# Row 611

Visit Number: 8b35c835e0c640c369ea6ad16a1aa738b80b2dc2305da09440c485a8dd9a615d

Masked\_PatientID: 610

Order ID: 09e82c57b9db52497f405669690779affac1a973f0eb29db81d007f147bc3a22

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 09/10/2015 20:51

Line Num: 1

Text: HISTORY rheumatic heart disease with AS s/p AVR in 1980, cx by aortic root dilatation s/p ascending aorta and aortic root replacement with bioprosthetic graft in 2014 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the previous CT aortography of 10 July 2013. Sternotomy wires noted. There is interval ascending aorta and aortic root replacement with bioprosthetic graft in 2014. The metallic aortic valve has been removed. The aortic root and the ascending aorta is not dilated in the current study. Small amount of peri-aortic soft tissue around the ascending aorta may be related to graft insertion. The rest of the thoracic aorta is normal in calibre. No dissection, focal penetrating ulcer, peri-aortic fat stranding, abnormal aneurysmal dilatation or frank contrast extravasation. There are scattered mural calcifications along the aortic arch and descendingthoracic aorta in keeping with atherosclerosis. The proximal celiac and superior mesentery arteries are unremarkable. The brachiocephalic artery, left common carotid and left subclavian arteries are patent. The major airways are patent. No consolidation or suspicious pulmonary nodule. New area of scarring in the left lower lobe is noted. There is no pleural or pericardial effusion. No significantly enlarged in mediastinal, hilar, supraclavicular or axillary lymph node. The visualised thyroid gland is unremarkable. Bilateral gynecomastia is noted. In the arterial phase scan of the upper abdomen, the left kidney is smaller than the right. There are areas of cortical scarring in both kidneys. A few right renal cysts are noted. No other focal abnormality is seen. No destructive bone lesion. CONCLUSION Status post interval ascending aorta and aortic valve replacement with bioprosthetic graft in 2014. The metallic prostatic aortic valve has been removed. No dilatation of the aortic root or ascending aorta. The rest of the aorta is unremarkable with no evidence of acute aortic syndrome(s). Known / Minor Reported by: <DOCTOR>

Accession Number: 88c9b2102f0d1277b87e737d8e3c1c29b1a595c6928864553407aee868084b87

Updated Date Time: 11/10/2015 8:16

## Layman Explanation

This radiology report discusses HISTORY rheumatic heart disease with AS s/p AVR in 1980, cx by aortic root dilatation s/p ascending aorta and aortic root replacement with bioprosthetic graft in 2014 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the previous CT aortography of 10 July 2013. Sternotomy wires noted. There is interval ascending aorta and aortic root replacement with bioprosthetic graft in 2014. The metallic aortic valve has been removed. The aortic root and the ascending aorta is not dilated in the current study. Small amount of peri-aortic soft tissue around the ascending aorta may be related to graft insertion. The rest of the thoracic aorta is normal in calibre. No dissection, focal penetrating ulcer, peri-aortic fat stranding, abnormal aneurysmal dilatation or frank contrast extravasation. There are scattered mural calcifications along the aortic arch and descendingthoracic aorta in keeping with atherosclerosis. The proximal celiac and superior mesentery arteries are unremarkable. The brachiocephalic artery, left common carotid and left subclavian arteries are patent. The major airways are patent. No consolidation or suspicious pulmonary nodule. New area of scarring in the left lower lobe is noted. There is no pleural or pericardial effusion. No significantly enlarged in mediastinal, hilar, supraclavicular or axillary lymph node. The visualised thyroid gland is unremarkable. Bilateral gynecomastia is noted. In the arterial phase scan of the upper abdomen, the left kidney is smaller than the right. There are areas of cortical scarring in both kidneys. A few right renal cysts are noted. No other focal abnormality is seen. No destructive bone lesion. CONCLUSION Status post interval ascending aorta and aortic valve replacement with bioprosthetic graft in 2014. The metallic prostatic aortic valve has been removed. No dilatation of the aortic root or ascending aorta. The rest of the aorta is unremarkable with no evidence of acute aortic syndrome(s). Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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