# Row 4533

Visit Number: 717b094747b98db3e3d403fcadedd34558387ffbabd87d24713843316e4472b1

Masked\_PatientID: 4533

Order ID: 7d5cd450c81273cf610affb83d5857feee75f28513dcf7d5722c101c22f17c7f

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 02/3/2018 14:18

Line Num: 1

Text: HISTORY Workup for source of clot. CT ANGIOGRAM THORAX PREVIOUS Left CFA CLOT - in Left LL causing compartment syndrome and severe reperfusion syndrome needing emergency operation TECHNIQUE Contrast enhanced scans of the thorax during the arterial phase, optimised for evaluation of the aorta. Intravenous contrast: 75 ml Omnipaque 350 FINDINGS Comparison made with the CT coronary angiogram of 3 Oct 2011. Mild atherosclerotic changes are seen in aorta, it is mainlysmall calcified plaques in the arch and descending thoracic aorta. No aortic aneurysm or periaortic fluid is detected. There is a known right coronary artery fistula into the right atrium, with stable dilatation of the right coronary artery. There is non-opacification of the mid and distal portions of the coronary artery fistula, suggesting that it may be thrombosed. Non-opacification of the peripheral aspect of the left atrial appendage (7-58) may be due to layering of contrast rather than thrombus (note is made of the earlier echocardiogram which did not reveal any intracardiac thrombus). Previous mitral valve annuloplasty noted. No significantly enlarged mediastinal or hilar lymph node is detected. No pericardial effusion is seen. No pulmonary mass or consolidation is seen. Small bilateral pleural effusions are present. The limited sections of the upper abdomen appear grossly unremarkable. Sternotomy wires in situ. No destructive bony lesion is seen. CONCLUSION 1. No thoracic aortic aneurysm detected. Mild atherosclerotic changes in the aorta. 2. Layering of contrast in the left atrial appendage is presumably due to delayed filling. Note is made of the prior echocardiogram which did not reveal any intra-cardiac thrombus. 3. Stable ectatic/dilated right coronary artery secondary to known fistula with the right atrium. The mid to distal portions of the coronary artery fistula may be thrombosed. May need further actionFinalised by: <DOCTOR>

Accession Number: de5292de299729ee4be367583f0633e112398ec0420ebc7165f3fe8a4e454eca

Updated Date Time: 18/8/2020 14:57

## Layman Explanation

This radiology report discusses HISTORY Workup for source of clot. CT ANGIOGRAM THORAX PREVIOUS Left CFA CLOT - in Left LL causing compartment syndrome and severe reperfusion syndrome needing emergency operation TECHNIQUE Contrast enhanced scans of the thorax during the arterial phase, optimised for evaluation of the aorta. Intravenous contrast: 75 ml Omnipaque 350 FINDINGS Comparison made with the CT coronary angiogram of 3 Oct 2011. Mild atherosclerotic changes are seen in aorta, it is mainlysmall calcified plaques in the arch and descending thoracic aorta. No aortic aneurysm or periaortic fluid is detected. There is a known right coronary artery fistula into the right atrium, with stable dilatation of the right coronary artery. There is non-opacification of the mid and distal portions of the coronary artery fistula, suggesting that it may be thrombosed. Non-opacification of the peripheral aspect of the left atrial appendage (7-58) may be due to layering of contrast rather than thrombus (note is made of the earlier echocardiogram which did not reveal any intracardiac thrombus). Previous mitral valve annuloplasty noted. No significantly enlarged mediastinal or hilar lymph node is detected. No pericardial effusion is seen. No pulmonary mass or consolidation is seen. Small bilateral pleural effusions are present. The limited sections of the upper abdomen appear grossly unremarkable. Sternotomy wires in situ. No destructive bony lesion is seen. CONCLUSION 1. No thoracic aortic aneurysm detected. Mild atherosclerotic changes in the aorta. 2. Layering of contrast in the left atrial appendage is presumably due to delayed filling. Note is made of the prior echocardiogram which did not reveal any intra-cardiac thrombus. 3. Stable ectatic/dilated right coronary artery secondary to known fistula with the right atrium. The mid to distal portions of the coronary artery fistula may be thrombosed. May need further actionFinalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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