

# CT TAVR (chest abdomen pelvis) with contrast [IMG6143] (Accession 02156335SC) (Order 54460542)

Status: Final result

## CT TAVR (chest abdomen pelvis) with contrast: Patient Communication

 Released

 Seen

## PACS Images

(Link Unavailable) Show images for CT TAVR (chest abdomen pelvis) with contrast

## Study Result

Narrative & Impression

PROCEDURE: CTA TAVR (CHEST, ABDOMEN, PELVIS)

INDICATIONS: Aortic stenosis.

COMPARISON: None.

TECHNIQUE: Following injection of 100 mL Isovue 370 mg/mL intravenous contrast, ECG-gated CTA images of the heart were obtained. Subsequently CTA images were obtained from the lung apices to the symphysis pubis. Contrast was administered for evaluation of the vasculature. Multiplanar reformatted images and 3-D reconstructions of the aorta were generated and reviewed. Examination was evaluated on an independent workstation using TeraRecon. One or more of the following dose lowering techniques was utilized: Automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction.

FINDINGS:

AORTIC VALVE: Severely calcified trileaflet aortic valve.

The aortic valve is oriented 43 degrees from vertical.

MEASUREMENTS:

Aortic annulus diameter: 26.0 x 21.3 mm; average 23.0 mm

Aortic annulus perimeter: 74.3 mm

Aortic annulus area: 417 mm<sup>2</sup>

Sinus of Valsalva diameter: 30.9 x 30.8 x 33.0 mm

Sinus of Valsalva heights:

LEFT: 21.8 mm

RIGHT: 18.4 mm

NON-CORONARY: 20.2 mm

LEFT coronary leaflet length: 13.9 mm

LEFT coronary ostium height: 16.7 mm

RIGHT coronary leaflet length: 11.4 mm

RIGHT coronary ostium height: 11.2 mm

ST junction diameter: 28.3 x 28.1 mm

**LEFT ATRIAL APPENDAGE:**

Chicken wing (dominant lobe with an acute folded angle).

There is not a filling defect in the left atrial appendage.

LAA Morphology: Ostium diameter: 26.4 x 16.1 mm

Predicted depth: 21.8 mm

PELVIC VESSELS: No significant stenoses in the pelvic vessels.

**OTHER CT FINDINGS:**

THYROID: Tiny thyroid nodules, which are too small to more further evaluation.

MEDIASTINUM AND HILA: No abnormally enlarged mediastinal or hilar lymph nodes. Esophagus is normal.

HEART: Heart size is normal. Moderate calcified coronary plaque. No pericardial effusion.

THORACIC AORTA: Mild calcification of the thoracic aorta, which is normal in caliber.

PULMONARY ARTERIES: Main pulmonary artery is normal in caliber.

LUNGS AND PLEURA: Mild bronchial wall thickening. No focal consolidation, pulmonary edema, or suspicious nodule. No pleural effusion or pneumothorax.

AXILLAE/CHEST WALL: Normal.

LIVER: Borderline hypoattenuation of the hepatic parenchyma. No focal lesion.

BILIARY: The gallbladder is present and unremarkable. There is no biliary ductal dilation.

PANCREAS: The pancreas is unremarkable. No discrete masses are seen.

SPLEEN: The spleen is normal in size and unremarkable in appearance.

ADRENAL GLANDS: The adrenal glands are unremarkable.

RIGHT KIDNEY: The renal parenchyma enhances normally. There are no masses or cysts. There are no calculi. There is no hydronephrosis.

LEFT KIDNEY: The renal parenchyma enhances normally. There is a small benign-appearing cyst. There are no concerning enhancing lesions. Single punctate calculus in the superior pole. There is no hydronephrosis.

BLADDER: There are no obvious abnormalities.

REPRODUCTIVE: Calcifications within the prostate.

BOWEL: The stomach, duodenum, and small bowel are unremarkable. The colon is unremarkable. The appendix is not seen.

PERITONEUM: No free fluid or pneumoperitoneum.

LYMPH NODES: No abnormally enlarged mesenteric or retroperitoneal lymph nodes.

VASCULAR: Mild aortoiliac atherosclerosis without aneurysmal dilatation.

ABDOMINAL WALL: Small fat-containing umbilical hernia.

BONES AND SOFT TISSUES: Scattered degenerative changes. Surgical changes in the lower lumbar spine. No acute osseous abnormality. Soft tissues are unremarkable.

**IMPRESSION:**

1. Severely calcified trileaflet aortic valve with measurements for TAVR (transcatheter aortic valve replacement) planning as detailed above.
2. No pelvic vessel stenoses.

Electronically signed by: [REDACTED] on 11/8/2022 1:16 PM at workstation CS-4102-751

## Result History

CT TAVR (chest abdomen pelvis) with contrast (Order #54460542) on 11/8/2022 - Order Result History Report

## Signed by

Signed	Time	Phone	Pager
[REDACTED]	11/08/2022 13:16	[REDACTED]	

## Exam Information

Status	Exam Begun	Exam Ended
Final	11/08/2022 10:17	11/08/2022 10:33

## Link to Procedure Log

Rad Procedure Log Report

## External Results Report

There is an external results report available.

## Encounter

[View Encounter](#)

## Order Report

CT TAVR (chest abdomen pelvis) with contrast (Order #54460542) on 11/8/22

Order Specific Questions

## Exam Details

Performed Procedure	Technologist	Supporting Staff	Performing Physician
CT TAVR (chest abdomen pelvis) with contrast	[REDACTED]		
Begin Exam	End Exam		
11/8/2022 10:17 AM	11/8/2022 10:33 AM		

