# Row 10504

Visit Number: 32e5db8083dae4c9b349fa790d6d05b0006f8fab9f982932db0dff7439e84fb5

Masked\_PatientID: 10503

Order ID: 8a790aa3f3623713a41d3eaa95f49a13a504dea3cf6889695c3fc0c10f9c04bf

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 29/8/2015 15:45

Line Num: 1

Text: HISTORY aortic dissection noted on CT thorax TECHNIQUE Contrast enhanced CT aortogram Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The unenhanced CT thorax performed earlier this day was reviewed. The dilated ascending aorta and aortic arch are noted, with maximum diameter of 3.6 and 4.8 cm respectively. There is occlusion of the proximal left subclavian artery. There is subsequent opacification of the rest of the subclavian artery, likely due to collateral flow. The innominate and left common carotid arteries are patent. The descending thoracic aorta is tortuous and mildly dilated. Patchy calcification and irregular atheromatous plaques are present in the proximal and mid descending thoracic aorta. At approximately the level of T7 and T8 vertebrae, there is a saccular aneurysm with a diameter of 4.4 x 3.6 cm and length of approximately 5.4 cm. There is no mural thickening, mural thrombus or intramural haematoma. The distal thoracic descending thoracic aorta is normal in calibre measuring approximately 2.3 cm at the hiatus. The proximal abdominal aorta is also normal in calibre. The heart size is within normal limits. There is no pericardial effusion. There is no mediastinal lymphadenopathy or haematoma. The airways are patent. The lungs are clear apart from mild linear atelectasis/scarring adjacent to the descending thoracic aortic aneurysm. There is no pleural effusion or haemothorax. The hypodense foci within the liver are likely cysts. The gallbladder has a large calculus at the neck. CONCLUSION The thoracic aorta is dilated and tortuous with atheromatous plaques, particularly in the proximal and mid descending thoracic aorta. There is a saccular aneurysm at the mid descending thoracic aorta, which is likely chronic. There is no evidence of rupture. May need further action Finalised by: <DOCTOR>

Accession Number: 497a6d5af11e3e424b01e2e063cf3afedd9596bf136873e707a73d967449bb38

Updated Date Time: 29/8/2015 16:49