RADS score if applicable.]
- **Valvular Assessment:** [Structure and function of aortic, mitral, tricuspid, and pulmonic valves.]
- **Great Vessels:** [Aortic dimensions and pulmonary artery morphology.]
- **Extracardiac Findings:** [Lungs, mediastinum, and upper abdominal structures visualized.]

Impression:

1. [Primary diagnosis or finding.]
2. [Secondary findings.]
3. [Recommendations for further testing or follow-up.]

Thank you for the opportunity to assist in the care of this patient. Please contact me at [Phone Number] if you wish to discuss these results in further detail.

Sincerely,

[Radiologist Signature]
[Radiologist Name, MD/DO]
[Subspecialty, e.g., Cardiovascular Radiology]