# Row 12373

Visit Number: 9d36bfda87874f5a11d29424d47bf18c794495f8907880c81df2446e7984adc8

Masked\_PatientID: 12342

Order ID: a94e3e35826d89742d117464e7c23c6fd485ff758c8d544dc4c545308ac37099

Order Name: CT Aortogram with 3D (Chest, Abdomen)

Result Item Code: AORTOCA3D

Performed Date Time: 13/7/2020 14:28

Line Num: 1

Text: HISTORY s/p TEVAR of overlap zone between 1st and 2nd TEVAR s/p Thoracoabdominal EVAR; for postop follow up TECHNIQUE Multiphasic pre and post contrast enhanced CTA of the whole aorta was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Prior study reviewed: XA,IR,30/06/2020, CT CR SR,ANGIOGRAPHY,07/02/2020 VASCULAR FINDINGS Chronic type B aortic dissection with arch aneurysm Post - Ascending aortic arch replacement and frozen elephant trunk (Thoraflex Hybrid graft) and MV repair (Edwards Lifesciences 28 mm Cosgrove band) on 16/03/18 - TEVAR on 09/04/19 (two grafts inserted) for SINE - TEVAR on 04/02/2020 for second episode of SINE - TEVAR and fenestrated thoracoabdominal EVAR on 30/6/20 Endoleaks are seen at the T4-T5 (series 9, image 23) and T10-T11 (series 9, image 59) levels, despite overlapping/relined stent grafts - equivocal between type III or II. The false lumen in the infrarenal abdominal aorta has reduced in size (3.2 cm) (series 8, image 119) vs (3.6 cm) (series 6, image 118, 07/02/2020) with eccentric thrombus although perfusion is still present (series 8, image 119). The largest point of the rest of the aneurysm sac extending to the right common iliac artery at the proximal descending thoracic aorta remains stable in size measuring up to (9.3 cm x 8.5 cm) (series 12) vs (9.3 cm x 8.7 cm) (series 602, 07/02/2020). The stent grafts, fenestrations and iliac limb extensions are stable in positions and patent. Diameter of the vessels are as follows: Sinus of Valsalva: 4.5 cm Ascending thoracic aorta: 2.6 cm Aortic arch: 2.5 cm RIGHT Common iliac artery (CIA): as above Internal iliac artery (IIA): occluded External iliac artery (EIA): focal dissection flap (8-150) Common femoral artery (CFA): focal dissection flap (8-180); no pseudoaneurysm seen Imaged profunda femoris artery (PFA): patent Imaged superficial femoral artery (SFA): patent LEFT Common iliac artery (CIA): as above Internal iliac artery (IIA): patent External iliac artery (EIA): patent Common femoral artery (CFA): patent; no pseudoaneurysm seen Imaged profunda femoris artery (PFA): patent Imaged superficial femoral artery (SFA): patent Normal coronary origins. Conventional aortic arch branching pattern. The innominate artery, left common carotid artery and left subclavian artery are patent. The inferior mesenteric artery origin is occluded. No mediastinal/retroperitoneal hematoma, or contrastextravasation is detected. Arterial (including coronary) calcifications are seen. OTHER FINDINGS Patchy scarring/subsegmental atelectasis and cysts are again seen in both lungs. Stable small left pleural effusion. Nonspecific prominent paratracheal, prevascular, subcarinal and left hilar lymph nodes, probably reactive. Stable enlargement of the pulmonary arteries, with the main pulmonary artery measuring 4.2 cm in diameter, is suggestive of pulmonary arterial hypertension. Cardiomegaly with left atrial enlargement. Stable subcentimetre hepatic hypodensities are too small to characterize. Uncomplicated cholelithiasis. Stable nonspecific nodular appearance to the left adrenal gland. Prostatomegaly with calcifications and intravesical protrusion. A diverticulum is seen in the second part of the duodenum (D2). Uncomplicated colonic diverticula are present. Spondylotic changes in the imaged spine. CONCLUSION Persistent endoleaks at the T4-T5 and T10-T11 levels, despite overlapping/relined stent grafts - equivocal between type III or II. The false lumen in the infrarenal abdominal aorta has reduced in size with eccentric thrombus although perfusion is still present. The largest point of the rest of the aneurysm sac extending to the right common iliac artery at the proximal descending thoracic aorta remains stable in size. The stent grafts, fenestrations and iliac limb extensions are stable in positions and patent. Other findings per the body of thereport. Report Indicator: May need further action Reported by: <DOCTOR>

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