# Row 12369

Visit Number: 932c0984052a163696514c1e16e7c3ea415f3b94b536fcf8eb9feff7cc9bb63c

Masked\_PatientID: 12342

Order ID: 9c8b6f7d9c599b7878bb32214fecb9185ba2ad5fe775d8f9e454f8893535f3ac

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 07/2/2020 15:54

Line Num: 1

Text: HISTORY S/p 2 TEVAR - to do aortogram thorax abdomen pelvis to make a customised stent to iliac artery TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with prior CT aortogram dated 31 January 2020 and Aortic Stent Graft procedure done 4.2.2020. Other studies dating back to 28 March 2019 (pre-TEVAR) were also reviewed. Vascular findings: The patient is status post mitral valve replacement, arch debranching with frozen elephant trunk (16 March 2018), and staged thoracic endovascular aortic repair (9 April 2019) for Stanford B dissection and arch aneurysm. Most recently, further stent grafting at the distal thoracic aortic stent for suspected disruption of intimal flap. There is again filling into the false lumen at inferior aspect of the original thoracic stent graft (Series 6 Image 73), although less prominent on this study. The aortic arch aneurysm is stable in diameter measuring 9.0 cm (6-26) previously 9.1cm. The descending thoracic aorta is also stable 9.3cm x 8.1cm (6-65); previously 9.2cm x 8.2cm (8-66). The dissection flap extends from just beyond the left subclavian artery to the right external iliac artery as before. The stent graft is patent without evidence of migration or fracture. False lumen contrast filling at the coeliac axis level is likely due to retrograde flow from the lumbar arteries. There is no other significant interval change. Major branch vessels of the aorta:- - Aortic arch vessels: patent - Coeliac axis, SMA, IMA: patent with scattered atherosclerotic plaques - Right renal artery: Largely patent. - Left renal artery: patent - Right iliac arteries: The false lumen of the dissection extends to the proximal right external iliac artery. The true lumen is otherwise patent with no significant stenosis. The internal iliac artery is patent. - Left iliac arteries: Scattered atherosclerotic plaques are otherwise patent. The heart size is enlarged. No pericardial effusion is seen. Non-vascular findings: There are again stable mildy prominent bilateral supraclavicular nodes. Patchy scarring/subsegmental atelectasis is seen in both lungs. Nosuspicious pulmonary nodule or consolidation is seen. Trace left pleural effusion is noted. The visualised thyroid gland is grossly unremarkable. Stable subcentimetre hepatic hypodensities are noted, possibly cysts. Uncomplicated cholelithiasis. Stable nodular appearance to the left adrenal gland. The pancreas, spleen, right adrenal gland, kidneys and urinary bladder in the arterial phase are unremarkable. The bowel loops are normal in calibre and distribution. Small D2 diverticulum is noted. A few uncomplicated colonic diverticula are seen. The prostate gland is mildly enlarged. No significantly enlarged abdominal or pelvic lymph node is seen. No ascites or free gas is evident. No suspicious bony lesions. CONCLUSIONPrior arch debranching with frozen elephant trunk, staged thoracic endovascular aortic repair for Stanford B dissection and arch aneurysm. Following most recent stent graft extension at the distal thoracic aorta, there is persistent although reduced contrast filling at the false lumen as detailed. Aortic aneurysm size and extent of dissection are not significantly changed. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 00ca72c8761c532ea7a6d05181cfd9a7a0618010dcc3fe5751ea40ba128984fa

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