# Patient ID: 1157, Performed Date: 06/9/2016 0:34

## Raw Radiology Report Extracted

Visit Number: 553f1f31a2c52f1dd984fedc7697c9b5781dfbe061f0c163a6a5e7326587046f

Masked\_PatientID: 1157

Order ID: 07fc1a8f003284e678e6e85535faaee61dc4cfc8b31c7d8e03d23353f12e0fbe

Order Name: CT Aortogram (Chest, Abdomen)

Result Item Code: AORTOCA

Performed Date Time: 06/9/2016 0:34

Line Num: 1

Text: HISTORY AAA CT Thorax, Abdo, Pelvis for urgent pre-op planning Urgent Aorta repair being planned by CTS and vascular TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: 80 ml Omnipaque 350 FINDINGS There are no comparable CT studies. There is a 4.8 x 4.9 x 11.2 cm infra-renal fusiform abdominal aortic aneurysm. The angulated neck of the aneurysm commences approximately 0.5-0.8 cm caudal to the left renal artery. It extends to the aortic bifurcation, but does not involve the common iliac arteries. The aneurysm is lined by some mural thrombus. No dissection is detected. There is no evidence of impending rupture at this time. The remainder of the imaged aorta is otherwise unremarkable. The coeliac trunk, superior mesenteric artery and both renal arteries are widely patent. The common, internal and external iliac arteries of both sides are patent, so are bilateral common femoral arteries. There is a fat containing mass in the left posterior extrapleural space (series 501-75) which probably represents a left Bochdalek hernia. There is also a large right direct inguinal hernia which contains small bowel loops and part of the urinary bladder. There are no signs of strangulation or incarceration. Several gall stones are seen. The spleen is small in size. The kidneys contain several subcentimetre cortical hypodensities which are too small to characterise. They probably represent renal cysts. The prostate is enlarged and contains foci of calicifications. The lungs show emphysematous change. There are several subcentimetre non-specific nodules in the periphery of the right lung. Scarring is noted in the lingula. Compressive atelectasis isseen in the left lower lobe due to mass effect from the Bochdalek hernia. No bony destruction. CONCLUSION 1. Infra-renal fusiform AAA. No dissection or impending rupture. 2. Left Bochdalek hernia (containing fat only) 3. Right direct inguinal hernia (containing small bowel loops and urinary bladder). 4. Other background findings as detailed above. May need further action Finalised by: <DOCTOR>

Accession Number: 1d414345a2c5f400e33b8978a709fe448a8a302d2cab1cf862d4455a6a1b3efb

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## Layman Explanation

Error generating summary.

## Summary

Error generating summary.