# Row 13074

Visit Number: 6c1b839928e544a5e0b1e27903435a3ea1a2dd4b89fd7c2787822566de875051

Masked\_PatientID: 13043

Order ID: 0779ad5de01e78b7a4cde84d3b0acb0a077297c62247d23722ca0b12ab5d3915

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 08/7/2019 9:50

Line Num: 1

Text: HISTORY Previous type A dissection 10 years ago. Need to exclude any dilatation of the remaining dissected aorta.; Has multiple allergies. TECHNIQUE ECG-gated, non-contrast CT scan of the thorax and abdomen. FINDINGS Comparison is made with the CT dated 4 Dec 2017. The CT of 30 Mar 2009 was reviewed. Prior graft repair of the ascending aorta. The graft appears unremarkable. Atherosclerotic calcification is noted in the aorta, and coeliac and superior mesenteric arteries. A false lumen is again seen in the descending thoracic aorta extending to the aortic bifurcation. A false lumen is also again seen in the superior mesenteric artery. There is again aneurysmal dilatation of the distal aortic arch, descending thoracic aorta and proximal abdominal aorta, measuring 4.7 cm in maximum diameter (in the proximal descending thoracic aorta). The distal descending thoracic aorta measures 4.4 x 3.8 cm, and the upper abdominal aorta measures 3.6 x 3.1 cm at thelevel of the coeliac artery origin. No evidence of periaortic fluid, haematoma or fat stranding is detected to suggest rupture or leakage. The aortic dimensions are: Sinus : 3.3 cm Sinotubular junction: 3.0 cm Proximal descending thoracic aorta: 4.7 x 4.7 cm (Se 503/1) Descending aorta at the level of the diaphragmatic hiatus: 4.4 x 3.8 cm (Se 503/2) Abdominal aorta at the level of the coeliac artery origin 3.6 x 3.1 cm (Se 503/3) Abdominal aorta at the level of the renal artery origins 3.6 x 2.6 cm Abdominal aorta 2 cm above the aortic bifurcation 2.1 x 1.8 cm. There is also aneurysmal dilatation of the coeliac artery measuring 1.8 x 1.6 cm in diameter (Se 505/1), unchanged from the last CT. A 4 mm nodule is noted in the lower lobe of the left lung (Se 5/58), unchanged in size. No consolidation or pleural effusion is identified. Atelectasis is seen in the lingula. No mediastinal, hilar, supraclavicular or axillary lymphadenopathy is detected within the limits of this unenhanced study. Serpiginous structures seen in the mediastinum, probably representing dilated veins. These appear to drain into the left innominate vein. They are unchanged when compared to the previous CT. The heart is enlarged. Extensive coronary artery calcifications are noted. There is no pericardial effusion. Abdomen and pelvis: A subcentimetre calcification in the right lobe of the liver (Se 5/78) may represent a granuloma. Subcentimetre hypodensities in both lobes of the liver are too small to accurately characterise. A well-defined low (9 HU) density 2.2 x 1.6 cm nodule in the medial limb of the right adrenal gland (Se 5/90) may represent a lipid-rich adenoma. The left adrenal gland is unremarkable. The imaged spleen, pancreas and gallbladder are unremarkable within the limits of this unenhanced study. There is no biliary ductal dilatation. Both kidneys are small. An exophytic cyst measuring 2.1 x 1.6 cm (Se 5/114 prev 1.5 x 1.5 cm) is noted in the left mid pole. A smaller cyst measuring 1.0 x 0.9 cm is seen in the right lower pole (Se 5/118, 18 HU) There is no hydronephrosis. The imaged bowel loops are of normal calibre and distribution. Uncomplicated large bowel diverticula noted. No abdominal lymphadenopathy is detected within the limits of this unenhanced study. There is no ascites or pneumoperitoneum. There are no destructive bone lesions. CONCLUSION There is aneurysmal dilatation of the descending thoracic aorta and upper abdominal aorta, measuring 4.7 cm in maximum diameter (in the proximal descending thoracic aorta). Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 7c2b8990be0cb62e89ac8bb65f3141fca182e94294f0b885f645f2db3151cd12

Updated Date Time: 08/7/2019 12:24