# Row 7058

Visit Number: b78850aad942e98c0b96e013ee9f89fcb0b7d981126b60526bcecc3f6644d87e

Masked\_PatientID: 7057

Order ID: e0389b6f9c9184e04fcb820a58abc01cff0c5829de0c907b721472c459d1fb2c

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 24/8/2018 14:41

Line Num: 1

Text: HISTORY type B dissection prox to LSA ?progress TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made previous CT of 21 August 2018. Stanford type B aortic dissection is noted arising just distal to the left subclavian artery origin. Dissection extends as far distally as the right common femoral artery. There is no significant aneurysmal dilatation of the aorta other than mild ectasia at the descending thoracic and upper aortic segment measuring 3.4 cm and 2.8 cm respectively. Borderline ectatic right common iliac artery measuring 1.5cm. No evidence of aortic rupture or leak. The coeliac trunk and bilateral renal arteries arise from the true lumen. The left gastric artery and IMA arise from the true lumen. The SMA arises from both the true and false lumen and appears mildly dilated (1.4 cm). Small left pleural effusion. Dependent atelectasis in both lungs worse in the left. The heart is mildly enlarged. No enlarged hilar or mediastinal lymph nodes. Within limits of the single arterial phase CT, the abdomen and pelvis are grossly unremarkable. CONCLUSION No significant interval change of the Stanford type B aortic dissection from the previous recent CT of 21 August 2018. Known / Minor Finalised by: <DOCTOR>

Accession Number: 0512cdbc468c8c157381ee918f3e12a6f09b103d45585b45215accfb9e4861db

Updated Date Time: 24/8/2018 15:17

## Layman Explanation

This radiology report discusses HISTORY type B dissection prox to LSA ?progress TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made previous CT of 21 August 2018. Stanford type B aortic dissection is noted arising just distal to the left subclavian artery origin. Dissection extends as far distally as the right common femoral artery. There is no significant aneurysmal dilatation of the aorta other than mild ectasia at the descending thoracic and upper aortic segment measuring 3.4 cm and 2.8 cm respectively. Borderline ectatic right common iliac artery measuring 1.5cm. No evidence of aortic rupture or leak. The coeliac trunk and bilateral renal arteries arise from the true lumen. The left gastric artery and IMA arise from the true lumen. The SMA arises from both the true and false lumen and appears mildly dilated (1.4 cm). Small left pleural effusion. Dependent atelectasis in both lungs worse in the left. The heart is mildly enlarged. No enlarged hilar or mediastinal lymph nodes. Within limits of the single arterial phase CT, the abdomen and pelvis are grossly unremarkable. CONCLUSION No significant interval change of the Stanford type B aortic dissection from the previous recent CT of 21 August 2018. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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