# 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

Updated Date Time: 06/9/2016 16:05

## Layman Explanation

The scan shows a bulge in your aorta, the main blood vessel in your abdomen. This bulge is called an aneurysm and it measures about 4.8 by 4.9 by 11.2 centimeters. The aneurysm is located below your kidneys and doesn't extend to the blood vessels in your legs. There is no evidence of the aneurysm tearing or being about to tear.   
  
The scan also shows a small hernia on the left side of your chest and a larger hernia on the right side of your groin. The hernia on the left side contains only fat, while the hernia on the right side contains parts of your intestines and bladder. There is no sign of these hernias being blocked or twisted.   
  
The scan also shows some gallstones, a small spleen, and some possible cysts in your kidneys. Your prostate is enlarged and has some calcium deposits. Your lungs show signs of air trapping, and there are some small nodules in your right lung. There is also some scarring in your left lung.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Computed Tomography (CT) scan of the thorax, abdomen, and pelvis.  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Abdominal Aortic Aneurysm (AAA):\*\* A 4.8 x 4.9 x 11.2 cm infra-renal fusiform AAA is present. The aneurysm's neck begins 0.5-0.8 cm caudal to the left renal artery and extends to the aortic bifurcation, but does not involve the common iliac arteries. Some mural thrombus is present within the aneurysm. No dissection or impending rupture is detected at this time.  
\* \*\*Bochdalek Hernia:\*\* A left Bochdalek hernia containing only fat is identified in the left posterior extrapleural space.  
\* \*\*Inguinal Hernia:\*\* A large right direct inguinal hernia is present, containing small bowel loops and part of the urinary bladder. No signs of strangulation or incarceration are seen.  
\* \*\*Gallstones:\*\* Several gallstones are present.  
\* \*\*Emphysema:\*\* Emphysematous changes are noted in the lungs.  
\* \*\*Renal Cysts:\*\* Multiple subcentimeter cortical hypodensities are present in both kidneys, likely representing renal cysts.  
\* \*\*Prostate Enlargement:\*\* The prostate is enlarged and contains foci of calcifications.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Aorta:\*\* The infra-renal aorta is the main focus of the report due to the aneurysm. The remaining aorta is unremarkable.  
\* \*\*Celiac Trunk:\*\* Widely patent.  
\* \*\*Superior Mesenteric Artery:\*\* Widely patent.  
\* \*\*Renal Arteries:\*\* Both renal arteries are widely patent.  
\* \*\*Iliac Arteries:\*\* Common, internal, and external iliac arteries of both sides are patent.  
\* \*\*Common Femoral Arteries:\*\* Bilateral common femoral arteries are patent.  
\* \*\*Small Bowel:\*\* Loops of small bowel are contained within the right inguinal hernia.  
\* \*\*Urinary Bladder:\*\* Part of the urinary bladder is contained within the right inguinal hernia.  
\* \*\*Spleen:\*\* Small in size.  
\* \*\*Kidneys:\*\* Multiple subcentimeter cortical hypodensities are present, likely representing renal cysts.  
\* \*\*Prostate:\*\* Enlarged with foci of calcifications.  
\* \*\*Lungs:\*\* Show emphysematous changes and several subcentimeter non-specific nodules in the right lung periphery. Scarring is noted in the lingula. Compressive atelectasis is present in the left lower lobe due to mass effect from the Bochdalek hernia.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Abdominal Aortic Aneurysm:\*\* While no impending rupture is detected currently, the presence of a large AAA is a significant finding requiring further action as outlined in the conclusion.  
\* \*\*Bochdalek Hernia:\*\* While only containing fat, the presence of a Bochdalek hernia could potentially cause symptoms or complications in the future.  
\* \*\*Inguinal Hernia:\*\* The presence of a large inguinal hernia with bowel and bladder content is noteworthy, although currently without signs of strangulation or incarceration. This could potentially lead to complications if left untreated.  
\* \*\*Gallstones:\*\* The presence of gallstones could potentially lead to complications like cholecystitis.  
\* \*\*Emphysema:\*\* This finding indicates lung damage and can lead to respiratory problems.  
\* \*\*Renal Cysts:\*\* Although small, the presence of renal cysts could potentially develop into larger, more problematic cysts.  
\* \*\*Prostate Enlargement:\*\* While not directly related to the reason for the scan, the enlarged prostate with calcifications could potentially cause symptoms or complications.  
  
\*\*Conclusion:\*\*  
  
The report details the presence of a large AAA, Bochdalek hernia, right inguinal hernia, gallstones, emphysema, renal cysts, and prostate enlargement. While some findings are asymptomatic at this time, further action may be required, particularly regarding the AAA and the hernias.