# Row 5834

Visit Number: 3c4462a3a22c0aae613ddf21faaf7973465880a03e94fd0068c8c1f00e507249

Masked\_PatientID: 5829

Order ID: 2facd9c90b92dc45007179cf431b600c893e257ee52804c5dd6b081d8aff1b33

Order Name: CT Aortogram (Abdomen)

Result Item Code: CTANGAORA

Performed Date Time: 16/2/2017 10:44

Line Num: 1

Text: HISTORY Infrarenal AAA with no thoracic aneurysm Surveillance CT aortogram TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Comparison was done with the previous study dated 18 July 2016. There is stable saccular aneurysm of the infrarenal abdominal aorta just before the aortic bifurcation. The saccular aneurysm measures 2.2 x 1.6 cm and is stable in size. At the site of the saccular aneurysm, theabdominal aorta measures a maximum diameter of approximately 3.4 cm. There is atherosclerotic disease of the visualised descending thoracic aorta, abdominal aorta and iliac arteries with calcified plaques. The coeliac axis, SMA, bilateral renal arteries and IMA are patent. In the single phase examination of the liver, no focal lesion is identified. There is no biliary dilatation or obvious gallstone. No suspicious lesion in the pancreas or dilatation of the pancreatic duct. The spleen and adrenal glands are unremarkable. No hydronephrosis or focal renal mass. No enlarged abdominal or pelvic lymph node. No bowel dilatation. No gross abnormality in the urinary bladder. No ascites. Calcified pleural plaques in bilateral lung bases suggest previous asbestos exposure. There is no pleural effusion. The bones show degenerative changes. CONCLUSION Stable saccular aneurysm of the infrarenal abdominal aorta just above the aortic bifurcation. Atheroscleroticdisease of the aorta is noted. The branches of the abdominal aorta are patent. Known / Minor Finalised by: <DOCTOR>

Accession Number: 8acc8e777d830d697a8445079ebb22681c5d1027d189db6ff679fc6de928308c

Updated Date Time: 17/2/2017 12:46

## Layman Explanation

This radiology report discusses HISTORY Infrarenal AAA with no thoracic aneurysm Surveillance CT aortogram TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Comparison was done with the previous study dated 18 July 2016. There is stable saccular aneurysm of the infrarenal abdominal aorta just before the aortic bifurcation. The saccular aneurysm measures 2.2 x 1.6 cm and is stable in size. At the site of the saccular aneurysm, theabdominal aorta measures a maximum diameter of approximately 3.4 cm. There is atherosclerotic disease of the visualised descending thoracic aorta, abdominal aorta and iliac arteries with calcified plaques. The coeliac axis, SMA, bilateral renal arteries and IMA are patent. In the single phase examination of the liver, no focal lesion is identified. There is no biliary dilatation or obvious gallstone. No suspicious lesion in the pancreas or dilatation of the pancreatic duct. The spleen and adrenal glands are unremarkable. No hydronephrosis or focal renal mass. No enlarged abdominal or pelvic lymph node. No bowel dilatation. No gross abnormality in the urinary bladder. No ascites. Calcified pleural plaques in bilateral lung bases suggest previous asbestos exposure. There is no pleural effusion. The bones show degenerative changes. CONCLUSION Stable saccular aneurysm of the infrarenal abdominal aorta just above the aortic bifurcation. Atheroscleroticdisease of the aorta is noted. The branches of the abdominal aorta are patent. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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