# Row 4638

Visit Number: e9b05123a5f1aaa976ec3c0bbd7ca987fcae06a861b4b9638f706f6e7d9856c0

Masked\_PatientID: 4635

Order ID: 36b6c2ef31a52710b2d7e070630fdb1a26d9906f40b07c67a1665ccc2634f233

Order Name: CT Aortogram (Abdomen)

Result Item Code: CTANGAORA

Performed Date Time: 26/9/2019 12:47

Line Num: 1

Text: HISTORY to look for aortoenteric fistula (may be source of bleed) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 51 FINDINGS CT dated 7 May 2019 was reviewed. There is atherosclerotic disease of the aorta with mild ectasia of the infrarenal segment measuring approximately 2.8 cm in diameter. There is ectasia of the left common iliac artery measuring 2 cm in diameter. There is no overt aortic aneurysm. There is no evidence of aortoenteric fistula. The bowel loops are normal calibre. There is diffuse mural oedema of the rectum with stranding of the mesorectum as well as small amount of presacral oedema and small amount of fluid in the anterior aspect of the mesorectum. The colon is of normal calibre. There is small amount of ascites adjacent to the right hepatic lobe and in the pelvis. There is no suspicious mass in the liver. The gallbladder is distended. No biliary dilatation. The spleen is normal insize. There is no mass in the pancreas or dilatation of the pancreatic duct. There is a hypodense nodule in the left adrenal gland with calcification measuring approximately 1.3 x 1.1 cm (5-24), stable and nonspecific likely an incidental adenoma. Right adrenal gland is unremarkable. There is no hydronephrosis or suspicious lesion in the kidneys. Tiny cysts in the right kidney. In the visualised lung bases, small bilateral pleural effusions are present with atelectasis. The heart sizeis enlarged. The bones are osteopenic and show degenerative changes. Compression fracture in L5 is noted with vertebroplasty. CONCLUSION Atherosclerotic disease of the aorta with mild ectasia of the infrarenal aorta and the left common iliac artery, stable. There is no aneurysm of the aorta or aortoenteric fistula. The mural oedema of the rectum with stranding of the mesorectal fat and presacral oedema and small amount of fluid in the anterior mesorectum, suspicious for colitis. There is no dilatation of the bowel loops. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: bdaa45c93eb618e7ebb9a70cc40bcbce8d4ecb324766fa3a643e7efdcd9af136

Updated Date Time: 26/9/2019 13:21

## Layman Explanation

This radiology report discusses HISTORY to look for aortoenteric fistula (may be source of bleed) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 51 FINDINGS CT dated 7 May 2019 was reviewed. There is atherosclerotic disease of the aorta with mild ectasia of the infrarenal segment measuring approximately 2.8 cm in diameter. There is ectasia of the left common iliac artery measuring 2 cm in diameter. There is no overt aortic aneurysm. There is no evidence of aortoenteric fistula. The bowel loops are normal calibre. There is diffuse mural oedema of the rectum with stranding of the mesorectum as well as small amount of presacral oedema and small amount of fluid in the anterior aspect of the mesorectum. The colon is of normal calibre. There is small amount of ascites adjacent to the right hepatic lobe and in the pelvis. There is no suspicious mass in the liver. The gallbladder is distended. No biliary dilatation. The spleen is normal insize. There is no mass in the pancreas or dilatation of the pancreatic duct. There is a hypodense nodule in the left adrenal gland with calcification measuring approximately 1.3 x 1.1 cm (5-24), stable and nonspecific likely an incidental adenoma. Right adrenal gland is unremarkable. There is no hydronephrosis or suspicious lesion in the kidneys. Tiny cysts in the right kidney. In the visualised lung bases, small bilateral pleural effusions are present with atelectasis. The heart sizeis enlarged. The bones are osteopenic and show degenerative changes. Compression fracture in L5 is noted with vertebroplasty. CONCLUSION Atherosclerotic disease of the aorta with mild ectasia of the infrarenal aorta and the left common iliac artery, stable. There is no aneurysm of the aorta or aortoenteric fistula. The mural oedema of the rectum with stranding of the mesorectal fat and presacral oedema and small amount of fluid in the anterior mesorectum, suspicious for colitis. There is no dilatation of the bowel loops. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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