# Row 12377

Visit Number: 72d0419d24a5919fafdfaee19cc4cef3015712b34852570143ad0214a43a52a1

Masked\_PatientID: 12342

Order ID: 8f56eb362728077e312410f629dbbd21e54721f8698f0dfca5a679f0d4738299

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

Result Item Code: AORTOCA3D

Performed Date Time: 17/5/2019 11:17

Line Num: 1

Text: HISTORY s/p arch replacement frozen elephant trunk followed by SINE of FET, then TEVAR TECHNIQUE CT aortogram acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS CT aortogram studies of 14 Apr 2019, 28 Mar 2019 and 17 Feb 2018 were reviewed. 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. The stent graft and major arch vessels are patent. The maximum arch diameter is 8.6cm (8-27), slightly improved since 28 Mar 2019 CT prior to TEVAR (8.9cm on image 10-29). Descending thoracic aorta diameter is stable at 5.6cm (8-84). The false lumen is perfused at the infrarenal level till the aortic bifurcation. Focal contrast opacification within the false lumen at the level of coeliac axis takeoff (8-94) is probably contributed by T12 intercostal arteries. False lumen and aortic diameters are stable. The celiac axis, superior mesenteric, inferior mesenteric, bilateral renal and iliac arteries arise from the true lumen and are patent. Other findings: There is mild compressive atelectasis in the left lower lobe. No suspicious pulmonary nodule, pleural effusion or thoracic lymphadenopathy is evident. Stable rightward tracheal deviation due to mass effect of the dilated thoracic aorta. The thyroid gland is unremarkable. There is uncomplicated cholelithiasis with no biliary dilatation. The liver, pancreas, spleen, both adrenal glands and kidneys appear unremarkable. Scattered uncomplicated colonic diverticula are again noted. The bowel loops are otherwise of normal calibre and distribution. There is no ascites, pneumoperitoneum or abdominopelvic adenopathy. CONCLUSION 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. Stent graft and arch vessels are patent. The false lumen is mostly thrombosed with stable aortic diameter. Other stable findings as above. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: c8c372b3b1d39c20088585a2c77a81c94b89551eaf192a930e78d9c25023c281

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