



HOSPITAL
RADIOLOGICAL CONSULTATION

NAME:

MRN:

SEX:

DOB:

CTA Abd+&- AN #

CTA Pelvis+&- AN #

CTA 3D AN #

9:24 AM

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History: -3D-EVT Protocol (schedule abdomen and pelvis in same time slo
minal aortic aneurysm CT SCAN ABD/PEL W/EVT PROTOCOL SEND TO MMS FOR R
EVIEW S/P ENDOVASCULAR AAA REPAIR ? CHANGE IN SIZE ? LEAK

CT OF THE ABDOMEN AND PELVIS WITH AND WITHOUT INTRAVENOUS CONTRAST

This examination was reviewed with Dr.

History: AAA. s/p endografting from 2002. ? change.

Description: Initial contiguous axial images from the dome of the liver to the femoral heads were obtained using 7.5 mm slice thickness without IV or oral contrast. This was followed by dynamic imaging covering the same territory using helical acquisition and 2.5 mm slices during the IV injection of Urovis 300 @ 3cc/sec. Smart prep timing was used. 3-D reformatted images were reviewed. Delayed images were obtained.

Findings: Comparison is made with prior studies dating back to 3/5/01. The most recent study for comparison is 6/22/04.

There was an hourglass shaped aneurysm first imaged in 3/5/01. The last measurement of the AAA prior to intervention was 4.5 cm in the upper component and 5.0 cm in the lower component on the 10/21/02 exam. There was also a right common iliac aneurysm. As of 11/28/02, there has been placement of a modular bifurcated AneuRx device. The AAA measurements at that time were the same. The most cephalad component of the device was immediately adjacent to the lowest (left) renal artery. The right limb terminates in the right external iliac artery with coiling of the right internal iliac. The left limb of the device terminates in the left common iliac artery. Over the next several CT scans, there was no endoleak identified and there was progressive sac shrinkage of both components of the AAA. On the last study (6/22/04) the upper component measured 3.6 cm. and the lower component measured 3.6 cm. On the current study, there is still more shrinkage with the



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upper component now measuring 3.4 cm and the lower component measuring 3.6 cm. Again, there is no endoleak. The right common iliac artery aneurysm is no longer seen as it was completely resorbed on the prior study as well. The components of the device all remain intact. Again there is noted to be a patent celiac, SMA and two right and one left renal artery.

Again, there are noted to be coronary calcifications and the visualized lung bases are unremarkable. The liver, adrenals, gallbladder, pancreas and spleen are unremarkable. Again there are noted to be stable bilateral renal cysts. There is a markedly enlarged prostate with what appears as a prostatic fossa related to a TURP. There bladder is non distended and thick walled. Degenerative bone changes are present.

IMPRESSION:

1. Hourglass shaped infrarenal AAA, s/p endograft repair with a modular bifurcated AneuRx device with progressive sac shrinkage of all components as above and no endoleak or migration seen.
2. Coronary calcifications
3. Bilateral renal cysts.

RADIOLOGIST:

/signed by/

Requester:
Physician:

Pat Loc at Time of Print: RANI