# Row 9211

Visit Number: dbc54d156cb8840a971b0879cf7072fa02bc918659b95a5a21ad58f893030bf2

Masked\_PatientID: 9207

Order ID: e7e1e8b20b55723371fb439d82aa6512b08dc46c07fc5dc9ab0c17d13b97d055

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 13/12/2016 13:56

Line Num: 1

Text: HISTORY right heart failure with severe TR for vlave replacement TECHNIQUE Non contrast CT chest was performed FINDINGS Comparison is made with the previous CT chest, abdomen and pelvis dated 01/06/2011. The patient isstatus post prosthetic mitral valve replacement. The measurements of the aorta and its branches are as follows: - Annulus: 2.5 cm (se 6-75) - Coronary sinus: 4.3 cm (se 6-75) - Sinotubular junction: 3.2 cm (se 6-75) - Mid ascending aorta: 3.4cm (se 4-42) - Aortic arch: 3.0 cm (se 4-28) - Descending thoracic aorta (level of pulmonary trunk): 3.5 cm (se 4-42) The heart is grossly enlarged, particularly the left atrium. No pericardial effusion, thickening or calcification is noted. Atelectasis is again seen in both lower lobes. Pleural thickening is noted at the right lower lobe. No sinister pulmonary nodule, mass, ground-glass opacity or consolidation is detected. There is no pleural effusion. The major airways are patent with no intraluminal nodule or mass. No enlarged mediastinal, hilar, supraclavicular or axillary lymph node is detected. The included upper abdomen shows a nodular liver contour suggestive of cirrhosis. Mild ascites is also present. A stable calcific focus is seen at the periphery of the spleen. No destructive bony lesion is seen. CONCLUSION 1. Status post prosthetic mitral valve replacement. Massive cardiomegaly. 2. Liver cirrhosis with small amount of ascites. Known / Minor Reported by: <DOCTOR>

Accession Number: 591865fbfcb0f31dbd7fa7f3de805eea4cf6d2f8bade9365d6e43c4370b2a69c

Updated Date Time: 14/12/2016 11:07

## Layman Explanation

This radiology report discusses HISTORY right heart failure with severe TR for vlave replacement TECHNIQUE Non contrast CT chest was performed FINDINGS Comparison is made with the previous CT chest, abdomen and pelvis dated 01/06/2011. The patient isstatus post prosthetic mitral valve replacement. The measurements of the aorta and its branches are as follows: - Annulus: 2.5 cm (se 6-75) - Coronary sinus: 4.3 cm (se 6-75) - Sinotubular junction: 3.2 cm (se 6-75) - Mid ascending aorta: 3.4cm (se 4-42) - Aortic arch: 3.0 cm (se 4-28) - Descending thoracic aorta (level of pulmonary trunk): 3.5 cm (se 4-42) The heart is grossly enlarged, particularly the left atrium. No pericardial effusion, thickening or calcification is noted. Atelectasis is again seen in both lower lobes. Pleural thickening is noted at the right lower lobe. No sinister pulmonary nodule, mass, ground-glass opacity or consolidation is detected. There is no pleural effusion. The major airways are patent with no intraluminal nodule or mass. No enlarged mediastinal, hilar, supraclavicular or axillary lymph node is detected. The included upper abdomen shows a nodular liver contour suggestive of cirrhosis. Mild ascites is also present. A stable calcific focus is seen at the periphery of the spleen. No destructive bony lesion is seen. CONCLUSION 1. Status post prosthetic mitral valve replacement. Massive cardiomegaly. 2. Liver cirrhosis with small amount of ascites. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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