# Row 847

Visit Number: 88d613c15e902b28d7487c360a5224bcbfb4d82a67c1aaef9a4b00d884515f47

Masked\_PatientID: 845

Order ID: e06064b3eaa1def07e6628520a17c97ef988524cfcd24894dfae22b3c4b55c3c

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 28/5/2019 14:19

Line Num: 1

Text: HISTORY chest pain with severe pallor TECHNIQUE Non-contrast CT of the thorax without ECG-gating. Post-contrast CT of the thorax with ECG-gating in the arterial phase (CT aortogram). Non-gated CT of the abdomen and pelvis in the arterial phase. Intravenous contrast: Omnipaque 350 - Volume (ml): 95 Breathing artefacts degrade image quality. There is also a stair-step artefact at the level of L1. FINDINGS No aortic dissection or intramural haematoma is seen. There is atherosclerotic disease in the aortic arch, descending thoracic aorta and abdominal aorta. The aorta is normal in calibre. The lungs show thickened interlobular septa. There are also small bilateral pleural effusions, larger on the right. These findings probably represent cardiac failure or fluid overload. The left ventricle appears dilated. The atria of the heart also appear dilated. Atelectasis is seen in the middle lobe and left lingula. The thyroid gland is enlarged and shows smallhypodense nodules. The liver shows a subcentimetre focus of calcification in segment 4, probably represent a granuloma. The biliary tree is not dilated. The gallbladder shows mild mural thickening in its fundus, probably representing adenomyomatosis. The spleen is not enlarged. The pancreas shows a well-defined 1.2 x 0.7 cm hypodense lesion in its body (series 14 image 48), probably representing a cystic lesion of the pancreas. The main pancreatic duct is not dilated. An areaof low density is seen in the upper pole of the left kidney, possibly artifactual or representing infection. The kidneys also show small hypodense lesions, possibly representing cysts. There is no hydronephrosis. Small diverticula are seen in the ascending and proximal transverse colon. The rest of the bowel appears unremarkable. No enlarged lymph node is seen in the retroperitoneum. There is a small amount of ascites. The uterus and ovaries appear unremarkable. The urinary bladder is under-distended and its wall cannot be assessed. There is generalised osteopenia. Degenerative changes are seen in the spine. Small bone islands are seen in the left clavicle and left acetabulum. CONCLUSION No aortic dissection is identified. There is evidence of cardiac failure/ fluid overload. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: cc407a3a0884a5aa04580845fe52b36e679b7e8b0b5c50c66a2e422ba6420850

Updated Date Time: 28/5/2019 15:01

## Layman Explanation

This radiology report discusses HISTORY chest pain with severe pallor TECHNIQUE Non-contrast CT of the thorax without ECG-gating. Post-contrast CT of the thorax with ECG-gating in the arterial phase (CT aortogram). Non-gated CT of the abdomen and pelvis in the arterial phase. Intravenous contrast: Omnipaque 350 - Volume (ml): 95 Breathing artefacts degrade image quality. There is also a stair-step artefact at the level of L1. FINDINGS No aortic dissection or intramural haematoma is seen. There is atherosclerotic disease in the aortic arch, descending thoracic aorta and abdominal aorta. The aorta is normal in calibre. The lungs show thickened interlobular septa. There are also small bilateral pleural effusions, larger on the right. These findings probably represent cardiac failure or fluid overload. The left ventricle appears dilated. The atria of the heart also appear dilated. Atelectasis is seen in the middle lobe and left lingula. The thyroid gland is enlarged and shows smallhypodense nodules. The liver shows a subcentimetre focus of calcification in segment 4, probably represent a granuloma. The biliary tree is not dilated. The gallbladder shows mild mural thickening in its fundus, probably representing adenomyomatosis. The spleen is not enlarged. The pancreas shows a well-defined 1.2 x 0.7 cm hypodense lesion in its body (series 14 image 48), probably representing a cystic lesion of the pancreas. The main pancreatic duct is not dilated. An areaof low density is seen in the upper pole of the left kidney, possibly artifactual or representing infection. The kidneys also show small hypodense lesions, possibly representing cysts. There is no hydronephrosis. Small diverticula are seen in the ascending and proximal transverse colon. The rest of the bowel appears unremarkable. No enlarged lymph node is seen in the retroperitoneum. There is a small amount of ascites. The uterus and ovaries appear unremarkable. The urinary bladder is under-distended and its wall cannot be assessed. There is generalised osteopenia. Degenerative changes are seen in the spine. Small bone islands are seen in the left clavicle and left acetabulum. CONCLUSION No aortic dissection is identified. There is evidence of cardiac failure/ fluid overload. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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