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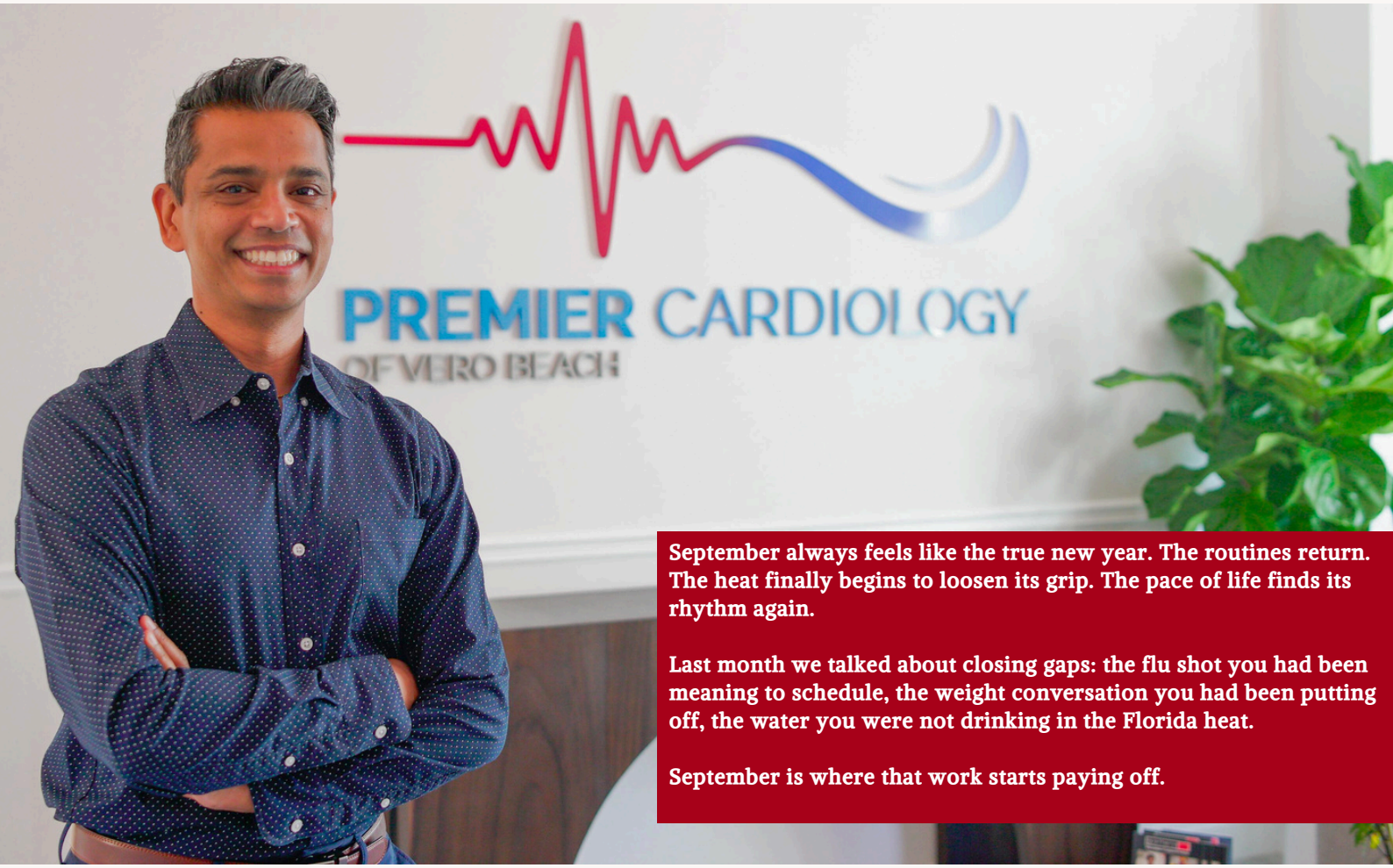
THE PREMIER PULSE

Your Monthly Heart & Health Update from Premier Cardiology of Vero Beach



September always feels like the true new year. The routines return. The heat finally begins to loosen its grip. The pace of life finds its rhythm again.

Last month we talked about closing gaps: the flu shot you had been meaning to schedule, the weight conversation you had been putting off, the water you were not drinking in the Florida heat.

September is where that work starts paying off.

This month is National Cholesterol Education Month, and we want to take that seriously with you. Not with a lecture, but with clarity. In these pages we walk through what your cholesterol panel actually means, line by line, in language that belongs to you and not to your lab.

Then we go one level deeper, into a question we are asked almost every week. What is the difference between a calcium score and a CT angiogram, and which one should I get? The answer matters more than most patients expect, and the research behind it is some of the strongest in preventive cardiology.

You will also find a delicious heart healthy recipe from the American Heart Association's own collection, and a short list of things worth closing out before World Heart Day on the 29th.

As always, the most powerful thing you can do for your heart is stay informed, stay engaged, and stay in the conversation with your care team. If anything in this issue raises a question, that is exactly what your next visit is for.

— Dr. Vik Gongidi
Premier Cardiology of Vero Beach

Medical Focus: Know Your Numbers

Every year your lab report hands you a set of numbers, and every year most patients file it away without a translation. Here is the translation.

Newsletter Highlights

According to the CDC, an estimated 86 million American adults age 20 and older have total cholesterol above 200 mg/dL, and most of them feel completely fine. That is the entire problem. High cholesterol has no symptoms. It does its damage quietly, over decades, until the day it does not.

The Cholesterol Panel, Line by Line

- **LDL cholesterol (the priority number):** the particle that deposits cholesterol into artery walls. Lower is better, and for most adults the target is below 100 mg/dL, with higher-risk patients aiming below 70. This is the number your treatment decisions are built around.
- **HDL cholesterol:** the return shuttle that carries cholesterol away from the arteries. Above 40 for men and 50 for women is the floor, and higher generally signals better protection.
- **Triglycerides:** the fat your body stores from excess calories, especially sugar and refined carbohydrates. Below 150 is the goal. Elevated triglycerides often travel with insulin resistance.
- **Non-HDL cholesterol:** total cholesterol minus HDL. A simple, powerful summary of every artery-damaging particle in one number. Target: below 130 for most adults.
- **Lipoprotein(a):** a genetically determined particle that standard panels skip. It is worth measuring once in your lifetime, because an elevated Lp(a) changes how aggressively we manage everything else.
- **Apolipoprotein B (ApoB)**: the protein riding on every particle capable of depositing cholesterol into your artery walls. Where LDL measures how much cholesterol is circulating, ApoB counts the actual number of atherogenic particles doing the damage. For patients where the standard numbers don't fully explain the risk, this is often the test that makes sense of the picture.

Thought Piece

The Research: Calcium Score vs. CT Angiography

Two heart scans come up in our exam rooms almost every week. Patients hear about them from friends, from podcasts, from headlines. They sound similar. They are not. Here is what each one is, what the research says, and how to know which one belongs in your care.

The Calcium Score: A Snapshot of Your Lifetime Risk

A coronary artery calcium (CAC) scan is a fast CT scan of your heart. No dye, no needles, about ten to fifteen minutes. It measures one thing: the amount of calcified plaque sitting in the walls of your coronary arteries, reported as an Agatston score. Zero means no detectable calcified plaque. Scores from 1 to 99 indicate mild disease, 100 to 399 moderate, and 400 or above extensive.

Why does that number matter so much? Because it is one of the most powerful predictors of future heart attack risk medicine has ever validated. The landmark Multi-Ethnic Study of Atherosclerosis followed 6,814 adults and found that calcium scoring predicted coronary events independently of traditional risk factors, across every racial and ethnic group studied (Detrano et al., New England Journal of Medicine, 2008).

The flip side is just as important. A calcium score of zero is one of the most reassuring results in preventive cardiology. MESA follow-up analyses found that patients with a score of zero had very low cardiovascular event rates over the following decade, a finding researchers now call the power of zero (Blaha et al., Circulation, 2016). For a patient weighing whether to start a statin, a zero can reasonably support waiting, while a high score points the other direction.
This is exactly how the guidelines use it. The 2018 AHA/ACC cholesterol guideline identifies coronary artery calcium testing as a tool that can help guide the statin therapy decision for adults with intermediate risk when that decision is uncertain (Grundy et al., Circulation, 2019). It functions as a tiebreaker test, and a remarkably good one.

The CT Angiogram: A Live Look at Your Arteries

A coronary CT angiography (CCTA) is a different instrument. Contrast dye is injected through an IV, and the scanner captures detailed images of the arteries themselves: the channel the blood flows through, the plaque narrowing it, and critically, the soft, non-calcified plaque that a calcium score cannot see at all.

The evidence here is equally strong, but for a different patient. The SCOT-HEART trial randomized 4,146 patients with stable chest pain to standard care with or without CCTA. At five years, the patients whose care was guided by CCTA had a significantly lower rate of death from coronary heart disease or nonfatal heart attack: 2.3 percent versus 3.9 percent (SCOT-HEART Investigators, New England Journal of Medicine, 2018). Seeing the arteries changed the treatment, and changing the treatment saved lives.

The PROMISE trial, with 10,003 patients, established that CCTA performs comparably to functional stress testing for evaluating chest pain (Douglas et al., New England Journal of Medicine, 2015). On the strength of this evidence, the 2021 AHA/ACC Chest Pain Guideline gives CCTA its strongest class of recommendation for evaluating intermediate-risk patients with chest pain (Gulati et al., Journal of the American College of Cardiology, 2021).

Thought Piece

The Research: Calcium Score vs. CT Angiography – A side by Side Comparison

	Calcium Score (CAC)	CT Angiography (CCTA)
What it is	A quick CT scan with no dye that counts the calcified plaque in your heart arteries	A CT scan with contrast dye that shows the arteries themselves, including soft plaque and narrowing
What it measures	Calcium score (Agatston score): 0, 1-99, 100-399, 400+	Degree of blockage, plaque type, and artery anatomy
Who it is for	Adults 40-75 with no symptoms, when the statin decision is uncertain	Patients with symptoms: chest pain, pressure, or unusual shortness of breath with exertion
Time and prep	About 10-15 minutes, no dye, no fasting	20-30 minutes, IV contrast, heart-rate medication sometimes given
What it cannot see	Soft (non-calcified) plaque	Not the first test for someone with zero symptoms and low risk
The bottom line	Answers: should I be on prevention medication?	Answers: is something blocking my arteries right now?

The Decision Rule - in One Line

No symptoms and an uncertain risk picture points to a calcium score. Symptoms point to a CT angiogram. If you are not sure which describes you, that is a conversation for your next visit, not a search engine.

References

Detrano et al., N Engl J Med 2008;358:1336-1345; Blaha et al., Circulation 2016;133:849-858; Grundy et al., Circulation 2019;139:e1082-e1143 (2018 AHA/ACC Cholesterol Guideline); Newby et al. (SCOT-HEART Investigators), N Engl J Med 2018;379:924-933; Douglas et al. (PROMISE), N Engl J Med 2015;372:1291-1300; Gulati et al., J Am Coll Cardiol 2021;78(22):e187-e285 (AHA/ACC Chest Pain Guideline); CDC, High Cholesterol Facts, cdc.gov/cholesterol.

MYTH Buster!

"I feel fine, so my cholesterol must be fine"

TRUTH: High cholesterol has no symptoms. It does its damage quietly, over decades, until the day it does not. Feeling fine is not data. A lipid panel is.

Other common misconceptions:

"A calcium score of zero means I am cleared for life." → A zero is one of the most reassuring results in preventive cardiology, with very low event rates over the following decade (Blaha et al., Circulation, 2016). But a calcium score cannot see soft, non-calcified plaque. A zero is strong reassurance, not a permanent pass.

"A calcium score and a CT angiogram are basically the same test." → They are not. One counts calcified plaque with no dye. The other uses contrast to show the arteries themselves, including the soft plaque and narrowing a calcium score misses entirely.

"If I am going to get scanned, I should just get the more detailed one." → More detail is not the same as more appropriate. CCTA is the guideline-recommended test for intermediate-risk patients with chest pain (Gulati et al., J Am Coll Cardiol, 2021). For someone with no symptoms, the calcium score is the test that answers the actual question.

The key takeaway: the right scan is the one that answers your question, and that starts with a conversation, not a headline.

Our Happy Patients

★★★★★

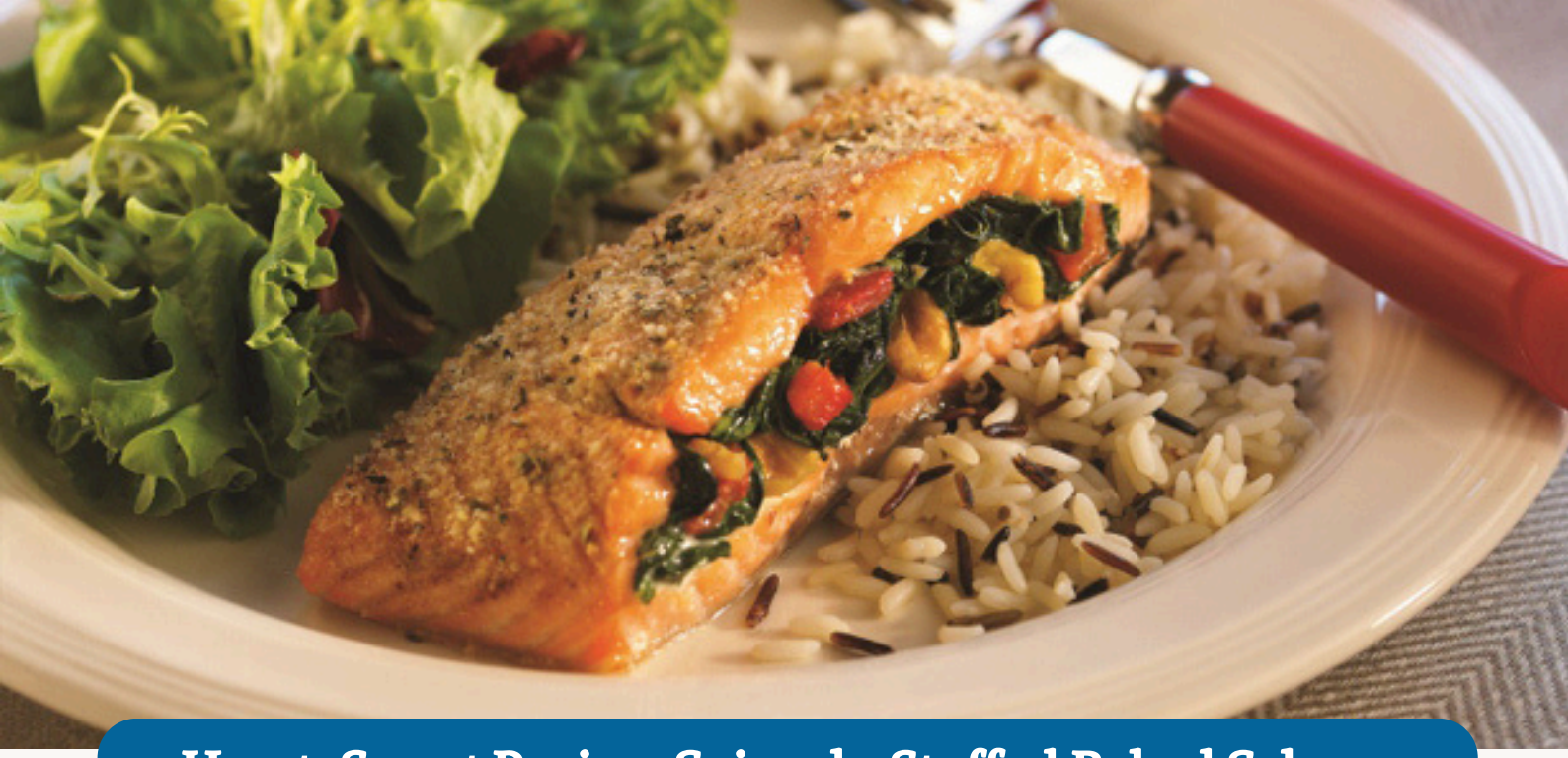
A new patient of Dr Gongidi and happy that I am. Had occasion to contact him after hours recently and the response was quick and reassuring. A truly caring physician. And support staff equally so. Glad I'm part of this practice.

Sharon Cowan

★★★★★

The staff was very professional, knowledgeable and attentive.
They doctor really was very thorough and spent time reviewing my bloodwork and suggested some additional testing.
I never felt rushed.

Diane DeFrancisci



Heart-Smart Recipe: Spinach-Stuffed Baked Salmon

September's recipe leans into the cholesterol theme with a Dijon-crusted salmon from the American Heart Association's own recipe collection, paired with a spinach and roasted red pepper filling.
Twenty-five minutes, start to finish
Recipe courtesy of the American Heart Association | recipes.heart.org

Ingredients

Servings 4

- 1 teaspoon extra virgin olive oil
- 2 oz spinach (about 1/2 cup)
- 1 teaspoon grated lemon peel
- 1/4 cup chopped roasted red bell peppers, drained and rinsed if bottled
- 1/4 cup fresh basil, coarsely chopped
- 2 tablespoons chopped walnuts
- 4 salmon fillets (about 4 oz each)
- 2 tablespoons Dijon mustard (lowest sodium available)
- 2 tablespoons plain dry bread crumbs (lowest sodium available)
- 1/2 teaspoon dried oregano, crumbled
- 1/2 teaspoon garlic powder
- 1/8 teaspoon pepper
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Directions

1. Preheat the oven to 400°F. Line a baking sheet with foil and lightly spray with cooking spray.
2. In a large skillet, heat the olive oil over medium heat, swirling to coat the bottom. Cook the spinach and lemon zest for 2 minutes, or until the spinach is wilted, stirring constantly.
3. Transfer to a medium bowl. Stir in the roasted peppers, basil, and walnuts. Let cool for 5 minutes.
4. Cut a lengthwise slit in the side of each salmon fillet to make a pocket, being careful not to cut through to the other side.
5. With a spoon, carefully stuff a scant 1/2 cup of the spinach mixture into each fillet.
6. Spread the Dijon mustard over the outside of each stuffed fillet. In a small bowl, combine the bread crumbs, oregano, garlic powder, and pepper, then press the mixture onto the mustard-coated salmon.
7. Place on the prepared baking sheet and bake for 15 minutes, or until the salmon flakes easily with a fork.

❤️ Why it's heart-healthy:

- ♥ **Why It's Heart-Healthy:**
- Salmon delivers EPA and DHA omega-3 fatty acids, associated with lower triglycerides and reduced cardiovascular risk
- The spinach, roasted red pepper, and walnut filling adds fiber, plant nutrients, and additional omega-3s from the walnuts
- This is an official American Heart Association Heart-Check recipe, reprinted from recipes.heart.org
- 208 calories | 27g protein | 1g dietary fiber | ready in 25 minutes
- Dietary exchange: 1/2 starch, 3 lean meat
- *Nutrition information reflects the American Heart Association's published values for this recip*

👉 Get the full recipe **here**

This Month's Action Step

This September, give one new heart healthy habit a chance!

This Month's Action Step
♥September is a good month to trade guessing for knowing. Pick one and do it before World Heart Day on the 29th.
♥ Schedule your lipid panel if you have not had one in the past year
♥ Ask us whether your Lp(a) has ever been measured. If it has not, ask for it
♥ If you have wondered about a heart scan, bring it up at your next visit so we can match the test to your risk picture
♥ Make the salmon. Twenty-five minutes, 208 calories, and genuinely good

If you're ready to take the next step, we're here to help.
📞 Schedule your Meet & Greet: (772) 494-0794
📧 info@premiercardiologyvb.com
🌐 www.premiercardiologyvb.com

Because the best care starts with awareness — and continues with action.
Warmly,
Dr. Vik Gongidi & the Premier Cardiology Team
Because the best care starts with awareness — and continues with action.

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