# Row 10596

Visit Number: 1fab2105a460284fa2df3e0154e06352c20a6f8414349b6abd32b1290cdee342

Masked\_PatientID: 10503

Order ID: ddaf0f8315260652f22615d706afd0b3ad9484a57dc72ad9d8cb4fb7529a31c8

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 20/4/2017 14:59

Line Num: 1

Text: HISTORY New saccular aneurysm, TRO dissection. For TEVAR /surgery planning. TECHNIQUE CT aortogram (thoracic) employing 75 ml iohexol 350 was procured and read in conjunction with the prior CT aortogram of 29/8/15. FINDINGS The aorta, in particular the aortic arch, is markedly atherosclerotic. There is a new limited segment of dissection in the distal ascending aorta and involving the proximal aortic arch with consequent aneurysmal dilatation measuring 5.4cm in diameter (series 4, images 36, 39 and 48). The innominate and left common carotid arteries are patent, arising from the true lumen. The left subclavian is occluded at its origin but reveals retrograde distal filling. Distally in the mid descending thoracic aorta, there is another limited segmental dissection with aneurysmal dilatation measuring 4.4cm in diameter, slightly larger than on the previous scan. No aortic rupture or peri-aortic haematoma is visualised. T The heart is not enlarged. There is no pericardial thickening, calcification or effusion. The coronary arteries are calcified (LCA, LAD and RCA). The aerated lungs reveal no ominous mass or nodules. There are no enlarged mediastinal or hilar lymph nodes. Hepatic cysts measuring approximately 2.1cm are visualised in segments 3 and the interface of segments 5 and 6. A large 2.2 cm faceted gall stone is visualised. There is a 0.9cm cyst in the interpolar region of the right kidney. The rest of the appended upper abdomen is unremarkable. CONCLUSION There are two short segments of aortic dissection with aneurysmal dilatation in the distal ascending and mid descending thoracic aorta, as described above; the former isnew compared with the previous CT while the latter was also evident previously, albeit slightly larger. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 085008fe8123b451548c1fc175455ade786f8af646b6756a459e598ad8956b19

Updated Date Time: 20/4/2017 17:42