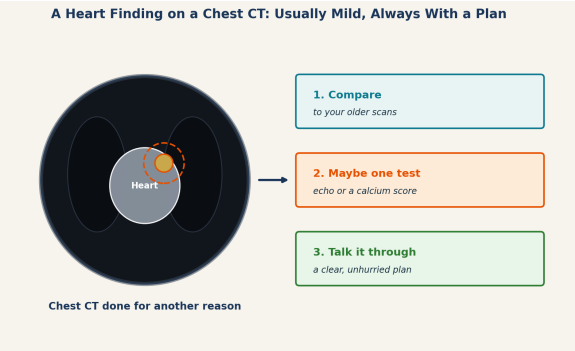
# An Incidental Heart Finding on a Chest CT

A CT Done for Something Else Found Something on Your Heart - What It Means and What Comes Next

**A scan you had for another reason picked up something on or near your heart. Most of these findings are mild or age-related. Incidental does not mean emergency - but it does mean we follow up.**




**Online:** https://go.riasalimd.com/incidental-ct-guide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## Names & Terms You Will Hear

| Term | Meaning |
|---|---|
| Incidental finding | Something a scan picks up by chance while looking for something else. It was not the reason for the scan. Most incidental findings are minor. |
| Incidentaloma | A medical nickname for an incidental finding - often a small spot or lump found by surprise. The name sounds scary, but most turn out to be harmless. |
| Chest CT (CT of the thorax) | A scan that takes many X-ray slices of the chest. It shows the lungs, the heart, the big blood vessels, and the bones - so it can spot heart findings even when it was ordered for the lungs. |
| Coronary artery calcium | Tiny flecks of calcium in the walls of the heart's arteries. They are a sign of plaque - the buildup that can narrow arteries over years. Seeing calcium is useful information for prevention. |
| Pericardial effusion | Extra fluid in the thin sac around the heart (the pericardium). A small amount is common and often harmless. A large amount gets a closer look. |
| Cardiomegaly (enlarged heart) | A heart that looks bigger than expected on the scan. It is a finding, not a diagnosis. An echocardiogram (echo) is the usual next step to learn why. |
| Thoracic aorta | The body's main artery as it runs through the chest. A chest CT measures its width. A wider-than-normal aorta may be called dilated or, if large enough, an aneurysm. |
| Aortic aneurysm | A bulge or widening of the aorta. In the chest it is a thoracic aortic aneurysm. Many are small, grow slowly, and are simply watched with repeat imaging. |
| Valve calcification | Calcium on a heart valve, most often the aortic valve. It is common with age. Often it is mild; sometimes it points to a valve that is stiffening, which an echo can measure. |

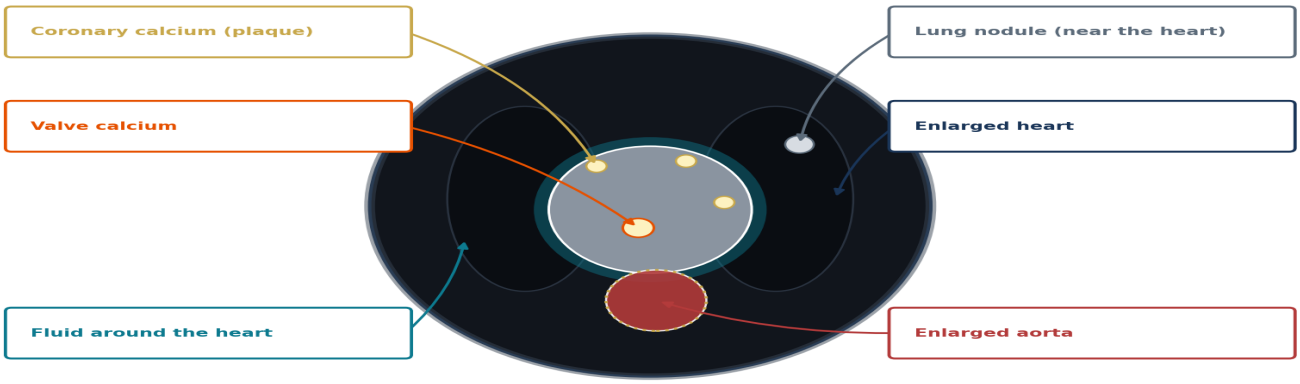
| Term | Meaning |
|---|---|
| Cardiac mass | A lump in or on the heart. This is rare. Most are benign (not cancer) - for example a small clot or a harmless growth. The heart team sorts it out, usually with an echo or MRI. |
| Lung nodule | A small round spot in the lung. Most are tiny and benign, like an old scar. When one sits near the heart it shows up on the same scan and is followed by size. |
| Echocardiogram (echo) | An ultrasound of the heart. It uses sound waves, not X-rays, so there is no radiation. It is the usual next test for fluid, an enlarged heart, a valve, or a mass. |
| Coronary calcium score (calcium scoring CT) | A quick, dedicated CT that measures heart-artery calcium and turns it into a single number. It is sometimes ordered to put incidental calcium into a clear prevention plan. |
| Comparison (prior imaging) | Looking at your older scans next to the new one. A finding that has been stable for years is very reassuring. A change over time is what we watch for. |

**Read this first.** A CT scan you had for another reason noticed something on or near your heart. This is common, and most of the time the finding is mild, age-related, or unchanged from years ago. **Incidental does not mean emergency.** It means we take one calm, sensible step: compare it to your older scans, read it alongside your history, and - only if needed - do one simple test. You will get a clear plan, not a scary surprise.

# An Incidental Heart Finding on a Chest CT?

- An incidental heart finding is something a CT scan noticed by chance. The scan was ordered for another reason - a cough, a fall, belly pain, a lung-cancer screen - and happened to capture the heart and the big vessels too.
- This is common. A chest CT shows the heart, the aorta, the valves, and the sac around the heart. Modern scans are detailed, so small findings are picked up often - especially with age.
- The most common incidental cardiac findings are: coronary artery calcium (a sign of plaque), a wider-than-normal aorta, fluid around the heart, an enlarged heart, calcium on a valve, a lung nodule near the heart, and - rarely - a mass.
- Here is the key message: many of these findings are mild, age-related, or stable, and need nothing more than awareness. Some lead to one simple test. Only a few lead to a referral.
- A finding is not a diagnosis. 'Coronary calcium' is information about plaque, not a heart attack. 'Enlarged heart' is a measurement, not a cause. The next steps turn a finding into an answer.
- Two things settle most worry quickly: comparing the scan to your older scans, and reading the finding alongside your age, history, and symptoms. A finding that has been stable for years is reassuring.

**Where the Common Findings Sit on a Chest CT Slice**




*Where the common findings sit on a chest-CT slice. Coronary calcium and valve calcium show up as bright flecks on the heart; fluid forms a rim around it; the aorta is the large vessel; a lung nodule sits out in a lung field. Most of these are mild or age-related.*

## Common Findings - What Each May Mean and the Usual Next Step

| Finding | What it may mean | Usual next step |
|---|---|---|
| Coronary calcium | Plaque in the heart arteries - a prevention cue, not an attack | Start or strengthen prevention; sometimes a calcium score |
| Valve calcium | Common with age; often mild, sometimes a stiffening valve | Echo to measure the valve if needed |
| Fluid around the heart | Often a small, harmless amount; depends on the size | Watch if small; echo if larger or symptoms |
| Enlarged heart | A measurement, not a cause - often blood pressure related | Echo to find and treat the cause |
| Enlarged aorta / aneurysm | A widened main artery; many are small and grow slowly | Watch the size on a schedule; tight BP control |
| Cardiac mass (rare) | Usually benign - a clot or harmless growth | Echo or MRI to confirm what it is |
| Lung nodule near the heart | Usually a small, benign spot like an old scar | Recheck by size on standard rules |

## Artery Findings - Coronary Calcium and Valve Calcium

- Coronary calcium is tiny flecks of calcium in the walls of the heart's arteries. It is a sign of plaque - the slow buildup that can narrow arteries over years.
- Seeing calcium is useful, not alarming. It is a cue to focus on prevention: a statin, blood-pressure and cholesterol control, no smoking, exercise, and a healthy diet.
- Sometimes we order a formal coronary calcium score - a quick, dedicated CT that turns the calcium into a single number to guide how hard to push prevention.
- Valve calcium is calcium on a heart valve, most often the aortic valve. It is very common with age. Often it is mild and simply noted.
- When valve calcium is more than mild, an echocardiogram measures whether the valve is starting to stiffen or narrow, so it can be followed on a schedule.
- The honest framing: artery and valve calcium are usually slow, manageable findings - information that helps us protect your heart, not a sign of a sudden event.

## Aorta Findings - A Wider Aorta or an Aneurysm

- The thoracic aorta is the body's main artery as it runs through the chest. A chest CT measures its width, so a wider-than-normal aorta is a common incidental finding.
- A mild widening may be called dilated. A larger bulge is an aneurysm. Many are small, grow slowly, and never cause trouble.
- The main plan for a wider aorta is to watch its size with repeat imaging on a set schedule, and to keep blood pressure tightly controlled - pressure is what stretches it.
- Surgery is considered only when an aneurysm reaches a size where the benefit clearly outweighs the risk. Most people watched for a wider aorta never need an operation.
- A family history of aneurysm, or a connective-tissue condition like Marfan, raises the importance of a wider aorta and earns closer, scheduled imaging.
- The one urgent note: sudden, severe, tearing chest or back pain in someone with a known aneurysm is an emergency (a possible tear) - call 911. This is rare, and watching is how we prevent it.

## Structure Findings - Fluid, an Enlarged Heart, or a Mass

- Fluid around the heart (a pericardial effusion) is extra fluid in the thin sac around the heart. A small amount is common and often harmless, sometimes left from a past infection.
- What matters with fluid is the amount and your symptoms. A small, silent effusion is usually just watched. A large one, or one causing breathlessness, gets an echo and a search for the cause.
- An enlarged heart (cardiomegaly) is a heart that looks bigger than expected. It is a measurement, not a cause. An echocardiogram is the usual next step to learn why - often treatable, like high blood pressure or a valve issue.
- A cardiac mass - a lump in or on the heart - is rare. Most are benign, such as a small clot or a harmless growth. The heart team confirms what it is with an echo or MRI rather than guessing.
- These structure findings share a gentle next step: an echocardiogram. It is an ultrasound, so there is no radiation and no contrast - an easy, low-risk way to get the answer.
- Most structure findings are mild or explainable. The echo turns 'something was seen' into a clear cause and a sensible plan.

## Why It Matters

- Incidental findings matter because, now and then, one is an early warning we are glad to catch - coronary calcium that earns you a statin, or an aorta worth watching before it grows.
- But they matter the other way too. Most findings are minor. Treating every incidental spot as a crisis brings worry, extra scans, and tests you did not need. The goal is the right amount of follow-up - no more, no less.
- It matters which finding it is. Coronary calcium points to prevention. A wider aorta points to watching its size. Fluid or an enlarged heart points to an echo. Each finding has its own calm, sensible next step.
- It matters how the finding compares to before. A new change deserves more attention than something that has looked the same for years. That is why we hunt down your old scans first.
- And it matters that you are not left guessing. We tell you, in plain words, what was found, what it likely means, what (if anything) comes next, and on what timeline. A clear plan is the cure for the worry.

**Incidental is not an emergency - but it is not nothing, either.** The mistake to avoid is at either end. Treating every minor finding as a crisis brings needless scans and worry. Ignoring the report risks missing the rare finding that mattered - a growing aorta, important coronary calcium, a real valve problem. The safe middle is a short, sensible follow-up: compare, read in context, and act only when the finding earns it.

### By Finding - the Usual Tone and Next Step

| Usually mild / age-related | Worth one test | Earns a referral |
|---|---|---|
| • Small stable calcium fleck | • Notable coronary calcium | • An aorta near a surgical size |
| • A tiny, long-stable lung nodule | • A wider aorta to measure | • A cardiac mass to confirm |
| • Light valve calcium with no symptoms | • An enlarged heart to explain | • A large or symptomatic effusion |
| • Step: note it, keep up prevention | • Step: an echo or a calcium score | • Step: a cardiology visit and plan |

## Risk Factors

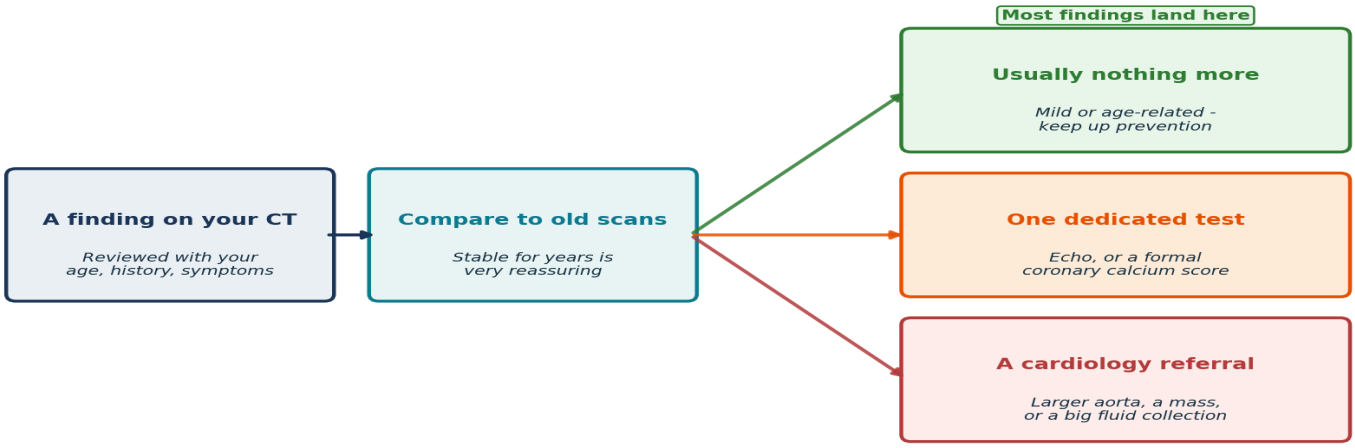
Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

| Risk Factor | Why It Increases Risk |
|---|---|
| Older age | Calcium in arteries and valves, a slightly wider aorta, and small stable spots all become more common with age. Many age-related findings are mild and simply noted. |
| Long-standing high blood pressure | Years of high pressure can enlarge the heart and stretch the aorta. So an enlarged heart or a wider aorta on a CT often traces back to blood pressure we can treat. |
| Smoking history | Smoking drives artery plaque (calcium) and aortic disease, and it is why lung-cancer screening CTs - which catch many incidental heart findings - are done in the first place. |
| High cholesterol or diabetes | Both speed up plaque, so incidental coronary calcium is more likely and more meaningful. Finding it is a chance to start or strengthen prevention. |
| A history of cancer, infection, or recent heart surgery | These can leave fluid around the heart or, rarely, a mass. The history helps your team read the finding correctly and choose the right next test. |
| Family history of aneurysm or a connective-tissue condition | A family history of aortic aneurysm, or a condition like Marfan, raises the odds that a wider aorta is meaningful - and earns closer, scheduled imaging. |

## Treatment Options

- The first step for almost every finding is not a treatment at all - it is comparison. We pull your older scans. A finding that has been stable for years is very reassuring and may need nothing more.
- For coronary calcium, the 'treatment' is prevention. Calcium means plaque, and plaque is treatable: a statin, blood-pressure control, not smoking, exercise, and a healthy diet. Sometimes we order a formal calcium score to put a number on it.
- For a wider aorta or an aneurysm, the main step is watching its size with repeat imaging on a set schedule, plus tight blood-pressure control. Surgery is considered only when it reaches a size where the benefit clearly outweighs the risk.
- For fluid around the heart, the step depends on the amount and your symptoms. A small effusion with no symptoms is usually just watched. A large one, or one causing symptoms, gets an echo and a search for the cause.
- For an enlarged heart, the next step is an echocardiogram. It measures the chambers, the pump, and the valves to learn the cause - high blood pressure, a valve problem, or a weakened muscle - so it can be treated.
- For valve calcification, an echo measures whether the valve is just lightly calcified or truly narrowing. Mild calcium is simply noted; a tighter valve is followed on a schedule.
- For a lung nodule, the plan follows standard size-based rules. Most are small and benign and are watched with a follow-up scan; only some need anything sooner.
- For a cardiac mass - the rare one - the heart team confirms what it is, usually with an echo or an MRI. Most turn out to be benign. We do not guess; we image and confirm.

## What Happens Next - Matched to the Finding




*What happens next, matched to the finding. The first step is always to compare with your older scans. From there, most findings need nothing more, some lead to one test (an echo or a calcium score), and a few earn a cardiology referral.*

## Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

| Option | Risks | Benefits | Alternatives |
|---|---|---|---|
| Watch a stable, mild finding vs test it now | Watching: very low risk; the small downside is one more scan later to confirm it stays stable. Testing now: an echo has no radiation; a calcium-score CT adds a little radiation but no procedure. | For a mild, age-related, or long-stable finding, watching is well supported and avoids needless testing. A dedicated test is worth it when the finding is new, larger, or paired with symptoms. | Comparing to your old scans first often answers the question with no new test at all. |
| Use an echo vs another CT for the next look | Echo: ultrasound, so no radiation and no contrast - ideal for fluid, an enlarged heart, a valve, or a mass. Another CT: more detail for the aorta or a nodule, but adds radiation and sometimes contrast. | An echo is the gentle first choice for heart structure and fluid. A CT (or a calcium-score CT) is the better tool for the aorta's exact size, a lung nodule, or coronary calcium. | We pick the test that answers your specific finding with the least radiation - not a reflex repeat of everything. |
| Refer to cardiology now vs manage in primary care | Referral: an expert read and a clear plan, at the cost of one more visit. Primary care: convenient and fine for many mild findings, but may miss the nuance of an aorta size or a valve. | Mild coronary calcium or a tiny stable nodule is often handled well in primary care. A wider aorta, a real valve problem, a mass, or a large effusion is worth a cardiology visit. | A one-time cardiology visit to set the plan, then follow-up where it is convenient, is a common middle path. |

| Option | Risks | Benefits | Alternatives |
|---|---|---|---|
| Act on a finding now vs wait for old scans to compare | Acting now: faster answer, but risks an unneeded test if the finding turns out to be old and stable. Waiting briefly to compare: a short delay that often spares you a test. | When a finding is not urgent, taking a few days to find and compare your prior scans is usually the smarter, calmer choice. | Truly urgent findings - a large new aneurysm, a big effusion with symptoms - are acted on right away, not delayed for paperwork. |

## Common Misconceptions

| Myth | Reality |
|---|---|
| A finding on my CT means I have a serious heart problem. | Usually not. Most incidental heart findings are mild, age-related, or stable. A finding is information, not a diagnosis. The next steps turn it into a clear, often reassuring answer. |
| Coronary calcium on my scan means I am about to have a heart attack. | No. Calcium is a sign of plaque that built up over years, not a sudden event. It is actually useful - it tells us to focus on prevention now. A statin and risk-factor control lower the risk. |
| An incidental finding is an emergency that needs action today. | Rarely. Incidental does not mean emergency. Most findings are followed on a calm timeline - days to weeks. Only a few (a large new aneurysm, a big effusion with symptoms) move quickly, and we tell you if yours is one. |
| An enlarged heart on the report means my heart is failing. | Not by itself. 'Enlarged' is a measurement on one scan, not a cause. An echocardiogram learns WHY - often treatable things like high blood pressure or a valve issue - so it can be addressed. |
| Any spot on my heart could be cancer. | A true cardiac mass is rare, and most masses are benign - a small clot or a harmless growth. Your team confirms what it is with an echo or MRI rather than guessing. Worry rarely matches the odds here. |
| Fluid around my heart is always dangerous. | Often it is not. A small pericardial effusion is common and frequently harmless, sometimes left over from a past infection. The amount and your symptoms decide whether it needs anything more than watching. |
| Since the scan already found it, I do not need to do anything. | Finding it is step one, not the finish. The value comes from the follow-up: comparing to old scans, maybe one test, and a plan. Skipping the follow-up is the one real mistake to avoid. |

## Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

| Where / What | What Can Happen |
|---|---|
| Worry from an unexplained report | An incidental finding with no plan attached is stressful. The fastest fix is information - comparing old scans and getting a clear next step. Do not sit alone with a worrying report; call us for the plan. |
| Over-testing a harmless finding (over-reacting) | Chasing every minor incidental spot with more scans adds radiation, cost, and anxiety for nothing. So we weigh how likely a finding is to matter, and we compare to old imaging before piling on tests. |
| Missing a finding that mattered (under-reacting) | Now and then a finding is an early warning - a growing aorta, important coronary calcium, a real valve problem. Ignoring the report risks missing it. A short, sensible follow-up closes that gap. |
| Aortic aneurysm growth or, rarely, dissection | A widened aorta can slowly grow. If it gets large, the wall can tear (a dissection) - an emergency. Scheduled imaging and blood-pressure control are how we keep this from sneaking up. |
| A large or fast pericardial effusion | Most fluid around the heart is mild. Rarely, a large or fast-growing effusion can press on the heart (tamponade) and cause breathlessness or faintness. That gets prompt attention - which is why we note the amount. |
| Progression of untreated coronary plaque | Incidental calcium is plaque, and untreated plaque can advance. The upside is that it is very treatable - finding it is a chance to start prevention and lower your future risk. |
| Radiation and contrast from repeat scans | Following a finding can mean more imaging over time. We limit this by using radiation-free echo where it fits and by spacing CTs sensibly - the fewest, best scans to answer the question. |

## Points to Know

If you remember nothing else, remember these key points.

- An incidental heart finding is something your CT noticed by chance - the scan was for another reason. Most of these findings are mild or age-related.
- Incidental does not mean emergency. Almost all are followed on a calm timeline, not acted on today. We will tell you clearly if yours is one of the rare urgent ones.
- The single best first step is comparison: a finding stable on scans over years is very reassuring and may need nothing more.
- Coronary calcium is a sign of plaque and a cue for prevention - a statin, blood pressure and cholesterol control, no smoking - not a sign of an imminent heart attack.
- A wider aorta is usually watched for size with repeat imaging plus blood-pressure control; surgery is only for aneurysms that reach a clear threshold.
- Fluid around the heart, an enlarged heart, a valve, or a mass are best looked at with an echocardiogram - an ultrasound with no radiation.
- A lung nodule near the heart follows standard size-based rules; most are small, benign, and simply rechecked later.
- Bring the report and your old-scan history to your visit, and do not skip the follow-up. The plan - not the finding - is what protects you.

## When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Sudden, severe, tearing chest or upper-back pain - especially if you were told you have a widened aorta or an aneurysm - call 911. This can be an aortic emergency and cannot wait.
- New chest pressure or pain that is severe, lasts more than a few minutes, or comes with sweating, nausea, or pain spreading to the arm or jaw - call 911. Treat it like a possible heart attack.
- New or worsening shortness of breath, especially lying down, with a known fluid collection around the heart - call us the same day, or 911 if it is severe.
- Fainting, a racing or irregular heartbeat, or new leg swelling - call our office the same day.
- You got a CT report mentioning a heart or aorta finding and have not heard a plan - call us. We will compare your scans and tell you the next step. Do not sit on it for months.
- A word or number on the report worries you - call and ask. A short talk almost always shrinks the worry. We would rather hear from you twice than have you stew.
- Sudden weakness, a drooping face, or trouble speaking - call 911. (Stroke is its own emergency and comes first.)

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## An Incidental Finding Is One Piece - Where to Read Next

- If your finding was coronary calcium and you want the full prevention picture: see the Coronary Calcium Score guide.
- For the underlying artery disease that calcium points to: see the Coronary Artery Disease guide.
- If your finding was a widened aorta or an aneurysm in the chest: see the Thoracic Aortic Aneurysm guide.
- For aneurysms of the aorta more broadly, including the belly: see the Aortic Aneurysm guide.
- If your next step is an ultrasound of the heart - for fluid, an enlarged heart, a valve, or a mass: see the Echocardiogram guide.

## Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- American Heart Association - Cardiac CT - Plain-language AHA overview of what a cardiac CT shows, including coronary calcium and other heart structures.
- Cleveland Clinic - Coronary Calcium Scan - Patient-friendly explanation of coronary calcium, what a calcium score means, and the prevention conversation it starts.
- Mayo Clinic - Pericardial Effusion - Clear overview of fluid around the heart - what it is, common causes, and when it does or does not cause symptoms.
- Mayo Clinic - Enlarged Heart (Cardiomegaly) - Explains that an enlarged heart is a finding to investigate - usually with an echocardiogram - not a diagnosis by itself.
- RadiologyInfo.org (ACR / RSNA) - Chest CT - Joint ACR/RSNA patient page on what a chest CT shows, why incidental findings happen, and the value of comparing old scans.
- MedlinePlus - Chest CT Scan - US National Library of Medicine consumer-health page on chest CT and the findings a report may describe.

# Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.


- American Heart Association — Cardiac Computed Tomography (Cardiac CT) *[Patient Education]*
  Frames how cardiac structures and coronary calcium show up on a chest CT and what an incidental cardiac finding can mean.
- Cleveland Clinic — Coronary Calcium Scan *[Patient Education]*
  Explains incidental coronary calcium seen on chest CT, what a calcium score implies, and the prevention conversation it triggers.
- MedlinePlus — Chest CT Scan *[Patient Education]*
  NIH/NLM overview of chest CT used for safe definitions and context on incidental findings reported by radiology.
- SCCT/STR Guidelines for Coronary Artery Calcium Scoring of Noncontrast Chest CT (2017) *[Guideline]*
  Authoritative basis for reporting and acting on incidental coronary calcium identified on routine non-gated chest CT — including that visible calcium should be reported even when the scan was done for another reason.
- ACR Incidental Findings Committee — Managing Incidental Findings on Thoracic CT: Mediastinal and Cardiovascular Findings (White Paper, JACR 2018) *[Guideline]*
  Radiologists' consensus on managing incidentally detected cardiovascular findings on chest CT — pericardial effusion, valve calcification, chamber enlargement, cardiac masses, and the thoracic aorta — and which need follow-up versus none.
- Mayo Clinic — Pericardial Effusion (Symptoms & Causes) *[Patient Education]*
  Plain-language framing of fluid around the heart — what it is, common causes, and when it does or does not cause symptoms — for the pericardial-effusion section.
- Mayo Clinic — Enlarged Heart (Cardiomegaly) *[Patient Education]*
  Patient-facing explanation that an enlarged heart is a finding, not a diagnosis, and is followed up with an echocardiogram to learn the cause.
- Mayo Clinic — Thoracic Aortic Aneurysm (Symptoms & Causes) *[Patient Education]*
  Plain-language basis for the enlarged-aorta section — what a widened thoracic aorta means, that many are watched with imaging, and the size that changes the plan.
- RadiologyInfo.org (ACR / RSNA) — Body CT (Thorax / Chest) *[Patient Education]*
  Joint ACR/RSNA patient page used to explain in plain words what a chest CT shows, why incidental findings happen, and the value of comparing to older scans.
- Fleischner Society — Guidelines for Management of Incidental Pulmonary Nodules Detected on CT Images (2017) *[Guideline]*
  Standard for following an incidental lung nodule seen near the heart on chest CT — most are small and benign and are watched on a schedule based on size and risk.

# About This Guide

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**Version:** 2026-08-15

**Reviewer note:** Reviewed against the AHA cardiac-CT page, Cleveland Clinic's coronary calcium scan page, Mayo Clinic's pericardial effusion and enlarged-heart pages, and RadiologyInfo's chest-CT page. Ours adds: a findings-on-CT map locating each common finding, a next-step flow matched to the finding, a finding -> what it may mean -> next step table, grouped subsections for artery / aorta / structure findings, grade cards by finding, an RBA table on watch-vs-test, an 'incidental is not an emergency' callout, and cross-links to the coronary calcium score, thoracic aortic aneurysm, aortic aneurysm, echocardiogram, and coronary artery disease guides.

## Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.

# Take This Guide With You

**Scan or visit:** https://go.riasalimd.com/incidental-ct-guide

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