# Row 13073

Visit Number: 3c513e79781150131ad6700c0f7aeda7448c67b2facc7db86dc4946da20c5433

Masked\_PatientID: 13043

Order ID: 0a3bf431498e77c130caa183ef37d0fec84a30c6fedabd6860638d7cc20c974e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/12/2017 8:41

Line Num: 1

Text: HISTORY Assessment of the aortic size after dissection. He had type A aortic dissection repair in 2006. Kidney failure may be starting on dialysis. TECHNIQUE Non-contrast CT thorax was performed as per department protocol. FINDINGS CT chest and abdomen dated 16/02/2016 and CT aortogram dated 10/03/2014 and 07/02/2012 were reviewed. Patient is status post graft replacement of the ascending aorta. Stable perigraft thickening is noted. Background atherosclerotic disease and stable dilatation of the arch and descending aorta is noted. Known chronic dissection of the descending thoracic aorta to the abdominal aortic bifurcation, partly imaged, is noted. No periaortic haematoma is identified to suggest rupture or leakage in the imaged extent. The aortic dimensions are as follows: - Sinus : 3.4 x 3.2 cm - Sinotubular junction: 3.3 x 3.1 cm - Ascending aorta: 3.4 x 3.3 cm - Aortic arch: 3.9 x 3.7 cm - Infundibulum: 4.5 x 4.5 cm - Descending aorta at the level of the left pulmonary artery: 4.3 x 4.3 cm - Descending aorta at the level of the hiatus: 3.7 x 3.1 cm Stable dilatation of the celiac axis is noted, measuring 1.6 cm in diameter. No pulmonary mass, nodule or consolidation is noted. 3 mm nodule in Left lower lobe (5-58), stable, nonspecific. The central airways are patent. No pleural effusion is seen. No enlarged supraclavicular, mediastinal, hilar or axillary lymph nodes are noted. Small volume nodes and some tortuous vessels are noted in the mediastinum , stable. The heart is not enlarged. Atherosclerotic calcification of the coronary arteries is noted. No pericardial effusion is seen. Tiny stable hypodense lesions are again noted in imaged liver, probably representing cysts. Stable 2.1 x 2.0 cm right adrenal nodule is noted. Rest of the visualised upper abdominal viscera appear grossly unremarkable. No overt bony destructive lesion is noted. CONCLUSION 1. Stable dimension of the thoracic aorta with chronic dissection of the descending aorta. 2. Other stable minor findings as detailed above. Known / Minor Reported by: <DOCTOR>

Accession Number: 4a7c8e9bae578c9fce0114eafe0d1311bd8dfbc459d187ec0f2ec0bb622581f9

Updated Date Time: 04/12/2017 11:28