# Row 1165

Visit Number: 4b96b3343c4de6692fad8e211170b48c595151167d842398e30e0bb874a6c113

Masked\_PatientID: 1157

Order ID: 98a77fdc75b625232691ae1e7bd3fec196628a7cb167f4aab87f80d92491892c

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 28/2/2018 15:31

Line Num: 1

Text: HISTORY infrarenal AAA, now in fluid overload B/G AR - planned for surgery TECHNIQUE Scans acquired as per department protocol. Contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Aorta The ascending aorta shows mild ectasia and some unfolding measuring 3.6 cm at its mid ascending portion. The descending thoracic aorta also shows mild ectasia measuring 2.9 centimetres. Some unfolding of the descending thoracic aorta is present and the aorta measures 2.4 cm at the aortic hiatus. The upper abdominal aorta shows mild ectasia and measures 2.7 cm. There is an infrarenal aortic aneurysm measuring 5.7 x 5.6 cm. A rind of thrombus is present in the anterior and right lateral lumen of the aneurysm. The neck of the aneurysm is short measuring under 5 mm from the left renal artery. Inferiorly the aneurysm extends to the aortic bifurcation which is of a normal calibre measuring approximately 1.8 cm. There is ectasia of the right common iliac artery which has a diameter of approximately 1.2 cm. The left common iliac artery is of normal calibre measuring 8 mm. Both external iliac arteries are of normal calibre. Thorax There is small volume lymph nodes in the superior mediastinum. The pulmonary parenchyma shows no evidence of vascular congestion but there is some atelectasis in the lingular segment of the left upper lobe. There is also a degree of emphysema particularly in the upper lobes. A trace amount of pleural fluid is present in both hemithoraces. There is herniation of the retroperitoneal fat into the left lower thorax. Abdomen. The liver has a smooth outline and no focal suspicious hepatic parenchymal lesion is seen. The bile ducts are not dilated and the gallbladder appears normal. The pancreas, spleen and the adrenals are unremarkable. The bowel shows no suspicious thickening or dilatation. The prostate is markedly enlarged and indents into the base of the bladder. A urinary catheter is present. There is a right scrotal hernia containing loops of small bowel and a portion of the urinary bladder CONCLUSION There is an infrarenal aortic aneurysm with a maximal dimension of 5.7 cm. May need further action Finalised by: <DOCTOR>

Accession Number: 4c6bd028d22d7f7581e32652e1e0e9bd58eff809eca5b075e8085c1bc77ff7d4

Updated Date Time: 28/2/2018 16:56

## Layman Explanation

This radiology report discusses HISTORY infrarenal AAA, now in fluid overload B/G AR - planned for surgery TECHNIQUE Scans acquired as per department protocol. Contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Aorta The ascending aorta shows mild ectasia and some unfolding measuring 3.6 cm at its mid ascending portion. The descending thoracic aorta also shows mild ectasia measuring 2.9 centimetres. Some unfolding of the descending thoracic aorta is present and the aorta measures 2.4 cm at the aortic hiatus. The upper abdominal aorta shows mild ectasia and measures 2.7 cm. There is an infrarenal aortic aneurysm measuring 5.7 x 5.6 cm. A rind of thrombus is present in the anterior and right lateral lumen of the aneurysm. The neck of the aneurysm is short measuring under 5 mm from the left renal artery. Inferiorly the aneurysm extends to the aortic bifurcation which is of a normal calibre measuring approximately 1.8 cm. There is ectasia of the right common iliac artery which has a diameter of approximately 1.2 cm. The left common iliac artery is of normal calibre measuring 8 mm. Both external iliac arteries are of normal calibre. Thorax There is small volume lymph nodes in the superior mediastinum. The pulmonary parenchyma shows no evidence of vascular congestion but there is some atelectasis in the lingular segment of the left upper lobe. There is also a degree of emphysema particularly in the upper lobes. A trace amount of pleural fluid is present in both hemithoraces. There is herniation of the retroperitoneal fat into the left lower thorax. Abdomen. The liver has a smooth outline and no focal suspicious hepatic parenchymal lesion is seen. The bile ducts are not dilated and the gallbladder appears normal. The pancreas, spleen and the adrenals are unremarkable. The bowel shows no suspicious thickening or dilatation. The prostate is markedly enlarged and indents into the base of the bladder. A urinary catheter is present. There is a right scrotal hernia containing loops of small bowel and a portion of the urinary bladder CONCLUSION There is an infrarenal aortic aneurysm with a maximal dimension of 5.7 cm. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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