# Row 8601

Visit Number: ce0e900436099b99e2c2eadaf84cfbad171d3c439655a5202ac282cbf73bb64f

Masked\_PatientID: 8589

Order ID: 2695f9b5f02e25ea057ad839e6dbe17392f3bbbfd0a3fbb53dee271f43c0aa5f

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 27/2/2019 14:57

Line Num: 1

Text: HISTORY Dilated aortic root. Mod-severe aortic regurgitation. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS CT AORTOGRAM VASCULAR FINDINGS The aortic root is dilated. The ascending thoracic aorta is ectatic. The rest of the aorta is normal in calibre. No aortic dissection, intramural haematoma or periaortic collection detected. The dimensions of the aorta are as follows (see annotated key images): - - Aortic annulus : 3.0 x 2.3 cm - Sinus of Valsalva : 5.2 x 4.9 x 4.7 cm - Sinotubular junction : 5.4 x 5.0 cm - Ascending aorta : 4.1 x 4.1 cm - Mid aortic arch : 3.7 x 3.6 cm - Descending aorta : 2.9 x 2.9 cm - Aortic hiatus : 2.7 x 2.6 cm - Aorta above SMA) : 2.5 x 2.5 cm - Infrarenal aorta : 2.2 x 2.1 cm - Right common iliac artery : 1.4 x 1.3 cm - Left common iliac artery : 1.4 x 1.3 cm The brachiocephalic trunk, left common carotid artery, left subclavian artery are patent. The coeliac axis, superior and inferior mesenteric arteries, and renal arteries appear patent. A few scattered atherosclerotic plaques are noted. NON-VASCULAR FINDINGS No suspicious pulmonary mass, consolidation or pleural effusion. No significant supraclavicular, axillary, mediastinal or hilar lymphadenopathy detected. The heart is enlarged. No pericardial effusion is seen. Subcentimetre segment 6 hepatic hypodensity detected, too small to accurately characterise but likely a cyst (10-112). The gallbladder, spleen, pancreas, adrenal glands and left kidney appear unremarkable. Tiny right renal lower hypodensity is non-specific but likely a cyst. The partially distended urinary bladder and prostate gland appear unremarkable. The bowel loops are normal in calibre and distribution. No significantly enlarged intra-abdominal or pelvic lymph node seen. There is no ascites. No destructive bone lesion. Spondylotic changes seen in the thoracolumbar spine. CONCLUSION Dilated aortic root (up to 5.4 cm at the sinus of Valsalva), with ectatic ascending thoracic aorta. No contrast leak or peri-aortic collection detected. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: f33e395e07fa0e5a1fb4548d6ad3acd5e395fe788b755c267a27d55fe3320925

Updated Date Time: 27/2/2019 16:18

## Layman Explanation

This radiology report discusses HISTORY Dilated aortic root. Mod-severe aortic regurgitation. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS CT AORTOGRAM VASCULAR FINDINGS The aortic root is dilated. The ascending thoracic aorta is ectatic. The rest of the aorta is normal in calibre. No aortic dissection, intramural haematoma or periaortic collection detected. The dimensions of the aorta are as follows (see annotated key images): - - Aortic annulus : 3.0 x 2.3 cm - Sinus of Valsalva : 5.2 x 4.9 x 4.7 cm - Sinotubular junction : 5.4 x 5.0 cm - Ascending aorta : 4.1 x 4.1 cm - Mid aortic arch : 3.7 x 3.6 cm - Descending aorta : 2.9 x 2.9 cm - Aortic hiatus : 2.7 x 2.6 cm - Aorta above SMA) : 2.5 x 2.5 cm - Infrarenal aorta : 2.2 x 2.1 cm - Right common iliac artery : 1.4 x 1.3 cm - Left common iliac artery : 1.4 x 1.3 cm The brachiocephalic trunk, left common carotid artery, left subclavian artery are patent. The coeliac axis, superior and inferior mesenteric arteries, and renal arteries appear patent. A few scattered atherosclerotic plaques are noted. NON-VASCULAR FINDINGS No suspicious pulmonary mass, consolidation or pleural effusion. No significant supraclavicular, axillary, mediastinal or hilar lymphadenopathy detected. The heart is enlarged. No pericardial effusion is seen. Subcentimetre segment 6 hepatic hypodensity detected, too small to accurately characterise but likely a cyst (10-112). The gallbladder, spleen, pancreas, adrenal glands and left kidney appear unremarkable. Tiny right renal lower hypodensity is non-specific but likely a cyst. The partially distended urinary bladder and prostate gland appear unremarkable. The bowel loops are normal in calibre and distribution. No significantly enlarged intra-abdominal or pelvic lymph node seen. There is no ascites. No destructive bone lesion. Spondylotic changes seen in the thoracolumbar spine. CONCLUSION Dilated aortic root (up to 5.4 cm at the sinus of Valsalva), with ectatic ascending thoracic aorta. No contrast leak or peri-aortic collection detected. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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