# Row 12378

Visit Number: 0e068c2ff524a2816282df3094fc49e526f4a7047b97b62c3e335ad3074b7a28

Masked\_PatientID: 12342

Order ID: f1d5f50d0a259fd3d2fb84f698f9588c3a90faee5ae23efd5cd038ccae8c54d8

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

Result Item Code: AORTOCA3D

Performed Date Time: 31/1/2020 9:49

Line Num: 1

Text: HISTORY aortic dissection s/p arch replacement elephant trunk and TEVAR TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with prior CT aortogram dated 17May 2019. PET/CT dated 6 January 2020, and prior CT aortogram and PET/CT dating back to 28 March 2019 (pre-TEVAR) were 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; the dissection flap extends from just beyond the left subclavian artery to the right external iliac artery. The stent graft is patent without evidence of migration or fracture. There is overall interval increase in diameter of the thoracic aorta since the prior CT aortogram of 17 May 2019, but stable size since the prior PET/CT of 6 January 2020; the aortic arch measures up to 9.1 cm (8/25) from 8.6 cm (prev 8/27) while the descending thoracic aorta measures up to 8.7 x 7.9 cm (8/62) from 7.1 x 6.9 cm (prev 8/63). Contrast opacification of the false lumen is seen at the inferior aspect of the stent(8/80, 14/30). Minimal opacification of the false lumen at the level of the coeliac takeoff may be due to retrograde flow from the intercoastal arteries. 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: Stable prominent to borderline enlarged bilateral supraclavicular (8/6, 8/8), prevascular (9/31), right lower paratracheal (9/25) and subcarinal (9/34) lymph nodes are noted, likely reactive. Patchy scarring/subsegmental atelectasis is seen inboth lungs. No suspicious pulmonary nodule or consolidation is seen. Trace left pleural effusion is noted. The visualised thyroid gland is unremarkable. Stable subcentimetre hepatic hypodensities are noted, possibly cysts. Uncomplicated cholelithiasis. There are pancreas, spleen, adrenal glands, 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. 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. The stent graft is patent without evidence of migration or fracture. The branch vessels are patent. Interval increase in diameter of the thoracic aorta since the prior CT aortogram of 17 May 2019. The aortic arch measures up to 9.1 cm from 8.6 cm while the descending thoracic aorta measures up to 8.7 x 7.9 cm from 7.1 x 6.9 cm,with evidence of retrograde filling of the false lumen along the inferior aspect of the stent. Other stable findings as above. Provision findings were conveyed to Dr Tham Yi Chuan by Dr Joshua Lim Li Liang. Report Indicator: Further actionor early intervention required Reported by: <DOCTOR>

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Updated Date Time: 31/1/2020 16:53