# Row 10932

Visit Number: 296e84796f651fb97f9fbd79ef58ced06163fc25dd23fe2e7c52edbf4f5aca86

Masked\_PatientID: 10912

Order ID: 44138dafd06b0ce8c1d324b2862d3d5775612fde7d48c5f48afa1df5037e77f2

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 11/11/2019 10:45

Line Num: 1

Text: HISTORY Type A dissection already repaired. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Prior CT studies of 18 November 2018 and 1 November 2018 were reviewed. The patient is status post replacement of ascending aorta, aortic valve resuspension and SVG-RPDA coronary bypass on 1 November 2018. Configuration of the ascending aortic graft appears unchanged. Enhancement of the SVG-RPDA graft and native coronary arteries is within normal limits. The previously seen dissection in the right coronary sinus at origin of RCA shows interval improvement but is still faintly seen (7-51) with some narrowing at RCA origin. Known extensive residual aortic dissection in arch, descending thoracic, abdominal aorta extending into the right common iliac artery is noted again, with small calibre true lumen. The true lumen is however generally larger compared to previous CT studies. Previously seen extensionalong proximal left common carotid artery has improved in the interval. Distal Extent of the dissection is stable. Branches of arch opacify normally without any dissection. --Coeliac trunk supplied mainly by true lumen, stradling the dissection,patent. Superior mesenteric artery, inferior mesentery artery and left renal artery supplied by true lumen, patent. Right renal artery supplied by false lumen, patent. Extension into the right common iliac is noted again. There is normal opacification of the imaged iliac and femoral arteries. The calibre of arch is stable (3.3 cm). The calibre of the descending thoracic and abdominal aorta appears to have increased mildly in the interval, for example the proximal descending thoracic aorta (at the level of left main bronchus) measures 3.3 x 2.7 cm currently compared to 2.8 x 2.9 cm previously (previous 5-46). Similarly at the level of celiac axis origin , measures 3.1 cm compared to 2.7 cm previously (7-97 current versus 15-50 of 01/11/2018). Infrarenal abdominal aorta measures 2.1 cm in diameter (7-113) now compared to 1.8 cm previously (15-67 of 01/11/2018). Heart is enlarged. Interval resolution of previously seen pericardial effusion and fluid density along the ascending aorta graft now. No pleural effusion. Imaged thyroid gland is unremarkable. There is interval resolution of the left lower lobe consolidation. No consolidation or suspicious pulmonary mass. Major airways are patent. Bibasal atelectasis noted. Few subcentimetre hepatic hypodensities are too small to characterize, stable, possibly representing small cysts. Gallbladder, biliary tree, pancreas, spleen, adrenal glands and kidneys are unremarkable. Urinary bladder shows smooth walls. Prostate is not significantly enlarged. Bowel loops show normal calibre and distribution. No evidence of pneumoperitoneum or free fluid. No significantly enlarged lymph node seen in thorax or abdomen. Femoral-femoral bypass graft noted, widely patent. No destructive bony lesion. CONCLUSION 1. Known type A aortic dissection, Status post replacement of ascending aorta, aortic valve resuspension and CABG. Stable appearance of graft. Previously seen pericardial effusion and fluid adjacent to the graft has resolved now. Residual dissection, starting in arch, extending into right common iliac artery distally is stable in extent. Previously seen dissection along proximal left CCA has improved and not seen now. Also, previously seen small dissection in the right coronary sinus at RCA origin is also less prominent now. 2. The true lumen generally appears larger compared to previous CT studies. There is interval mild increase in calibre of descending thoracic and abdominal aorta, as described above. 3. Other minor findings as above Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 3b8a2c9393b92622c688857a6cfe0ef2772ccb80968c7f319376bd5e76d49b4d

Updated Date Time: 12/11/2019 12:49