# Row 13076

Visit Number: 03b4eef52f80cc98527ab9989ee1d722f2b05f907bd02012472d1e5d236b17ff

Masked\_PatientID: 13043

Order ID: ef438c995dd212067c58ce10c6e756f3297641b022b94042f521753977c7c220

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 06/7/2020 9:00

Line Num: 10

Text: rmal in calibre but tortuous and show atheromatous changes. EXTRAVASCULAR FINDINGS: THORAX: The previously described left lower lobe lung nodule is not seen in the current study. No suspicious pulmonary nodule is noted. No confluent consolidation or pleural effusion is seen. The major airways remain patent. Rest of the mediastinal vasculature enhances normally. Stable dilated serpiginous vessels within the mediastinum are again noted and appear to drain into the left brachiocephalic vein, likely related to narrowing of proximal left brachiocephalic vein. No abnormally enlarged intrathoracic, supraclavicular or axillary lymph node is detected. The heart is enlarged. No pericardial effusion is detected. ABDOMEN: Several subcentimetre hypodensities in bilateral hepatic lobes are again noted, too small to be accurately characterized, possibly cysts. No biliary tree dilatation is seen. The gallbladder is collapsed. The previously described right medial limb adrenal nodule remains largely stable in size measuring 2.1 x 1.6 cm, characterised as lipid rich adenoma previously. Pancreas, spleen and left adrenal gland are unremarkable. Streak artefact from the left femoral metallic prosthesis degrades image quality and limits assessment of the adjacent pelvic structures. Bilateral kidneys are atrophied. Bilateral renal cysts are again noted, appearing largely stable in the interim. There is hyperdense cyst at lower pole of left kidney, stable. The urinary bladder is collapsed, precluding accurate assessment. The prostate gland is normal in size. No abnormally dilated bowel loop is detected. Scattered uncomplicated colonic diverticula are seen. No abnormally enlarged intra-abdominal or pelvic lymph node is detected. No free fluid or free air is seen. No destructive bony lesion is detected. CONCLUSION Since prior CT study of 08 July 2019 and earlier CT studies, 1. The patient is post graft repair of ascending aorta. Nonew aneurysm or suspicious abnormality. 2. Stable aneurysmal dilatation of the distal arch, descending thoracic aorta and abdominal aorta. Residual dissection in descending thoracic aorta extending till aortic bifurcation is fairly stable in extent. Proximal false lumen is thrombosed in current study. Description of branches of aorta as described above. . Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: fa4024a4962cd3c3a470d88f845da3545acfcec924ea775565ae8f33191b608a

Updated Date Time: 08/7/2020 21:02