# Row 10071

Visit Number: 4d11d9ba40bc1aa60dd83baec2de44ff4c44cc07ddd5b0f510ea14dbf0b1e6d5

Masked\_PatientID: 10071

Order ID: f184e4e53e37c7994ae1f5954f31f7a459ab9cef14d1f8734d09782bce49cfbb

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 25/2/2017 22:58

Line Num: 1

Text: HISTORY Presented with shortness of breath on exertion with elevated TropT ? Myocarditis vs NSTEMI - noted fluid surrounding ascending aorta on 2DE, for urgent CT-Aortogram TRO dissection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS There are no comparison studies. No aneurysmal dilatation of the imaged aorta is seen. No dissection flap or pseudoaneurysm is seen. No active contrast extravasation is seen. The heart is enlarged with dilated atria. A small-moderate hypodense pericardial effusion is seen. Hypodense fluid (approximately 12 HU on the non-contrast images) is also seen in the superior pericardial recess. The main, right and left pulmonary arteries are dilated, measuring 30 mm, 23 mm and 23 mm in diameter respectively, which may represent pulmonary hypertension. Small-moderate right and small left pleural effusions are seen with adjacent compressive atelectasis. Atelectasis is also seen in the rest of the lung bases. Patchy mosaic attenuation in both lungs is non-specific and may be related to pulmonary hypertension. Multiple small volume mediastinal lymph nodes are seen e.g. prevascular node measuring 1.5 x 0.8 cM (Se504/32) but they are not significantly enlarged. They may be reactive in aetiology. The axillary, supraclavicular and hilar lymph nodes are not enlarged. No gross abnormality is seen in the imaged upper abdomen. No destructive bony lesion is seen. CONCLUSION 1. No CT evidence of thoracic aortic aneurysm or dissection. 2. Small-moderate pericardial effusion with fluid seen in the superior pericardial recess. 3. Small-moderate right and small left pleural effusions. 4. Cardiomegaly with dilated atria. 5. Dilated pulmonary arteries may represent pulmonary hypertension. May need further action Finalised by: <DOCTOR>

Accession Number: 667be53971a30a296ff11a5641cee1e49c91a61e5778bc17c252dbeb5c716e08

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