# Row 561

Visit Number: 490a94f0e7d7148b586257ea441b462ee4d6789d24a9168f62d85e7af28507de

Masked\_PatientID: 538

Order ID: f0741a1d8fd22f4b823ced0498a0969f723dd05291b141edcd4c1107c08f3885

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 06/1/2020 10:47

Line Num: 1

Text: HISTORY Type A Aortic Dissection s/p Asc Aorta Replacement TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 90 FINDINGS Compared with previous CT study dated 12/09/2019. Note also madeof PET CT study dated 30/09/2019. There has been interval repair of ascending aorta with a graft which appears intact. There is fluid density area along ascending aorta graft, measuring up to 2.2 cm in thickness (9-42), interval improved from previous PET CT study, likely postsurgical. Previously seen bilateral pleural effusions have resolved now. No pleural or pericardial effusions seen in current study. The aortic root appears unremarkable without any convincing flap or haematoma seen. Coronaries opacify normally. There is interval improvement of previously seen false lumen in the distal arch/proximal descending aorta in the current study which is only seen as thin hyperdensity in the current study (9-29). The dissection is visualised from the level of the mid descending thoracic aorta which extends distally into the right common femoral/superficial femoral artery, as before. There is partial nonopacification/thrombosis of the false lumen in mid thoracic aorta. Segments of mid-to-distal thoracic aorta are aneurysmal, appearing slightly more dilated now for example at the level of left inferior pulmonary vein the aorta measures 4.7 cm currently compared to 4 cm at the same level previously (current 9-57). There is opacification of the rest of the false lumen throughout the aorta. The true lumen is smaller, as before. There is some irregularity at the origin/proximal segment of left subclavian artery (9-22), likely representing residual dissection changes. The branches of arch including subclavian otherwise opacify normally. In abdomen the celiac axis, SMA, left renal and right renal ( duplicated) are arising from true lumen, as before. The IMA arises from false lumen, as before. The major vasculature enhances normally. The rest of the mediastinal vasculature enhances normally. No enlarged lymph nodes. Small volume nodes are present, not enlarged. Scattered atelectasis in the lungs. A subpleural nodularity in right middle lobe (9-53) appears flat on coronal is likely due to atelectasis. Airways are patent. Emphysematous changes in the lung apices. The liver, gallbladder, spleen, pancreas, adrenals, kidneys and bowel loops appear grossly normal in this artery phase scan save for a stable left renal upper pole hypodensity, likely cyst. Urinary bladder is only partly distended appears grossly normal. Prostate gland is not enlarged. No enlarged lymph nodes or ascites. No evidence of end organ ischaemia.No suspicious bony lesions. Sternotomy noted CONCLUSION Compared with previous CT studies Known type A aortic dissection , post graft repair of the ascending aorta. There is a fluid density area along the ascending aortic graft, appearing less prominent compared to previous CT study of 30/09/2019, likely representing postsurgical changes. Residual dissection in descending thoracic aorta, extending distally into right superficial femoral artery is noted again. There is interval improvement of previously seen false lumen in distal arch/proximal descending thoracic aorta in current study which is seen only as thin hypodensity currently, the distal extent of dissection however appears similar to previous study. segmentsof mid-to-distal descending thoracic aorta appear aneurysmal, appearing mildly more dilated now. Rest of the findings as above. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: ac47b61df08ee79a8932643d400d37d5e23639a3e9228e9fb0be61e15b0140f6

Updated Date Time: 06/1/2020 13:51

## Layman Explanation

This radiology report discusses HISTORY Type A Aortic Dissection s/p Asc Aorta Replacement TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 90 FINDINGS Compared with previous CT study dated 12/09/2019. Note also madeof PET CT study dated 30/09/2019. There has been interval repair of ascending aorta with a graft which appears intact. There is fluid density area along ascending aorta graft, measuring up to 2.2 cm in thickness (9-42), interval improved from previous PET CT study, likely postsurgical. Previously seen bilateral pleural effusions have resolved now. No pleural or pericardial effusions seen in current study. The aortic root appears unremarkable without any convincing flap or haematoma seen. Coronaries opacify normally. There is interval improvement of previously seen false lumen in the distal arch/proximal descending aorta in the current study which is only seen as thin hyperdensity in the current study (9-29). The dissection is visualised from the level of the mid descending thoracic aorta which extends distally into the right common femoral/superficial femoral artery, as before. There is partial nonopacification/thrombosis of the false lumen in mid thoracic aorta. Segments of mid-to-distal thoracic aorta are aneurysmal, appearing slightly more dilated now for example at the level of left inferior pulmonary vein the aorta measures 4.7 cm currently compared to 4 cm at the same level previously (current 9-57). There is opacification of the rest of the false lumen throughout the aorta. The true lumen is smaller, as before. There is some irregularity at the origin/proximal segment of left subclavian artery (9-22), likely representing residual dissection changes. The branches of arch including subclavian otherwise opacify normally. In abdomen the celiac axis, SMA, left renal and right renal ( duplicated) are arising from true lumen, as before. The IMA arises from false lumen, as before. The major vasculature enhances normally. The rest of the mediastinal vasculature enhances normally. No enlarged lymph nodes. Small volume nodes are present, not enlarged. Scattered atelectasis in the lungs. A subpleural nodularity in right middle lobe (9-53) appears flat on coronal is likely due to atelectasis. Airways are patent. Emphysematous changes in the lung apices. The liver, gallbladder, spleen, pancreas, adrenals, kidneys and bowel loops appear grossly normal in this artery phase scan save for a stable left renal upper pole hypodensity, likely cyst. Urinary bladder is only partly distended appears grossly normal. Prostate gland is not enlarged. No enlarged lymph nodes or ascites. No evidence of end organ ischaemia.No suspicious bony lesions. Sternotomy noted CONCLUSION Compared with previous CT studies Known type A aortic dissection , post graft repair of the ascending aorta. There is a fluid density area along the ascending aortic graft, appearing less prominent compared to previous CT study of 30/09/2019, likely representing postsurgical changes. Residual dissection in descending thoracic aorta, extending distally into right superficial femoral artery is noted again. There is interval improvement of previously seen false lumen in distal arch/proximal descending thoracic aorta in current study which is seen only as thin hypodensity currently, the distal extent of dissection however appears similar to previous study. segmentsof mid-to-distal descending thoracic aorta appear aneurysmal, appearing mildly more dilated now. Rest of the findings as above. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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