# Row 1512

Visit Number: d4e9c47e5827143083c0ca603c6b2a04e15f3afb98b91106c27d527c7ef05967

Masked\_PatientID: 1511

Order ID: 3d99d10abecb574a48da1674c881eb09dd9b26c5b7546299abbdd086f66d6aaf

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 23/7/2018 13:09

Line Num: 1

Text: HISTORY Recurrent Cough for Ix, exclude aneurysm; Hx of nasal polyps and minor ENT no mucus seen at nasopharynx Had normal Sinus and Chest XR Voice hoarse Chest XR unfolding of aorta To exclude recurrent laryngeal nerve issues with unfolding of aorta TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Aortic atherosclerotic disease is noted with mixed soft and calcified plaques. There is mild aneurysmal dilatation of the distal aortic arch or upper descending thoracic aorta, with the aforementioned disease, measuring up to 4 cm in maximum diameter. This is likely close to the expected course of the recurrent laryngeal nerve. Mild but smooth dilatation of ascending aortic segment (free of atheromas) measuring up to 4.3 cm at the level of the right pulmonary artery. The rest of the descending thoracic aorta is not dilated. No enlarged hilar or mediastinal lymph nodes, pleural or pericardial effusion. Airway thickening is noted in the bilateral lower lobes. There is some small airways opacities likely due to inflammation or infection. This affects to a lesser extent the middle lobe. Included sections of the upper abdomen show bilobar liver cysts, bilateral renal cysts and a couple of small stones in the left renal mid to lower poles. Bone settings show no destructive lesion. CONCLUSION Thoracic aortic atherosclerotic disease. The diseased distal arch and upper descending segments show mild aneurysmal dilatation likely close to the recurrent laryngeal nerve. There is also mild dilatation of the ascending aortic segment. Small airways inflammation or infection predominantly in the lower lobes. May need further action Finalised by: <DOCTOR>

Accession Number: a905abde885b9ebd515b06463f2edf0f1ec5fff91a934e62d7307140fec6741e

Updated Date Time: 25/7/2018 10:34

## Layman Explanation

This radiology report discusses HISTORY Recurrent Cough for Ix, exclude aneurysm; Hx of nasal polyps and minor ENT no mucus seen at nasopharynx Had normal Sinus and Chest XR Voice hoarse Chest XR unfolding of aorta To exclude recurrent laryngeal nerve issues with unfolding of aorta TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Aortic atherosclerotic disease is noted with mixed soft and calcified plaques. There is mild aneurysmal dilatation of the distal aortic arch or upper descending thoracic aorta, with the aforementioned disease, measuring up to 4 cm in maximum diameter. This is likely close to the expected course of the recurrent laryngeal nerve. Mild but smooth dilatation of ascending aortic segment (free of atheromas) measuring up to 4.3 cm at the level of the right pulmonary artery. The rest of the descending thoracic aorta is not dilated. No enlarged hilar or mediastinal lymph nodes, pleural or pericardial effusion. Airway thickening is noted in the bilateral lower lobes. There is some small airways opacities likely due to inflammation or infection. This affects to a lesser extent the middle lobe. Included sections of the upper abdomen show bilobar liver cysts, bilateral renal cysts and a couple of small stones in the left renal mid to lower poles. Bone settings show no destructive lesion. CONCLUSION Thoracic aortic atherosclerotic disease. The diseased distal arch and upper descending segments show mild aneurysmal dilatation likely close to the recurrent laryngeal nerve. There is also mild dilatation of the ascending aortic segment. Small airways inflammation or infection predominantly in the lower lobes. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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