# Row 560

Visit Number: e95c83d6ef15ae0d531caf3f22b7c25fca559e3d80fd833cf0eb7d2f92061365

Masked\_PatientID: 538

Order ID: 3055f8000b57f44d9a41b75475b5efc7e44ae1608b667cff5dc37bc10b125534

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 24/4/2020 15:04

Line Num: 1

Text: HISTORY Possible aortic dissection Presenting with giddiness, diaphoresis, nausea TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 90 FINDINGS Compared with previous study dated 06/01/2020. There has been previous graft repair of ascending aorta for type A aortic dissection. Fluid density adjacent to the graft, measuring up to 1.6 cm in thickness (14-33) appears slightly less prominent now and likely represents part of postsurgical changes. There is stable kink in the graft (14-35). The aortic root appears unremarkable without any evidence of dissection. Coronaries are patent. Residual dissection is once again seen commencing in the mid descending thoracic aorta and extends distally into the right superficial femoral artery, appearing fairly stable. The false lumen in distal arch/proximal descending thoracic aorta which was seen on initial study of 12/09/2019 is no longer visualised, as was also seen on last CT study. Part of the false lumen in mid descending thoracic aorta remains thrombosed, as before (14-52). The mid descending thoracic aorta is mildly aneurysmal at this level measuring up to 4.7 cm in diameter, appearing fairly stable. The false lumen is larger and otherwise remains patent. No interval new hyperdensity or periaortic collections are seen to suspect re dissection or haematoma. Some irregularity at the origin of the left subclavian artery is noted again (14-19), as before. No definite flap seen in the neck vessels. The celiac axis, SMA, left renal arise from the true lumen. The right renal arteries (duplicated) have been shown as arising from the true lumen on initial study (best seen on coronal images ,15-49). IMA arises from the false lumen. The major visceral branches opacify normally. Rest of the mediastinal vasculature appears grossly normal. No mediastinal collections. Small volume nodes, likely reactive. No pleural pericardialeffusion. Paraseptal emphysema in lung apex, stable. There is a stable tiny nodule in right upper lobe (14-36). Other nodular density in right middle lobe appears flat on coronal (14-47), stable, likely atelectasis. - scattered atelectasis is present in the lungs, as before. Airways are patent. A tiny hypodensity in the segment four of the liver, stable, possibly cyst. Stable tiny cyst at upper pole of the left kidney. The rest of the liver, spleen, pancreas, left adrenal gland kidneys and bowel loops otherwise appear grossly normal. A low density subcentimetre nodule in the right adrenal gland (14-95) remains stable, possibly a benign adenoma. Urinary bladder and prostate appear unremarkable. No enlarged lymph nodes or ascites. No suspicious bony lesions. CONCLUSION 1. Known case of type A aortic dissection status post graft repair of the ascending aorta. The residual dissection in the mid descending thoracic aorta extending distally into right femoral artery is noted again, appearing fairly stable in extent compared to previous CT study of 06/01/2020. There is no evidence of interval new dissection or periaortic haematoma. Some fluid adjacent to the ascending aortic graft is noted again, marginally less prominent now, possibly post surgical changes. 2. Other minor stable findings as above. No interval suspicious imaging abnormalities. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 741e059f0c152f56250b4a7134612d934c2b4b90d66664d6f7c66b0c90996ef5

Updated Date Time: 24/4/2020 17:10

## Layman Explanation

This radiology report discusses HISTORY Possible aortic dissection Presenting with giddiness, diaphoresis, nausea TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 90 FINDINGS Compared with previous study dated 06/01/2020. There has been previous graft repair of ascending aorta for type A aortic dissection. Fluid density adjacent to the graft, measuring up to 1.6 cm in thickness (14-33) appears slightly less prominent now and likely represents part of postsurgical changes. There is stable kink in the graft (14-35). The aortic root appears unremarkable without any evidence of dissection. Coronaries are patent. Residual dissection is once again seen commencing in the mid descending thoracic aorta and extends distally into the right superficial femoral artery, appearing fairly stable. The false lumen in distal arch/proximal descending thoracic aorta which was seen on initial study of 12/09/2019 is no longer visualised, as was also seen on last CT study. Part of the false lumen in mid descending thoracic aorta remains thrombosed, as before (14-52). The mid descending thoracic aorta is mildly aneurysmal at this level measuring up to 4.7 cm in diameter, appearing fairly stable. The false lumen is larger and otherwise remains patent. No interval new hyperdensity or periaortic collections are seen to suspect re dissection or haematoma. Some irregularity at the origin of the left subclavian artery is noted again (14-19), as before. No definite flap seen in the neck vessels. The celiac axis, SMA, left renal arise from the true lumen. The right renal arteries (duplicated) have been shown as arising from the true lumen on initial study (best seen on coronal images ,15-49). IMA arises from the false lumen. The major visceral branches opacify normally. Rest of the mediastinal vasculature appears grossly normal. No mediastinal collections. Small volume nodes, likely reactive. No pleural pericardialeffusion. Paraseptal emphysema in lung apex, stable. There is a stable tiny nodule in right upper lobe (14-36). Other nodular density in right middle lobe appears flat on coronal (14-47), stable, likely atelectasis. - scattered atelectasis is present in the lungs, as before. Airways are patent. A tiny hypodensity in the segment four of the liver, stable, possibly cyst. Stable tiny cyst at upper pole of the left kidney. The rest of the liver, spleen, pancreas, left adrenal gland kidneys and bowel loops otherwise appear grossly normal. A low density subcentimetre nodule in the right adrenal gland (14-95) remains stable, possibly a benign adenoma. Urinary bladder and prostate appear unremarkable. No enlarged lymph nodes or ascites. No suspicious bony lesions. CONCLUSION 1. Known case of type A aortic dissection status post graft repair of the ascending aorta. The residual dissection in the mid descending thoracic aorta extending distally into right femoral artery is noted again, appearing fairly stable in extent compared to previous CT study of 06/01/2020. There is no evidence of interval new dissection or periaortic haematoma. Some fluid adjacent to the ascending aortic graft is noted again, marginally less prominent now, possibly post surgical changes. 2. Other minor stable findings as above. No interval suspicious imaging abnormalities. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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