# Row 4762

Visit Number: 19327a497f94599b496f18c1cb8e3c47af93462322f4aea6a33265722638d2a3

Masked\_PatientID: 4762

Order ID: d526d890db249a541b3f51200bb61504beb0b162e1b3eb4756196ac6107c83d5

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 12/12/2016 10:06

Line Num: 1

Text: HISTORY assess ascending aorta calcification TECHNIQUE ECG gated nonenhanced CT chest. No previous comparison studies. FINDINGS The thoracic aorta is normal in calibre (ascending aorta measures 3.6 cm in diameter). There is left sided aortic arch with usual branching pattern of arch vessels. Atheromatous calcification is present in the arch and throughout the length of the descending thoracic aorta. Scattered small calcific foci around ST junction anddistal part of the ascending aorta (5-36). There is calcification in proximal segment of the left subclavian artery. There is mild cardiomegaly. Coronary artery calcification is present. A left tunneled catheter in situ with its tip in theright atrium.Small volume mediastinal nodes, likely reactive. The lung parenchyma shows some scattered atelectasis / minimal scarring, particularly in the lower lobes. No suspicious mass or consolidation. Major airways are patent. No pleural or pericardial effusions. Included upper abdomen sections are grossly clear. CONCLUSION Calcified plaques in arch and descending thoracic aorta. Only minimal small calcified plaques in ascending aorta near ST ejection and distal part. Known / Minor Finalised by: <DOCTOR>

Accession Number: e0e8612efef8c04af3a2defe089e27b49492669931c4a1ee3367258a6dc3e647

Updated Date Time: 12/12/2016 11:37

## Layman Explanation

This radiology report discusses HISTORY assess ascending aorta calcification TECHNIQUE ECG gated nonenhanced CT chest. No previous comparison studies. FINDINGS The thoracic aorta is normal in calibre (ascending aorta measures 3.6 cm in diameter). There is left sided aortic arch with usual branching pattern of arch vessels. Atheromatous calcification is present in the arch and throughout the length of the descending thoracic aorta. Scattered small calcific foci around ST junction anddistal part of the ascending aorta (5-36). There is calcification in proximal segment of the left subclavian artery. There is mild cardiomegaly. Coronary artery calcification is present. A left tunneled catheter in situ with its tip in theright atrium.Small volume mediastinal nodes, likely reactive. The lung parenchyma shows some scattered atelectasis / minimal scarring, particularly in the lower lobes. No suspicious mass or consolidation. Major airways are patent. No pleural or pericardial effusions. Included upper abdomen sections are grossly clear. CONCLUSION Calcified plaques in arch and descending thoracic aorta. Only minimal small calcified plaques in ascending aorta near ST ejection and distal part. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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