# Row 5553

Visit Number: 1c26d898f930580827be796e2863be6204826495711543475a0bf7cf840dcde7

Masked\_PatientID: 5550

Order ID: e3f9f2f2cf10829a70e632b47640040e2300a1fada043858184ff2fec8b9d073

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/9/2016 10:13

Line Num: 1

Text: HISTORY for CABG and AVR TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No comparison CT available. Heavy calcifications noted at the aortic annulus. There are scanty calcificationsseen at the aortic arch, mid LAD and mitral annulus. Relative sparing of the ascending aorta is noted. There is normal calibre of the thoracic aorta, measuring respectively 33, 29 and 28mm at the ascending, arch and descending aorta, with no abnormal wall thickening or periaortic stranding. Heart size is mildly enlarged. No pericardial or pleural effusion is seen. No enlarged supraclavicular, axillary or mediastinal nodes seen. No lung mass or sinister nodule is noted. Thereare no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is noted. Minimal atelectasis noted at the lingula. The sections of the unenhanced upper abdomen are unremarkable apart from a simple cyst measuring 38mm at the left upper kidney. No destructive bony lesion is seen. CONCLUSION 1. Scanty atherosclerotic calcifications of the thoracic aorta, relatively sparing the ascending aorta. 2. Heavy calcifications noted at the aorticannulus. 3. Other minor findings as described. Known / Minor Finalised by: <DOCTOR>

Accession Number: e54b3007f0fdf4d33d2c2ccb17408449283c20f669996806e27201ff79b40b6b

Updated Date Time: 19/9/2016 9:15

## Layman Explanation

This radiology report discusses HISTORY for CABG and AVR TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No comparison CT available. Heavy calcifications noted at the aortic annulus. There are scanty calcificationsseen at the aortic arch, mid LAD and mitral annulus. Relative sparing of the ascending aorta is noted. There is normal calibre of the thoracic aorta, measuring respectively 33, 29 and 28mm at the ascending, arch and descending aorta, with no abnormal wall thickening or periaortic stranding. Heart size is mildly enlarged. No pericardial or pleural effusion is seen. No enlarged supraclavicular, axillary or mediastinal nodes seen. No lung mass or sinister nodule is noted. Thereare no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is noted. Minimal atelectasis noted at the lingula. The sections of the unenhanced upper abdomen are unremarkable apart from a simple cyst measuring 38mm at the left upper kidney. No destructive bony lesion is seen. CONCLUSION 1. Scanty atherosclerotic calcifications of the thoracic aorta, relatively sparing the ascending aorta. 2. Heavy calcifications noted at the aorticannulus. 3. Other minor findings as described. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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