# Row 10933

Visit Number: e4cdc337b7b7e5d8334d9ac2c5c622f8c99670b5cb69bf072fce58cbd864869f

Masked\_PatientID: 10912

Order ID: 60a7dfd37a5b5cc5f08f1451caacafa1263d77ccb7b14cc2c08c711df6c24168

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 27/10/2020 16:42

Line Num: 1

Text: HISTORY Previous type A dissection repair that extends down to the abdomen. For monitoring of the remaining dissection and to look for any increase in Size. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The prior CT aortogram of 11/11/2019 is reviewed. Prior graft replacement of the ascending aorta with resuspension of the aortic valve and coronary artery bypass. The graft appears intact with no leak or rupture detected. Subtle luminal flap adjacent to the right coronary sinus near the origin of the right coronary artery (RCA) (05-51) is present but not well demonstrated due to motion. Median sternotomy wires are seen. Residual aortic dissection is visualised from the ascending aorta/arch extending inferiorly to the level of the iliac bifurcation and involving the right common iliac artery. The true and false lumens remain patent, with smaller calibre of the true lumen compared to the false for majority of the aorta, stable since the previous study. The brachiocephalic, left common carotid and left subclavian arteries arise from the true lumen and are patent. The celiac axis, superior mesenteric, and inferior mesenteric and left renal arteries also arise from the true lumen, and also patent. The right renal artery arises from the false lumen and is patent. The external and internal iliac arteries are patent bilaterally. The calibre of the ascending aorta at the level of the pulmonary trunk measures 3.1 cm (5-39). The calibre of the aortic arch remains at 3.3 cm (07-36). The descending thoracic aorta measures up to 3.6 cm at the level of the pulmonary trunk (5-39), stable. At the level of the coeliac axis origin, the aorta measures 3.1 cm (5-95), stable. The infrarenal abdominal aorta measures up to 2.1 cm (5-112 vs prior 7-114), stable. The heart is enlarged. No pericardial effusion. Tiny subpleural nodule is noted in the right upper lobe (5-15), stable and nonspecific, possibly post inflammatory. Bibasal dependent atelectasis is noted. No pleural effusion seen. Stable small hepatic hypodensities are noted, too small to characterise but probably representing cysts. The gallbladder appears unremarkable. The biliary system is not dilated. The pancreas and adrenal glands appear unremarkable. Small splenule noted. The spleen is otherwise unremarkable. Both kidneys appear unremarkable, and demonstrate preserved parenchymalenhancement. There is no hydronephrosis. No obvious urinary calculus is seen. Small nodular soft tissue and fat -containing lesion at the anterosuperior wall of the bladder (5-176, 8-54) is nonspecific, but stable since 2018, probably represents a urachal remnant/diverticulum. It was not demonstrated enhance on previous delayed phases in the 2018 study. Specks of calcification are noted in the prostate, stable. The bowel loops are normal in calibre. No pneumoperitoneum or free abdominal fluid seen. No significant mediastinal, axillary or abdominal adenopathy is seen. Stable femoral - femoral bypass graft in situ, patent. Likely bone island seen in the left femoral neck. No aggressive bony lesion seen. CONCLUSION 1. Stable type A aortic dissection status post graft placement of the ascending aorta with aortic valve resuspension and coronary artery bypass, with stable calibre of the aorta since November 2019. The largest of dimension measures up to 3.6 cm at the level of the pulmonary trunk. The dissection extends from the proximal arch, to the iliac bifurcation and into the right common iliac artery, with a subtle dissection in the right coronary sinus at the RCA origin. 2. The true and false lumens are both patent, with the true lumen appearing slightly smaller on the current study. 3. Other minor findings as detailed. Report Indicator: Known / Minor Reported by: <DOCTOR>

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Updated Date Time: 28/10/2020 13:04