# Row 10838

Visit Number: edb7cd2d35bd0b665f8b29ad56e9d09ee20b0bd97365d663481567c94c1fcc8b

Masked\_PatientID: 10829

Order ID: 17f2c86bfe5256dd08e68c08355c350bb8d123bda9239ee4e34fcf2284eb063f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 24/11/2016 16:33

Line Num: 1

Text: HISTORY For redosternotomy MVR TVR Cryoablation TECHNIQUE Plain CT thorax was procured and read on its own. FINDINGS There is evidence of previous sternotomy for CABG. The midline sternal wires are intact with nodemonstrable abnormality in the sternum. The aorta is normal in calibre. There is mild to moderate mural calcification in the ascending aorta and aortic arch. The descending thoracic aorta exhibits mild mural calcification. The heart isenlarged with dilated left atrium. No pericardial thickening, calcification or effusion is detected. The RCA, LAD and LCX are calcified (coronary atherosclerosis). The lungs are aerated symmetrically. No pulmonary lesion is detected. There is no pleuro-pericardial effusion. No significantly enlarged hilar, mediastinal, axillary or supraclavicular lymph nodes are detected. The appended upper abdomen reveals incidental gall stones and right renal cysts. There is no destructive bony lesion. CONCLUSION The aorta is normal in calibre. There is mild to moderate mural calcification in the ascending aorta and aortic arch. The descending thoracic aorta reveals mild intimal calcification. Known / Minor Reported by: <DOCTOR>

Accession Number: 15c9d1118e65a76eb9c646e89261a203b3f0e165ada4b493da027fd84f6ee71c

Updated Date Time: 25/11/2016 17:17