# Patient ID: 610, Performed Date: 09/10/2015 20:51

## Raw Radiology Report Extracted

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 scan shows that you had a surgery in 2014 to replace your aortic valve and part of your aorta with an artificial valve and graft. The old valve has been removed and your aorta is no longer widened. There are signs of hardening of the arteries in your chest and abdomen. Your lungs are clear except for some scarring in the left lower lobe. The scan also shows that your left kidney is smaller than the right one, and there are signs of scarring in both kidneys. There are a few small cysts in the right kidney.

## Summary

The text was extracted from a \*\*CT aortography\*\* report.  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Rheumatic heart disease with Aortic Stenosis (AS):\*\* Patient has a history of this condition, which led to previous aortic valve replacement (AVR) in 1980.  
\* \*\*Aortic Root Dilatation:\*\* Patient had this condition in the past, which led to ascending aorta and aortic root replacement in 2014.  
\* \*\*Atherosclerosis:\*\* Scattered mural calcifications along the aortic arch and descending thoracic aorta are consistent with this condition.  
\* \*\*Cortical scarring:\*\* Present in both kidneys.  
\* \*\*Renal Cysts:\*\* A few are noted in the right kidney.   
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Aorta:\*\* Aortic root and ascending aorta have been replaced with a bioprosthetic graft in 2014. No dilatation is noted in the current study. The rest of the thoracic aorta is normal in caliber.  
\* \*\*Heart:\*\* Metallic aortic valve has been removed. No significant enlargement of mediastinum or pericardium.  
\* \*\*Lungs:\*\* Major airways are patent. New area of scarring in the left lower lobe is noted. No consolidation or suspicious pulmonary nodule.  
\* \*\*Kidneys:\*\* The left kidney is smaller than the right. Areas of cortical scarring in both kidneys. A few right renal cysts are noted.  
\* \*\*Thyroid gland:\*\* Visualized and unremarkable.  
\* \*\*Bones:\*\* No destructive bone lesions.  
\* \*\*Arteries:\*\* Brachiocephalic artery, left common carotid, and left subclavian arteries are patent. Proximal celiac and superior mesentery arteries are unremarkable.  
  
\*\*3. Symptoms or Phenomena:\*\*  
  
\* \*\*Gynecomastia:\*\* Bilateral gynecomastia is noted.  
\* \*\*Peri-aortic soft tissue:\*\* Small amount around the ascending aorta may be related to graft insertion.  
\* \*\*Scarring:\*\* New area of scarring in the left lower lobe is noted.  
\* \*\*Cortical scarring:\*\* Areas in both kidneys.   
\* \*\*Renal cysts:\*\* A few in the right kidney.