# Patient ID: 681, Performed Date: 10/1/2020 16:06

## Raw Radiology Report Extracted

Visit Number: 6cd421ac13766d56d887e9035b602dbea2004faa9677265e356fc3063b824e01

Masked\_PatientID: 681

Order ID: e6cb4aa8faa87d066e87780a42a2b19695272296f97327c1f986f20893519b93

Order Name: CT Aortogram with 3D (Thoracic)

Result Item Code: CTANGAORT3D

Performed Date Time: 10/1/2020 16:06

Line Num: 1

Text: HISTORY Post Ascending Aortic Replacement and TEVAR TECHNIQUE Multiphasic pre and post contrast enhanced CT of the thoracic aorta was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Prior CT (31 Oct 2018) reviewed.VASCULAR FINDINGS Post median sternotomy, ascending aortic replacement and TEVAR of Stanford A dissection with left subclavian chimney. The stent grafts are intact and patent. Stable residual dissections in the ascending and descending thoracic aorta and suprarenal abdominal aorta, extending into the right renal artery ostium. The coronary arteries are not involved. The brachiocephalic artery and its imaged branches are patent. Stable severe stenosis of the left common carotid artery origin is again shown. The coeliac artery and superior mesenteric artery (SMA) are supplied by the true lumen and patent. The right renal artery is supplied by the true lumen with severe stenosis at its origin. The left renal artery is supplied by the true lumen and is smaller than the right with severe stenosis at its origin. Diameter of the aorta is as follows: - Aortic root: 3.8 cm - Ascending thoracic aorta at the level of the main pulmonary artery: 3.9 cm - Aortic arch: 3.5 cm - Descending thoracic aorta at the level of the main pulmonary artery: 4.5 cm - Suprarenal abdominal aorta: 2.8 cm Arterial (including coronary) calcifications are observed. OTHER FINDINGS No pulmonary consolidation or suspicious nodule/mass seen. Scarring seen in the bilateral lower lobes. The major airways are patent. No pleural or pericardial effusion. Stable enlargement of the pulmonary arteries, with the main pulmonary artery measuring 3.6 cm in diameter, is suggestive ofpulmonary arterial hypertension. The pulmonary arteries show grossly normal opacification. Cardiomegaly. No enlarged hilar, mediastinal, supraclavicular or axillary lymph node seen. The imaged thyroid appears unremarkable. Stable bilobar hepatic cysts measuring up to 1.9 cm (13-96). Stable subcentimetre hepatic hypodensities are too small to characterise. Subcentimetre arterial enhancing foci in the right hepatic lobe (13-71, 85) which are isodense on the venous phase are either perfusion anomalies or flash filling haemangiomas. Relative atrophy of the left kidney is partially imaged. No differential enhancement of the kidneys seen. Stable subcentimetre bilateral renal hypodensities are too small to characterise. Bilateral renal scarring is again shown. Spondylotic changes in the imaged spine. No discernible destructive osseous lesion. CONCLUSION Since 31 Oct 2018, 1. The stent grafts are intact and patent. 2. Stable residual dissections in the ascending and descending thoracic aorta and suprarenal abdominal aorta as described. 3. Other findings per the body of the report. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 3093f19b7de3ca25488aace8a3ff33b675d56b00b1c504ae08f2c003d1a5160a

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## Layman Explanation

Error generating summary.

## Summary

Error generating summary.