# Row 10880

Visit Number: fc5e77581e8218f56851abd6890af6e7adb301be64b61bda084ffaf330b1f8ec

Masked\_PatientID: 10867

Order ID: 24c1bf68abee3eb80979d8126a8cd49a0cc74c3af1ace292f344ec9bff39a801

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 25/9/2019 13:31

Line Num: 1

Text: HISTORY Dilated ascending aortogram in transthoracic echo, for evaluation; Relapsed DLBCL post autologous stem cell transplant, in remission since 2015 Surveillance for DLBCL TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with previous CT examination dated 29/09/2017. Vascular findings: Mild scattered atheromatous calcification in the thoracic aorta with slightly tortuous course. There are moderate mural calcification in the infrarenal abdominal aorta are noted. The ascending thoracic aorta is mildly ectatic measuring up to 3.6 cm in diameter at the level of the pulmonary trunk. Rest of the aortic dimensions are as follows: - 2.4 cm at the aortic annulus - 3.3 cm at the sinus of Valsalva - 2.6 cm at the sino tubular junction - 2.7 cm at the aortic arch - 2.4 cm at the distal descending thoracic aorta - 1.5 cm at the infrarenal aorta No evidence of intramural haematoma or aortic dissection. Moderate atherosclerotic calcifications in the left coronary arteries noted. The heart size is within normal limits. Thorax: No significantly enlarged hilar, mediastinal, supraclavicular or axillary lymph node is seen. There is scarring in the posterior aspect of the upper lobes bilaterally. Alongside the linear scarring in the left lower lobe is the tubular lesion approximately measuring 2 x 0.8 cm (11-60). It appears to have branching pattern closely related to the airways. A tiny focus of calcification is noted distally. The central airways are clear. Abdomen and pelvis: A tiny subcapsular calcified granuloma is again noted in segment VIII of the liver. No focal suspicious hepatic mass lesion or biliary dilatation is seen. The adrenal glands, gallbladder, pancreas and spleen are unremarkable. The kidneys demonstrate symmetrical enhancement and excretion. A few tiny hypodensities in the kidneys are too small to characterise. There is no hydronephrosis. No significantly enlarged abdominal or pelvic lymph node is seen. The bowel loops are normal in calibre. There is a small sliding hiatus hernia. The partially distended urinary bladder, uterus and ovaries aregrossly unremarkable. No pelvic adnexal mass, peritoneal thickening or free fluid seen. No focal destructive bony lesion detected. Mild wedge compression of T11 vertebra noted. CONCLUSION Mildly ectatic ascending thoracic aorta measuring up to 3.6 cm in diameter. No evidence of aortic intramural haematoma or dissection. The tubular density in the left lower lobe that is closely related to the airways has the appearance of a bronchocele. Suggest further clinical correlation and follow-up. No lymphadenopathy detected. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: bd2ac8da0d718a83ec31f3aac96f023ddab025e36607e96aa10482fb634f9457

Updated Date Time: 25/9/2019 15:12