# Row 2808

Visit Number: 20ee28a8aeda61f567ab060a258494e3175e2755ea7905801df68bac7d38b07e

Masked\_PatientID: 2803

Order ID: b6e0bdce7c58cd23697d491bad16be00d145af2ef55e59bcc64eacae77cdea97

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 14/11/2018 9:34

Line Num: 1

Text: HISTORY Non- Contast CT Chest (to look for aortic calcification) Planning for CABG Pet CTS request; AMI s/p PCI 2 stents 2004 HTN HLD IHD complicated by decompensated CCF > TTE 23/8/17: Moderately impaired LV systolic function. Visually estimated LVEF is 35 to 40 %. Regional wall motion abnormalities. High Echocardiographic probability of pulmonary hypertension. Pulmonary artery systolic pressure is 51 mmHg. ?PUD. OGD mount E 1993/4 NAD CKD (Cr baseline 150-180s) Choledocholithiasis TECHNIQUE Scans acquired as per department protocol. FINDINGS No comparison CT chest is available. The chest radiograph of 13 November 2018 is reviewed. The MRCP of 12 January 2018 is reviewed. No calcification is noted in the ascending aorta. Mural calcification is seen in the aortic arch and descending thoracic aorta. The thoracic aorta is normal in calibre. The heart is not enlarged. Subendocardial fat and focus of calcification in the left ventricle is suggestive of prior infarct. Triple-vessel coronary artery calcification and coronary stent in the left anterior descending coronary artery are noted. No significant pericardial effusion is seen. No suspicious pulmonary nodule or mass is seen. Dependent and scattered linear atelectasis is noted. The central airways are patent. No significantly enlarged thoracic node is seen. Tiny right lower paratracheal calcified node is likely post granulomatous. Small left pleural effusion is noted. The imaged thyroid and oesophagus are grossly unremarkable. Partially imaged gallstones are noted. No destructive bone lesion is seen. CONCLUSION No ascending aortic mural calcification is seen. Known / MinorReported by: <DOCTOR>

Accession Number: d97e8af012669beafb65d9824e557d051f61792f76d0558b6a240e3640d91cfb

Updated Date Time: 14/11/2018 12:05

## Layman Explanation

This radiology report discusses HISTORY Non- Contast CT Chest (to look for aortic calcification) Planning for CABG Pet CTS request; AMI s/p PCI 2 stents 2004 HTN HLD IHD complicated by decompensated CCF > TTE 23/8/17: Moderately impaired LV systolic function. Visually estimated LVEF is 35 to 40 %. Regional wall motion abnormalities. High Echocardiographic probability of pulmonary hypertension. Pulmonary artery systolic pressure is 51 mmHg. ?PUD. OGD mount E 1993/4 NAD CKD (Cr baseline 150-180s) Choledocholithiasis TECHNIQUE Scans acquired as per department protocol. FINDINGS No comparison CT chest is available. The chest radiograph of 13 November 2018 is reviewed. The MRCP of 12 January 2018 is reviewed. No calcification is noted in the ascending aorta. Mural calcification is seen in the aortic arch and descending thoracic aorta. The thoracic aorta is normal in calibre. The heart is not enlarged. Subendocardial fat and focus of calcification in the left ventricle is suggestive of prior infarct. Triple-vessel coronary artery calcification and coronary stent in the left anterior descending coronary artery are noted. No significant pericardial effusion is seen. No suspicious pulmonary nodule or mass is seen. Dependent and scattered linear atelectasis is noted. The central airways are patent. No significantly enlarged thoracic node is seen. Tiny right lower paratracheal calcified node is likely post granulomatous. Small left pleural effusion is noted. The imaged thyroid and oesophagus are grossly unremarkable. Partially imaged gallstones are noted. No destructive bone lesion is seen. CONCLUSION No ascending aortic mural calcification is seen. Known / MinorReported by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.