# Row 12351

Visit Number: 4b5caba2a884f6c3c13cccaeab6562e7164599035b5006b54f01c4b8139ec861

Masked\_PatientID: 12342

Order ID: 5aed1d9a94bf9e7ad9ec8eda7bcd5d2e051d66b1e674aafda7a49ab583f8f95b

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 26/3/2018 11:03

Line Num: 1

Text: HISTORY post arch replacement, Fet, mitral repair TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS CT from 17/02/2018 was reviewed. In the interim, there has been ascending thoracic aorta/aortic arch replacement with frozen elephant trunk. There is a new moderate pericardial effusion. In addition, surrounding the ascending thoracic aortic graft is a collection, measuring up to 2.3 cm in thickness at the lateral aspect. This collection contains small gas locules which is presumably related to the mediastinal drain. No extravasation of contrast is seen from the surgical site or aorta. No enhancement of the false lumen in the thoracic aorta is demonstrated. The false lumen at the abdominal aorta is seen to partially enhance, due to a small communication between the true and false lumens at the level of the diaphragmatic hiatus. The known dissection extends into the rightcommon and external iliac artery, terminating at the external iliac artery. The right renal artery receives supply from both the true and false lumen, with resulting narrowing of the proximal artery. The other major branches of the abdominal aorta ( ie coeliac axis, superior and inferior mesenteric arteries, left renal artery) arise from the true lumen. The renal enhancements appears relatively symmetrical, in contrast to prior CT. Few tiny renal hypodense foci are too small to characterise. No hydronephrosis. There is a gallstone. Arterial phase CT of the liver, spleen, pancreas and adrenal glands is unremarkable. There is a small duodenal diverticulum. Bowel is normal in calibre. There is no pneumoperitoneum or ascites. No significantly enlarged abdominal/ pelvic lymph node is seen. Some fat stranding is seen in the left inguinal region, most likely related to recent puncture. A few prominent but still small volume prevascular mediastinal lymph nodes are probably reactive. There is small bilateral pleural effusions, left larger than right. These have increased since the prior CT but of low attenuation. Areas of atelectasis are seen in both lungs. There is no new destructive bony lesion. CONCLUSION New moderate pericardial effusion. There is a collection around the ascending aortic graft, possibly post-surgical collection. Stable appearance of the dissection in the descending thoracic/abdominal aorta and right iliac arteries. Slightly larger bilateral pleural effusions. Known / Minor Finalised by: <DOCTOR>

Accession Number: adf425d2353ad2bead65dcf955a7febb13ff9aa07839f9671100427fffdc9a83

Updated Date Time: 26/3/2018 12:11