# Row 7355

Visit Number: 8e981f5cd397e35ed3132e494b40d576f354fc5f6b571bb34b5c59b132dc817e

Masked\_PatientID: 7352

Order ID: 2daba589889eb6ddb626c7e64d8c26d9cb27f25f398326f1aa7df8df66bf6db8

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/11/2016 14:02

Line Num: 1

Text: HISTORY S/P ASD DEVICE CLOSURE; NEW PERICARDIAL EFFUSION TO EXCLUDE DEVICE EROSION TECHNIQUE Pre- and post-contrast CT of the thorax with ECG-gating. The post-contrast scan was done in the arterial phase (CT aortogram). Multiplanar reformats oriented along and orthogonal to the inter-atrial septum, aortic root and atrial septal occluder were performed and sent to PACS. FINDINGS There is a moderate-to-large pericardial effusion, measuring 2.6 cm in maximum thickness inferior to the left ventricle (series 500 image 33). No evidence of a haemopericardium is detected. The left atrial disc of the atrial septal occluder appears close to the non-coronary cusp of the aorta. The non-coronary cusp appears otherwise unremarkable, with no evidence of erosion. The superior rims of the discs of the atrial septal occluder abut the superior walls of the atria, especially on the side of the device nearer the apex of the heart (e.g., on series 510 image 47). The significance of this finding is uncertain, especially since most of the pericardial effusion is remote from this region. The rest of the device is remote from the walls of the atria, with no erosion identified. The device appearswell-situated in the region of the ostium secundum of the inter-atrial septum. The device appears intact. There is no evidence of fisulation between the atria and the aortic root. The atria are severely dilated. The ventricles appear relatively small. The pulmonary artery and its branches are severely dilated, consistent with pulmonary arterial hypertension. There is a small left pleural effusion. There is compressive atelectasis of the lower lobe of the left lung. The rest ofthe lungs appear unremarkable. Limited sections of the upper abdomen show a nodular outline of the liver, suggestive of cirrhosis. The bones appear unremarkable. CONCLUSION There is no evidence of erosion of the aortic root by the atrial septal occluder. The device abuts the superior walls of the atria, but the clinical significance of this finding is uncertain, especially since most of the pericardial effusion is remote from this region. There is also no evidence of a haemopericardium to suggest erosion of the atrial wall. May need further action Finalised by: <DOCTOR>

Accession Number: 50dc31f850762a7e883cf3f47210b03e0293f4e35b4b80ccbea724f7713cd570

Updated Date Time: 03/11/2016 9:40

## Layman Explanation

This radiology report discusses HISTORY S/P ASD DEVICE CLOSURE; NEW PERICARDIAL EFFUSION TO EXCLUDE DEVICE EROSION TECHNIQUE Pre- and post-contrast CT of the thorax with ECG-gating. The post-contrast scan was done in the arterial phase (CT aortogram). Multiplanar reformats oriented along and orthogonal to the inter-atrial septum, aortic root and atrial septal occluder were performed and sent to PACS. FINDINGS There is a moderate-to-large pericardial effusion, measuring 2.6 cm in maximum thickness inferior to the left ventricle (series 500 image 33). No evidence of a haemopericardium is detected. The left atrial disc of the atrial septal occluder appears close to the non-coronary cusp of the aorta. The non-coronary cusp appears otherwise unremarkable, with no evidence of erosion. The superior rims of the discs of the atrial septal occluder abut the superior walls of the atria, especially on the side of the device nearer the apex of the heart (e.g., on series 510 image 47). The significance of this finding is uncertain, especially since most of the pericardial effusion is remote from this region. The rest of the device is remote from the walls of the atria, with no erosion identified. The device appearswell-situated in the region of the ostium secundum of the inter-atrial septum. The device appears intact. There is no evidence of fisulation between the atria and the aortic root. The atria are severely dilated. The ventricles appear relatively small. The pulmonary artery and its branches are severely dilated, consistent with pulmonary arterial hypertension. There is a small left pleural effusion. There is compressive atelectasis of the lower lobe of the left lung. The rest ofthe lungs appear unremarkable. Limited sections of the upper abdomen show a nodular outline of the liver, suggestive of cirrhosis. The bones appear unremarkable. CONCLUSION There is no evidence of erosion of the aortic root by the atrial septal occluder. The device abuts the superior walls of the atria, but the clinical significance of this finding is uncertain, especially since most of the pericardial effusion is remote from this region. There is also no evidence of a haemopericardium to suggest erosion of the atrial wall. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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