# Row 5998

Visit Number: 5246f58ee3e26a0f462628b8631568ed353159c37e08c339114333d5f4ab3bb7

Masked\_PatientID: 5997

Order ID: a3a01423c48d5adbb2e34409b7647320e95f3163abe35722d081163bc37d34aa

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/5/2019 18:53

Line Num: 1

Text: HISTORY aortic arch calcification on CXR, for CABG evaluation TECHNIQUE Scan acquired per department protocol. Non-contrast study; assessment of solid organs and vascular structures is limited. FINDINGS Chest radiograph of the same day reviewed. Sparse atherosclerotic calcifications present at the aortic root and sinotubular junction; no significant calcification along the ascending thoracic aorta otherwise. Additional calcifications seen along the aortic arch and rest of the imaged aorta. Coronary arterial calcifications are also seen. The ascending thoracic aorta is ectatic measuring up to 4.1 cm in diameter. Heart appears mildly enlarged. No significant pericardial effusion. Peribronchial thickening and ground-glass changes in both lungs as well as mild interlobular septal thickening, can be related to fluid overload changes in the appropriate clinical context. There is a more focal area of consolidation in the lingula (3\51). Bilateral moderate sizepleural effusions. No enlarged hilar, mediastinal, supraclavicular or axillary lymph node seen. The imaged thyroid and upper abdominal structures are grossly unremarkable within the limits of this unenhanced study. Spondylotic changes in the imaged spine. No suspicious destructive osseous lesion. CONCLUSION 1. Sparse atherosclerotic calcifications at the aortic root; no significant calcification along the ascending thoracic aorta otherwise. Ectatic ascending thoracic aorta. 2.Overall pulmonary findings can be related to fluid overload with pulmonary oedema in the appropriate clinical context, although it would be prudent to clinically exclude infection. 3. Other findings as described above. Report Indicator: Mayneed further action Reported by: <DOCTOR>

Accession Number: 9bb984f8bc2435dacf5db38fbb839523308875dac4b73283f7432a2909eca63d

Updated Date Time: 08/5/2019 9:28

## Layman Explanation

This radiology report discusses HISTORY aortic arch calcification on CXR, for CABG evaluation TECHNIQUE Scan acquired per department protocol. Non-contrast study; assessment of solid organs and vascular structures is limited. FINDINGS Chest radiograph of the same day reviewed. Sparse atherosclerotic calcifications present at the aortic root and sinotubular junction; no significant calcification along the ascending thoracic aorta otherwise. Additional calcifications seen along the aortic arch and rest of the imaged aorta. Coronary arterial calcifications are also seen. The ascending thoracic aorta is ectatic measuring up to 4.1 cm in diameter. Heart appears mildly enlarged. No significant pericardial effusion. Peribronchial thickening and ground-glass changes in both lungs as well as mild interlobular septal thickening, can be related to fluid overload changes in the appropriate clinical context. There is a more focal area of consolidation in the lingula (3\51). Bilateral moderate sizepleural effusions. No enlarged hilar, mediastinal, supraclavicular or axillary lymph node seen. The imaged thyroid and upper abdominal structures are grossly unremarkable within the limits of this unenhanced study. Spondylotic changes in the imaged spine. No suspicious destructive osseous lesion. CONCLUSION 1. Sparse atherosclerotic calcifications at the aortic root; no significant calcification along the ascending thoracic aorta otherwise. Ectatic ascending thoracic aorta. 2.Overall pulmonary findings can be related to fluid overload with pulmonary oedema in the appropriate clinical context, although it would be prudent to clinically exclude infection. 3. Other findings as described above. Report Indicator: Mayneed further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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