# Row 5638

Visit Number: 554ca5407b5b3059b322e41b9473c923d2721b273accd273ee58dbffcc495621

Masked\_PatientID: 5635

Order ID: e5807a5dd9b77d6056beda7cfb086752bc5c009dfc2d78eb00ccb85771393ca7

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 10/1/2019 11:29

Line Num: 1

Text: HISTORY TEE shows dilated aortic annulus 42mm, for further ix TECHNIQUE ECG-gated CT thoracic aortogram was performed. 75 ml of Omnipaque350 was administered as IV contrast media. ‘ Breathing artefacts are noted. FINDINGS The prior CT of 29 Jun 2017 (TTSH) was reviewed. There is dilatation of the aortic root and ascending thoracic aorta; measurements are taken at the following levels: - Aortic annulus: 2.7 x 1.8 cm (Img. 506-1). - Sinuses of Valsalva: 4.7 x 4.5 x 4.2 cm (Img. 506-2). - Sinotubular junction: 4.1 x 3.9 cm (Img. 506-3). - Ascending aorta: 4.3 x 3.9 cm (Img. 506-4). - Aortic arch: 3.1 x 3.0 cm (Img. 506-5). - Descending thoracic aorta: 2.1 x 2.1 cm (Img. 506-6). Atherosclerosis is seen in the aortic arch and descending thoracic aorta. The heart size is normal. Coronary artery calcifications are noted. No pericardial effusion is seen. A small area of consolidation is visualised in the posterior segment of the right upper lobe. A few subcentimetre centrilobular nodules are seen adjacent to it. A 0.7 cm triangular shaped opacity medial to this area of consolidation along the horizontal fissure probably represents an intrapulmonary lymph node (Img. 5-50). No pleural effusion. The major airways are patent. Enlarged right hilar lymph nodes measuring up to 2.0 x 2.0 cm (Img. 5-44, 5-52) are visualised. No enlarged mediastinal lymph node is seen. A 2.2 x 2.0 cm hypodense nodule with internal calcification is noted in the right lobe of the thyroid gland, US may be considered for further characterisation. Mild dilatation of the common bile duct (CBD) may be due to post cholecystectomy state; no CBD calculus or stricture is seen. Foci of calcification in the pancreatic head may represent the sequela of previous inflammation. A subcentimetre hypodense lesion in the pancreatic head (series 5 image 110) possibly represents a cystic lesion of the pancreas. The main pancreatic duct is not dilated. Several renal hypodensities are noted, too small to be characterised No destructive osseous lesion is seen. CONCLUSION 1. Dilatation of the aortic root and ascending aorta, measuring a maximum diameter of 4.7 cm at the level of the sinuses of Valsalva. 2. Air-space consolidation in the right lung with right hilar lymphadenopathy. Correlation for ongoing infection and repeat CT after appropriate treatment to assess for resolution is advised. May need further action Reported by: <DOCTOR>

Accession Number: e6697de769206ff82ddc1c855711690cfd111c37bc20be8c51a4785c93670f43

Updated Date Time: 10/1/2019 12:48

## Layman Explanation

This radiology report discusses HISTORY TEE shows dilated aortic annulus 42mm, for further ix TECHNIQUE ECG-gated CT thoracic aortogram was performed. 75 ml of Omnipaque350 was administered as IV contrast media. ‘ Breathing artefacts are noted. FINDINGS The prior CT of 29 Jun 2017 (TTSH) was reviewed. There is dilatation of the aortic root and ascending thoracic aorta; measurements are taken at the following levels: - Aortic annulus: 2.7 x 1.8 cm (Img. 506-1). - Sinuses of Valsalva: 4.7 x 4.5 x 4.2 cm (Img. 506-2). - Sinotubular junction: 4.1 x 3.9 cm (Img. 506-3). - Ascending aorta: 4.3 x 3.9 cm (Img. 506-4). - Aortic arch: 3.1 x 3.0 cm (Img. 506-5). - Descending thoracic aorta: 2.1 x 2.1 cm (Img. 506-6). Atherosclerosis is seen in the aortic arch and descending thoracic aorta. The heart size is normal. Coronary artery calcifications are noted. No pericardial effusion is seen. A small area of consolidation is visualised in the posterior segment of the right upper lobe. A few subcentimetre centrilobular nodules are seen adjacent to it. A 0.7 cm triangular shaped opacity medial to this area of consolidation along the horizontal fissure probably represents an intrapulmonary lymph node (Img. 5-50). No pleural effusion. The major airways are patent. Enlarged right hilar lymph nodes measuring up to 2.0 x 2.0 cm (Img. 5-44, 5-52) are visualised. No enlarged mediastinal lymph node is seen. A 2.2 x 2.0 cm hypodense nodule with internal calcification is noted in the right lobe of the thyroid gland, US may be considered for further characterisation. Mild dilatation of the common bile duct (CBD) may be due to post cholecystectomy state; no CBD calculus or stricture is seen. Foci of calcification in the pancreatic head may represent the sequela of previous inflammation. A subcentimetre hypodense lesion in the pancreatic head (series 5 image 110) possibly represents a cystic lesion of the pancreas. The main pancreatic duct is not dilated. Several renal hypodensities are noted, too small to be characterised No destructive osseous lesion is seen. CONCLUSION 1. Dilatation of the aortic root and ascending aorta, measuring a maximum diameter of 4.7 cm at the level of the sinuses of Valsalva. 2. Air-space consolidation in the right lung with right hilar lymphadenopathy. Correlation for ongoing infection and repeat CT after appropriate treatment to assess for resolution is advised. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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