# Row 5835

Visit Number: e7b70badda64e95b0499c85b1d7c24c086c955aaf071f70d1f8da2fb89c26a56

Masked\_PatientID: 5829

Order ID: 399ed93370e0d8bf38b48dd97e8f2d284f77417cf71901082312dbf0298d57a5

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 06/9/2016 9:28

Line Num: 1

Text: HISTORY Saccualr infrarenal AAA, planned for CT aorotgram TRO thoracic AA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 70 FINDINGS The prior CT Chest study performedon 13/5/2014 was reviewed. The dimensions of the thoracic aorta are as follows: - 2.6cm at the level of the aortic annulus (image 8-41) - 3.5 cm at the level of the sinus of Valsalva - 3.0 cm at the ascending thoracic aorta at the level of the pulmonary artery bifurcation (image 4-45) - 2.8 cm at the level of the aortic arch (image 4-33) - 2.6 cm at the descending thoracic aorta at the level of the pulmonary artery bifurcation - 2.3 cm at the level of the diaphragmatic hiatus (image 4-91) No aortic aneurysm, para-aortic fat stranding, dissection or active extravasation is seen. Atherosclerotic plaques are seen throughout the ascending aorta, arch and the descending thoracic aorta. The major branches of the aortic arch are patent. Stable fibrocalcific scarring is seen in the right lung apex. Right upper lobe calcified nodules measuring 0.4 cm and 0.6cm are seen likely granulomas (image 5-24). Stable ground glass opacity is seen in the left upper lobe measuring 0.6 x 0.5cm (image 5-26). Calcified pleural plaques are seen in both hemithoraxes, the right more than the left. No suspicious endoluminal mass is seen in the visualised airways. No significantly enlarged mediastinal, hilar, supraclavicular oraxillary lymph node is detected. The imaged thyroid is unremarkable. The included images of the upper abdomen are unremarkable. No bony destruction is seen. CONCLUSION 1. No evidence of thoracic aortic aneurysm or ectasia is seen.2. Stable ground glass opacity is seen in the left upper lobe. Interval follow up is advised. 3. Stable fibrocalcific scarring in the right lung apex and bilateral pleural calcific plaques are seen, may be due to prior granulomatous infection. May need further action Reported by: <DOCTOR>

Accession Number: 49dde20b6c3d6a297ec51995fdd9f9d1fabcac6482bb24805912022f77e860c7

Updated Date Time: 08/9/2016 10:30

## Layman Explanation

This radiology report discusses HISTORY Saccualr infrarenal AAA, planned for CT aorotgram TRO thoracic AA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 70 FINDINGS The prior CT Chest study performedon 13/5/2014 was reviewed. The dimensions of the thoracic aorta are as follows: - 2.6cm at the level of the aortic annulus (image 8-41) - 3.5 cm at the level of the sinus of Valsalva - 3.0 cm at the ascending thoracic aorta at the level of the pulmonary artery bifurcation (image 4-45) - 2.8 cm at the level of the aortic arch (image 4-33) - 2.6 cm at the descending thoracic aorta at the level of the pulmonary artery bifurcation - 2.3 cm at the level of the diaphragmatic hiatus (image 4-91) No aortic aneurysm, para-aortic fat stranding, dissection or active extravasation is seen. Atherosclerotic plaques are seen throughout the ascending aorta, arch and the descending thoracic aorta. The major branches of the aortic arch are patent. Stable fibrocalcific scarring is seen in the right lung apex. Right upper lobe calcified nodules measuring 0.4 cm and 0.6cm are seen likely granulomas (image 5-24). Stable ground glass opacity is seen in the left upper lobe measuring 0.6 x 0.5cm (image 5-26). Calcified pleural plaques are seen in both hemithoraxes, the right more than the left. No suspicious endoluminal mass is seen in the visualised airways. No significantly enlarged mediastinal, hilar, supraclavicular oraxillary lymph node is detected. The imaged thyroid is unremarkable. The included images of the upper abdomen are unremarkable. No bony destruction is seen. CONCLUSION 1. No evidence of thoracic aortic aneurysm or ectasia is seen.2. Stable ground glass opacity is seen in the left upper lobe. Interval follow up is advised. 3. Stable fibrocalcific scarring in the right lung apex and bilateral pleural calcific plaques are seen, may be due to prior granulomatous infection. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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