# Row 8333

Visit Number: 7ba1c6ba81694c96a9525e6a0c08e30f7203261ee84af9d638a92e4d74f31fa0

Masked\_PatientID: 8332

Order ID: 1bd94cd5e44ae1a6406c7d43f5933b7ff29cd45b9499c42ddae671cc617911b9

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 12/1/2020 10:36

Line Num: 1

Text: HISTORY pre=op evaluation for patient with severe MS undergoing MVR TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS There is gross cardiomegaly severe dilatation of the left and right atrium.. Right ventricle also appears borderline dilated. No pericardial effusion. The thoracic aorta is normal in calibre. No significant calcification in the ascending aorta. Pulmonary trunk is not dilated but there is mild dilatation of the right and left pulmonary arteries measuring up to 23 mm in diameter. Satisfactory of enhancement of the mediastinal vessels. No suspicious nodules or consolidation seen in the lungs. Scattered areas of subsegmental atelectasis are present in the lung bases. There is no pleural effusion. The central airways are grossly patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Status post right hemithyroidectomy. Small nodule in the left thyroid gland is nonspecific Partially visualised left renal upper pole angiomyolipoma and small renal hypodensities, nonspecific , possibly cysts. No destructive bony lesion CONCLUSION Gross cardiomegaly with severe bi-atrial dilatation. Normal calibre thoracic aorta with no significant calcification in the ascending aorta. Mild dilatation of left and right pulmonary arteries may represent pulmonary hypertension. No significant pulmonary abnormality Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 6f19853a50fa297e197f517cea643fa112f560e396d385f8e178d8d1ead37697

Updated Date Time: 12/1/2020 12:03

## Layman Explanation

This radiology report discusses HISTORY pre=op evaluation for patient with severe MS undergoing MVR TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS There is gross cardiomegaly severe dilatation of the left and right atrium.. Right ventricle also appears borderline dilated. No pericardial effusion. The thoracic aorta is normal in calibre. No significant calcification in the ascending aorta. Pulmonary trunk is not dilated but there is mild dilatation of the right and left pulmonary arteries measuring up to 23 mm in diameter. Satisfactory of enhancement of the mediastinal vessels. No suspicious nodules or consolidation seen in the lungs. Scattered areas of subsegmental atelectasis are present in the lung bases. There is no pleural effusion. The central airways are grossly patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Status post right hemithyroidectomy. Small nodule in the left thyroid gland is nonspecific Partially visualised left renal upper pole angiomyolipoma and small renal hypodensities, nonspecific , possibly cysts. No destructive bony lesion CONCLUSION Gross cardiomegaly with severe bi-atrial dilatation. Normal calibre thoracic aorta with no significant calcification in the ascending aorta. Mild dilatation of left and right pulmonary arteries may represent pulmonary hypertension. No significant pulmonary abnormality Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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