# Row 6349

Visit Number: 67df68ff081028a1bf9948d99c7780e2fa5910933dd78e2fd821ea6f9c3082c0

Masked\_PatientID: 6341

Order ID: 329907a1abf4c72594b05b008d0375ed801987f73e249368bcf4655a1f6613ea

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 09/1/2015 14:19

Line Num: 1

Text: HISTORY CTS Pre-admission Tests. TECHNIQUE Plain CT of the thorax was acquired. No intravenous contrast was given. FINDINGS CT THORAX Comparison was made with the prior CT Chest dated 4 Apr 2012. There is diffuse borderline dilatation of the ascending aorta, measuring 4.1 x 4.0 cm at the level of the pulmonary trunk bifurcation. The rest of the thoracic aorta appears to be of normal calibre. No saccular aneurysm is detected. Atherosclerotic mural calcifications are scattered in the thoracic aorta, at the aortic root, aortic arch ( where it is densest) and descending aorta. Extensive coronary arterial calcifications are seen. There is no pericardial effusion. Mild dependent changes are seen in the lung bases. No pulmonary mass, nodule or consolidation is detected. The airways are patent. No pleural effusion is detected. No significantly enlarged axillary, mediastinal or hilar lymph node is detected. There is a vague hypodense nodule in the left lobe of the thyroid (3-9), measuring 12 mm and stable in size when compared with the previous study. There is evidence of previous cholecystectomy. Multiple stable calcified granulomata are seen in the spleen. The restof the unenhanced upper abdomen is unremarkable. There is no destructive bony lesion. CONCLUSION 1. Diffuse borderline dilatation of the ascending aorta, measuring 4.1 x 4.0 cm in diameter. 2. Atherosclerotic calcifications in the thoracic aorta and coronary arteries. 3. Other minor/known findings as described above. May need further action Reported by: <DOCTOR>

Accession Number: 0b8f63767ec09f8bfd856a284ffc8daf03b917388d948eac4caa837c8e2bf032

Updated Date Time: 09/1/2015 18:32

## Layman Explanation

This radiology report discusses HISTORY CTS Pre-admission Tests. TECHNIQUE Plain CT of the thorax was acquired. No intravenous contrast was given. FINDINGS CT THORAX Comparison was made with the prior CT Chest dated 4 Apr 2012. There is diffuse borderline dilatation of the ascending aorta, measuring 4.1 x 4.0 cm at the level of the pulmonary trunk bifurcation. The rest of the thoracic aorta appears to be of normal calibre. No saccular aneurysm is detected. Atherosclerotic mural calcifications are scattered in the thoracic aorta, at the aortic root, aortic arch ( where it is densest) and descending aorta. Extensive coronary arterial calcifications are seen. There is no pericardial effusion. Mild dependent changes are seen in the lung bases. No pulmonary mass, nodule or consolidation is detected. The airways are patent. No pleural effusion is detected. No significantly enlarged axillary, mediastinal or hilar lymph node is detected. There is a vague hypodense nodule in the left lobe of the thyroid (3-9), measuring 12 mm and stable in size when compared with the previous study. There is evidence of previous cholecystectomy. Multiple stable calcified granulomata are seen in the spleen. The restof the unenhanced upper abdomen is unremarkable. There is no destructive bony lesion. CONCLUSION 1. Diffuse borderline dilatation of the ascending aorta, measuring 4.1 x 4.0 cm in diameter. 2. Atherosclerotic calcifications in the thoracic aorta and coronary arteries. 3. Other minor/known findings as described above. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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