# Row 1186

Visit Number: 5cb6806f19a3318a21014c905a5baf375c521d494cd287bca90180c6d21ef6d4

Masked\_PatientID: 1157

Order ID: 12724fcc2aaf95c2992686ee1f09b35a8d505f5df432a42a34995029d9b18e77

Order Name: CT Aortogram (Abdomen)

Result Item Code: CTANGAORA

Performed Date Time: 19/10/2018 16:27

Line Num: 1

Text: HISTORY Infrarenal AAA s/p EVAR 22/5/18 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 85 FINDINGS Previous CT aortography dated 10/06/2018 was reviewed. The patient is status post juxtarenal endovascular aneurysm repair (EVAR) with stent graft beginning at the level of L1 and extending to the common iliac arteries. Chimney stents in the coeliac trunk, superior mesenteric artery and bilateral renal arteries are stable in position as well. No contrast extravasation is seen to suggest an endoleak. The aorta is stable in calibre without evidence of new aneurysm or dissection. The aneurysm sac is smaller since last study, with maximum calibre of 5.4 x 5.3 cm (3-43). No periaortic stranding or collection is visualised. No intraperitoneal free fluid is detected. Bilateral renal hypodensities are too small to characterise but are likely stable renal cyts. No urinary calculus or hydronephrosis. The prostate is enlarged and shows coarse calcifications. The gallbladder contains a tiny calculus without evidence of acute inflammation. No biliary tree dilation or signs of acute inflammation. The liver contains a tiny hypodensitytoo small to characterise (9-11) but likely a cyst. The pancreas, spleen, and adrenals are unremarkable. Interval improvement of the fat stranding around the rectum is seen. The visualised bowel is unremarkable. There is a large right-sided direct inguinal hernia containing small bowel loops and the urinary bladder. No sign of strangulation is seen. A left Bochdalek hernia containing intra-abdominal fat is seen again, stable. No aggressive bone lesions. Included lung bases areclear. No pleural effusion. CONCLUSION 1. The patient is status post EVAR from renal arteries to the common iliac arteries. Stents are noted in the origins of the coeliac trunk, SMA and renal arteries. No endoleak or periaortic collections. The aneurysmal sac is smaller from previously. 2. Stable right direct inguinal hernia and left Bochdalek fat containing hernia. 3. Other minor findings as above. Known / Minor Reported by: <DOCTOR>

Accession Number: af1e36adc349602b76167af61d489e802157cca5edf835c58871047961752fd3

Updated Date Time: 26/10/2018 11:53

## Layman Explanation

This radiology report discusses HISTORY Infrarenal AAA s/p EVAR 22/5/18 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 85 FINDINGS Previous CT aortography dated 10/06/2018 was reviewed. The patient is status post juxtarenal endovascular aneurysm repair (EVAR) with stent graft beginning at the level of L1 and extending to the common iliac arteries. Chimney stents in the coeliac trunk, superior mesenteric artery and bilateral renal arteries are stable in position as well. No contrast extravasation is seen to suggest an endoleak. The aorta is stable in calibre without evidence of new aneurysm or dissection. The aneurysm sac is smaller since last study, with maximum calibre of 5.4 x 5.3 cm (3-43). No periaortic stranding or collection is visualised. No intraperitoneal free fluid is detected. Bilateral renal hypodensities are too small to characterise but are likely stable renal cyts. No urinary calculus or hydronephrosis. The prostate is enlarged and shows coarse calcifications. The gallbladder contains a tiny calculus without evidence of acute inflammation. No biliary tree dilation or signs of acute inflammation. The liver contains a tiny hypodensitytoo small to characterise (9-11) but likely a cyst. The pancreas, spleen, and adrenals are unremarkable. Interval improvement of the fat stranding around the rectum is seen. The visualised bowel is unremarkable. There is a large right-sided direct inguinal hernia containing small bowel loops and the urinary bladder. No sign of strangulation is seen. A left Bochdalek hernia containing intra-abdominal fat is seen again, stable. No aggressive bone lesions. Included lung bases areclear. No pleural effusion. CONCLUSION 1. The patient is status post EVAR from renal arteries to the common iliac arteries. Stents are noted in the origins of the coeliac trunk, SMA and renal arteries. No endoleak or periaortic collections. The aneurysmal sac is smaller from previously. 2. Stable right direct inguinal hernia and left Bochdalek fat containing hernia. 3. Other minor findings as above. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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