# Row 5143

Visit Number: 3395c6e6b5265fb67b8d06ffd5089cda281b09715c485103a1521c984c46245a

Masked\_PatientID: 5140

Order ID: 2b0272090122dad9b6899f08d7fd7c5f20ae1089686e4bfb594d6bef2398527e

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 08/6/2017 16:03

Line Num: 1

Text: HISTORY Salmonella Bacteraemia TRO aneurysm B/D SLE on steroids TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison made with the previous CT examination dated 15/03/2016. Aortogram: There are atherosclerotic changes along the thoracic and abdominal aorta as well as ileofemoral arteries. The thoracic and abdominal aortic calibre is normal with no evidence of focal aneurysm. No overt mural thickening or periaortic show tissue stranding/thickening is detected. The thoracic arch branch vessels as well as the major abdominal branches are patent. Other findings: A cluster of small nodular opacities in the lateral segment ofthe middle lobe may be postinflammatory. Small tubular opacities are also seen in the anterior segments of the upper lobes bilaterally (image 5-44) and inferior lingula (image 5-52) which may represent mucus plugging in the airways. There aresmall bilateral pleural effusions with adjacent atelectatic changes. The central airways are clear. There is no enlarged hilar or mediastinal lymph node. The heart size is not enlarged. No pericardial effusion seen. There are two small subcapsular arterial enhancing foci in segment 5 (image 5-87) and segment 6 (image 5-102). These are not characterised although may represent perfusional abnormalities. The biliary tree is not dilated. No radiopaque gallstone seen. The adrenal glands, pancreas and spleen are unremarkable. There is patchy hypoenhancement of the right kidney (example image 5-100 and 110) suspicious for pyelonephritis. There is a stable 7 mm hypodense lesion in the upper pole of the right kidney previously thought to represent angiomyolipoma. No perinephric fluid collection is seen. There is no hydronephrosis. No enlarged abdominal or pelvic nodes seen. The bowel loops are normal in calibre. The urinary bladder is unremarkable. The uterus and ovaries are not enlarged. Minimal ascites noted in the upper abdomen and pelvis. There is no pneumoperitoneum. There is severe wedge compression of T11 vertebra. CONCLUSION No evidence of mycotic aneurysm. No significant periaortic fat stranding or soft tissue thickening is seen. Mild patchy hypoenhancement of the right kidney is suspicious for pyelonephritis. Further correlation with urinalysis suggested. Small arterial enhancing foci in the right lobe of liver arenot characterised although may represent perfusional abnormalities. Bilateral small pleural effusions and minimal ascites. No rim enhancing fluid collection seen. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 877419c003efa0513065738e5cc05c31eef24d774e0d117ea83f924d7287add6

Updated Date Time: 08/6/2017 17:08

## Layman Explanation

This radiology report discusses HISTORY Salmonella Bacteraemia TRO aneurysm B/D SLE on steroids TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison made with the previous CT examination dated 15/03/2016. Aortogram: There are atherosclerotic changes along the thoracic and abdominal aorta as well as ileofemoral arteries. The thoracic and abdominal aortic calibre is normal with no evidence of focal aneurysm. No overt mural thickening or periaortic show tissue stranding/thickening is detected. The thoracic arch branch vessels as well as the major abdominal branches are patent. Other findings: A cluster of small nodular opacities in the lateral segment ofthe middle lobe may be postinflammatory. Small tubular opacities are also seen in the anterior segments of the upper lobes bilaterally (image 5-44) and inferior lingula (image 5-52) which may represent mucus plugging in the airways. There aresmall bilateral pleural effusions with adjacent atelectatic changes. The central airways are clear. There is no enlarged hilar or mediastinal lymph node. The heart size is not enlarged. No pericardial effusion seen. There are two small subcapsular arterial enhancing foci in segment 5 (image 5-87) and segment 6 (image 5-102). These are not characterised although may represent perfusional abnormalities. The biliary tree is not dilated. No radiopaque gallstone seen. The adrenal glands, pancreas and spleen are unremarkable. There is patchy hypoenhancement of the right kidney (example image 5-100 and 110) suspicious for pyelonephritis. There is a stable 7 mm hypodense lesion in the upper pole of the right kidney previously thought to represent angiomyolipoma. No perinephric fluid collection is seen. There is no hydronephrosis. No enlarged abdominal or pelvic nodes seen. The bowel loops are normal in calibre. The urinary bladder is unremarkable. The uterus and ovaries are not enlarged. Minimal ascites noted in the upper abdomen and pelvis. There is no pneumoperitoneum. There is severe wedge compression of T11 vertebra. CONCLUSION No evidence of mycotic aneurysm. No significant periaortic fat stranding or soft tissue thickening is seen. Mild patchy hypoenhancement of the right kidney is suspicious for pyelonephritis. Further correlation with urinalysis suggested. Small arterial enhancing foci in the right lobe of liver arenot characterised although may represent perfusional abnormalities. Bilateral small pleural effusions and minimal ascites. No rim enhancing fluid collection seen. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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