# Row 5829

Visit Number: 3d842b4b14189d151cf595697adc4f45135794d9ec06234a246a7579db42d48e

Masked\_PatientID: 5829

Order ID: e54dc12a06015e119b97d320e72815a4b041cac2d27bf51e6a98a41e9958625f

Order Name: CT Aortogram (Abdomen)

Result Item Code: CTANGAORA

Performed Date Time: 18/7/2016 15:20

Line Num: 1

Text: HISTORY CT aortogram to characterize infrarenal ?aortic ulcer TECHNIQUE CT aortography of the abdomen and pelvis were acquired after the administration of 80 ml of intravenous Omnipaque 350. FINDINGS The previous CT abdomen and pelvis done 14 July 2016 was reviewed. There is a stable saccular outpouching arising from the right side of the infrarenal abdominal aorta with a maximal diameter of 3.5 cm, associated with mural thrombus and calcification. Findings are in keeping with a saccular abdominal aortic aneurysm. No fat stranding is seen. Extensive atherosclerotic calcification is also seen in the rest of the aorta and iliac branches. Focal mesenteric fat stranding is seen adjacent to an ileal loop(401/70), possibly representing underlying panniculitis. The adjacent small bowel loops is collapsed. There is no overt mucosal or mural enhancement to suggest frank enteritis. The previously-noted long-segment small bowel mural thickening isnot seen in this study. No free intraperitoneal air or fluid is detected. The previously-noted subcentimetre hypodensity in segment 5 of the liver is not well visualised in this study. Stable subcentimetre hypodensities are seen in both kidneys, which are too small to characterise. The gallbladder, spleen, pancreas and adrenal glands are unremarkable. An incidental splenuculus is noted. The prostate gland, seminal vesicles and urinary bladder show normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Stable bilateral calcified pleural plaques and atelectasis are seen in the imaged lung bases. No destructive bony lesion is identified. CONCLUSION 1. Stable 3.5 cm saccular infrarenal abdominal aortic aneursym. 2. Focal mesenteric fat stranding adjacent to an ileal loop, suggestive of inflammation eg. panniculitis. The adjacent loop of small bowel is collapsed. No overt mural or mucosal enhancement to suggest frank enteritis. The previously-noted long-segment small bowel mural thickening is not seen in this study. May need further action Reported by: <DOCTOR>

Accession Number: df78c49de7e6f791a2bed45a4246d37f570df266001ee0aece44b4e88b136ca5

Updated Date Time: 18/7/2016 17:10

## Layman Explanation

This radiology report discusses HISTORY CT aortogram to characterize infrarenal ?aortic ulcer TECHNIQUE CT aortography of the abdomen and pelvis were acquired after the administration of 80 ml of intravenous Omnipaque 350. FINDINGS The previous CT abdomen and pelvis done 14 July 2016 was reviewed. There is a stable saccular outpouching arising from the right side of the infrarenal abdominal aorta with a maximal diameter of 3.5 cm, associated with mural thrombus and calcification. Findings are in keeping with a saccular abdominal aortic aneurysm. No fat stranding is seen. Extensive atherosclerotic calcification is also seen in the rest of the aorta and iliac branches. Focal mesenteric fat stranding is seen adjacent to an ileal loop(401/70), possibly representing underlying panniculitis. The adjacent small bowel loops is collapsed. There is no overt mucosal or mural enhancement to suggest frank enteritis. The previously-noted long-segment small bowel mural thickening isnot seen in this study. No free intraperitoneal air or fluid is detected. The previously-noted subcentimetre hypodensity in segment 5 of the liver is not well visualised in this study. Stable subcentimetre hypodensities are seen in both kidneys, which are too small to characterise. The gallbladder, spleen, pancreas and adrenal glands are unremarkable. An incidental splenuculus is noted. The prostate gland, seminal vesicles and urinary bladder show normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Stable bilateral calcified pleural plaques and atelectasis are seen in the imaged lung bases. No destructive bony lesion is identified. CONCLUSION 1. Stable 3.5 cm saccular infrarenal abdominal aortic aneursym. 2. Focal mesenteric fat stranding adjacent to an ileal loop, suggestive of inflammation eg. panniculitis. The adjacent loop of small bowel is collapsed. No overt mural or mucosal enhancement to suggest frank enteritis. The previously-noted long-segment small bowel mural thickening is not seen in this study. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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