# Row 1168

Visit Number: c3a271c0b62d9c0d62221fa3601d0af2924bc811bcda4ee5bd6d71a28bf4a08a

Masked\_PatientID: 1157

Order ID: 9b21def4243bcb836820f337d2a4bf75c06646526bc73b2f7696b3e69c4bba86

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 10/6/2018 2:07

Line Num: 1

Text: HISTORY recent EVAR 22/5 , fever, TRO collection / sepsis , juxtrarenal AAA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The recent CT colonography dated04 Jun 2018 was reviewed. Prior EVAR of a juxtarenal aortic aneurysm is noted with the stents extending to the common iliac arteries, stable in position. Chimney stents in the coeliac, superior mesenteric, and bilateral renal arteries are stable in position as well. The aneurysm sac is stable in size, measuring up to 5.8 cm in luminal diameter. No contrast extravasation is seen to suggest an endoleak. The aorta is stable in calibre without evidence of new aneurysm or dissection. No peri-aortic stranding or collection is visualised. A few small hypodensities scattered in both kidneys are too small to characterise but probably cysts. There is no hydronephrosis or perinephric stranding. The gallbladder contains a tiny calculus without evidence of acute inflammation. The liver, pancreas, spleen, and adrenals are unremarkable. The prostate gland is markedly enlarged and nodular with a focus of coarse calcifications. Mural thickening of the rectum shows mild interim increase with increased peri-rectal stranding suggestive of worsening proctitis. The bowel loops are not dilated. A small sliding hiatus hernia is again noted. A large right inguinal hernia containing small bowel loops and part of the urinary bladder is partially imaged. Subcutaneous fluid and fat stranding is still present over the right inguinal region. No intraperitoneal free fluid, rim-enhancing collection, or enlarged abdominopelvic lymph node is detected. A Bochdalek hernia containing intra-abdominal fat is stable while the previously noted right pleural effusion is smaller with some associated atelectasis in the lower lobes. The rest of the aerated lungs do not show any pulmonary nodule or consolidation. The major airways are patent. No enlarged intrathoracic lymph node is detected. The heart is enlarged. The osseous structures are unremarkable. CONCLUSION Since the recent CT study dated 04 Jun 2018: 1. EVAR and chimney stents are stable in position.The juxtarenal aortic aneurysmal sac is stable in size. No evidence of endoleak or aortitis. 2. Rectal mural thickening and peri-rectal stranding appears increased. Clinical correlation for worsening proctitis is suggested. 3. The right pleural effusion is smaller. The aerated lungs do not show any consolidative focus suggestive of an infection. 4. Other findings are largely stable. May need further action Finalised by: <DOCTOR>

Accession Number: 313599cfa298a9e937c361f069373f9423154faaab119c253b5294897979a784

Updated Date Time: 10/6/2018 3:30

## Layman Explanation

This radiology report discusses HISTORY recent EVAR 22/5 , fever, TRO collection / sepsis , juxtrarenal AAA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The recent CT colonography dated04 Jun 2018 was reviewed. Prior EVAR of a juxtarenal aortic aneurysm is noted with the stents extending to the common iliac arteries, stable in position. Chimney stents in the coeliac, superior mesenteric, and bilateral renal arteries are stable in position as well. The aneurysm sac is stable in size, measuring up to 5.8 cm in luminal diameter. No contrast extravasation is seen to suggest an endoleak. The aorta is stable in calibre without evidence of new aneurysm or dissection. No peri-aortic stranding or collection is visualised. A few small hypodensities scattered in both kidneys are too small to characterise but probably cysts. There is no hydronephrosis or perinephric stranding. The gallbladder contains a tiny calculus without evidence of acute inflammation. The liver, pancreas, spleen, and adrenals are unremarkable. The prostate gland is markedly enlarged and nodular with a focus of coarse calcifications. Mural thickening of the rectum shows mild interim increase with increased peri-rectal stranding suggestive of worsening proctitis. The bowel loops are not dilated. A small sliding hiatus hernia is again noted. A large right inguinal hernia containing small bowel loops and part of the urinary bladder is partially imaged. Subcutaneous fluid and fat stranding is still present over the right inguinal region. No intraperitoneal free fluid, rim-enhancing collection, or enlarged abdominopelvic lymph node is detected. A Bochdalek hernia containing intra-abdominal fat is stable while the previously noted right pleural effusion is smaller with some associated atelectasis in the lower lobes. The rest of the aerated lungs do not show any pulmonary nodule or consolidation. The major airways are patent. No enlarged intrathoracic lymph node is detected. The heart is enlarged. The osseous structures are unremarkable. CONCLUSION Since the recent CT study dated 04 Jun 2018: 1. EVAR and chimney stents are stable in position.The juxtarenal aortic aneurysmal sac is stable in size. No evidence of endoleak or aortitis. 2. Rectal mural thickening and peri-rectal stranding appears increased. Clinical correlation for worsening proctitis is suggested. 3. The right pleural effusion is smaller. The aerated lungs do not show any consolidative focus suggestive of an infection. 4. Other findings are largely stable. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.