

MyCardioAdvocate™ Incidentaloma

Incidental Coronary Calcium — The Incidentaloma

When a CT scan done for something else reveals heart disease — and nobody tells you.

Updated March 2026

Why This Matters

Millions of CT scans are performed annually for reasons unrelated to the heart—chest pain evaluation, lung screening, abdominal imaging for appendicitis, trauma imaging. Many reveal incidental coronary calcium. But the radiologist may note it in passing, no one acts, and you, the patient, are often unaware your scan showed heart disease. There is no systematic follow-up pathway. The result: preventable events in people who didn't know they had disease. Until now: 2026 guidelines say if ANY CT shows coronary calcium, it **MUST** be formally incorporated into risk assessment and acted upon.

Why Incidental CAC Flies Under the Radar

- Millions of CT scans yearly show incidental coronary calcium that goes unreported or undiscussed.
- Radiologists may note it in the report, but no one—not radiology, not primary care—systematically acts on it.
- Patients are often unaware their scan showed heart disease.
- No systematic follow-up pathway exists in most healthcare systems.
- Risk stratification happens in silos: radiology reports, primary care, cardiology—often without integration.

What Changed in 2026

Landmark Guideline Update: Incidental CAC Must Be Acted Upon

THIS IS HUGE: Incidental coronary artery calcification on noncardiac CT is now **Class of Recommendation 1 (COR 1, Level of Evidence B-NR)** in 2026 guidelines. This is the first time a major guideline formally states: if ANY CT scan shows coronary calcium, it must be formally incorporated into risk assessment and acted upon. No longer a footnote—now mandatory standard of care.

Integration Requirement

Incidental CAC findings must be communicated to the patient and their primary care provider with guidance for risk stratification and treatment initiation (e.g., aspirin, statins, aggressive BP control).

MyCardioAdvocate™ Checklist

1. Have I had any CT scan in the past decade that might have shown coronary calcium?

Chest CT (any reason), lung cancer screening, abdominal CT, trauma imaging, CT coronary angiography.

2. Was coronary calcium mentioned in the radiology report?

Get a copy of the radiology report. Search for "calcification," "coronary," "atherosclerotic changes," "aortic."

3. Was the finding communicated to me?

Many patients never hear about it. Ask: "My CT report mentioned coronary calcium. What does that mean for me?"

4. Was it acted upon with treatment changes?

Did your provider discuss statins, aspirin, or other preventive therapy? If not, why not?

5. Should I get a formal dedicated coronary artery calcium (CAC) score test now?

If incidental CAC was noted but score is unknown, a formal CAC scan gives you a precise risk number and baseline for future comparison.

Pro Tip: Ask for a copy of the radiology report from ANY CT scan you've had. Search for words like "calcification," "coronary," "atherosclerotic changes," or "aortic." If present, bring it to your cardiologist or primary care provider and ask: "Does this change my treatment?" The 2026 guideline says the answer should be yes.

CPR Opportunity

Incidental Aortic Valve Calcification

Some noncardiac CTs incidentally reveal aortic valve calcification. Combined with elevated Lp(a), this shifts the clinical approach entirely—moving from general cardiovascular risk to valve-specific monitoring and possible aortic valve intervention planning. This is a critical interaction that often goes unrecognized.

Should Incidental CAC Trigger Formal Cardiology Referral?

Not every patient with incidental CAC needs immediate cardiology. But if CAC is present plus other risk factors (Lp(a), family history, metabolic syndrome), cardiology assessment may be warranted to quantify risk and plan prevention strategy.

On the Horizon

- Automated detection of incidental CAC on radiology PACS systems with mandatory flagging for clinical notification.
- Integration of incidental CAC into electronic health records with clinical decision support for provider action.
- Standardized follow-up protocols when incidental CAC is discovered.

Key Takeaways

- Incidental coronary calcium on noncardiac CT is now a COR 1 guideline recommendation requiring action.
- Millions of CT scans show incidental CAC; most patients never hear about it.
- If your CT report mentions calcification or coronary disease, ask your provider how it changes your treatment.
- Incidental aortic valve calcification + elevated Lp(a) is a critical clinical interaction.
- Get a formal CAC score test as baseline if incidental CAC was noted but score is unknown.

Next Steps & Related Content

- **Next Step:** Retrieve your CT reports from the past decade. Search for "calcification" or "coronary." Bring them to your cardiologist.
- **Related:** [The Incidentaloma](#) | [CAC](#) | [Risk Calculators](#) | [Lp\(a\)](#)

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