# Row 3902

Visit Number: f38c1d44f0cdd217dcb539862ce72215e6a1c782ece3f7821df5090a55c858b5

Masked\_PatientID: 3899

Order ID: 769fa72466ebd5755aa33f88dab46c9d13dc913d5227263ce09e1e11055dbe08

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 14/11/2016 14:34

Line Num: 1

Text: HISTORY aortic root enlargement TECHNIQUE Contrast enhanced CT thoracic and abdominal aortogram Intravenous contrast: Omnipaque 350 Volume: 100ml FINDINGS No previous scans were available for comparison. The aortic root, ascending aorta and aortic arch are dilated. The descending thoracic aorta and abdominal aorta are normal in calibre. No evidence of intramural haematoma or intimal dissection is seen. The measurements of the aorta (based on MPR) are as follows: Aortic root at the level of the sinus of Valsalva = 5.0 x 4.9 cm Sinotubular junction = 4.5 x 4.3 cm Ascending aorta at the level of the pulmonary trunk = 3.7 x 3.7 cm Aortic arch = 3.3 x 2.8cm Descending aorta at the level of the left pulmonary artery =2.8 x 2.8 cm Abdominal aorta at the level of the coeliac axis = 2.5 x 2.5cm The pulmonary artery trunk is mildly enlarged at 3.3cm, suggestive of pulmonary arterial hypertension. Cardiomegaly is seen. There is no pericardial effusion. There is no mediastinal, hilar or axillary lymphadenopathy. There is mild bronchial wall thickening, with mild bronchiectasis in the posterior segment of the right upper lobe. The lungs are otherwise clear apart from mild dependent atelectasis. There is a 2.3 X 2.0 cm nodule in the right adrenal with a mean attenuation of 93 HU. This is indeterminate. The liver, spleen, gallbladder, kidneys, pancreas and bowel loops appear unremarkable. There is no free intraperitoneal fluid or gas seen. No destructive bony lesion is seen. There is kyphoscoliosis of the spine, associated with spondylolytic change. CONCLUSION 1. Cardiomegaly is noted. There is dilatation of the aorta at the level of the aortic root, ascending aorta and arch of the aorta. 2. The 2.3cm right adrenal nodule is non-specific and indeterminate on this study. Further assessment with dedicated CT Adrenal study is recommended. May need further action Reported by: <DOCTOR>

Accession Number: 6584a37f86bf5a743215edd92645d92f89d1221ddcba38328c78ebad46d8fbd8

Updated Date Time: 14/11/2016 17:45

## Layman Explanation

This radiology report discusses HISTORY aortic root enlargement TECHNIQUE Contrast enhanced CT thoracic and abdominal aortogram Intravenous contrast: Omnipaque 350 Volume: 100ml FINDINGS No previous scans were available for comparison. The aortic root, ascending aorta and aortic arch are dilated. The descending thoracic aorta and abdominal aorta are normal in calibre. No evidence of intramural haematoma or intimal dissection is seen. The measurements of the aorta (based on MPR) are as follows: Aortic root at the level of the sinus of Valsalva = 5.0 x 4.9 cm Sinotubular junction = 4.5 x 4.3 cm Ascending aorta at the level of the pulmonary trunk = 3.7 x 3.7 cm Aortic arch = 3.3 x 2.8cm Descending aorta at the level of the left pulmonary artery =2.8 x 2.8 cm Abdominal aorta at the level of the coeliac axis = 2.5 x 2.5cm The pulmonary artery trunk is mildly enlarged at 3.3cm, suggestive of pulmonary arterial hypertension. Cardiomegaly is seen. There is no pericardial effusion. There is no mediastinal, hilar or axillary lymphadenopathy. There is mild bronchial wall thickening, with mild bronchiectasis in the posterior segment of the right upper lobe. The lungs are otherwise clear apart from mild dependent atelectasis. There is a 2.3 X 2.0 cm nodule in the right adrenal with a mean attenuation of 93 HU. This is indeterminate. The liver, spleen, gallbladder, kidneys, pancreas and bowel loops appear unremarkable. There is no free intraperitoneal fluid or gas seen. No destructive bony lesion is seen. There is kyphoscoliosis of the spine, associated with spondylolytic change. CONCLUSION 1. Cardiomegaly is noted. There is dilatation of the aorta at the level of the aortic root, ascending aorta and arch of the aorta. 2. The 2.3cm right adrenal nodule is non-specific and indeterminate on this study. Further assessment with dedicated CT Adrenal study is recommended. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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