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Mr Barry Watson

DOB: 09 December 1952

Patient ID: CDH172Z

Visit Number: 17334650

Service Date: 06 June 2025 12:33

Copies To:

Dr Martin Feddersen
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Visit Description: CT ANGIOGRAM TAVI

CT ANGIOGRAM - TAVI ASSESSMENT FOR FEMORAL APPROACH

History: TAVI planning study

Technique: Arterial phase volume acquisition, with multiplanar reconstructions.

Findings:

The technical quality is excellent with all vessels visualised to the base of the heart.

The following access vessel minimum diameters have been obtained:

Site	Diameters (mm)
Ascending aorta	34
Arch	30
Descending aorta	25
Mid-abdominal aorta	19
Left common iliac artery	9
Right common iliac artery	9
Left external iliac artery	8
Right external iliac artery	7
Left common femoral artery	8
Right common femoral artery	7

OTHER FINDINGS:

Aorto-iliac tortuosity:

Mildly tortuous bilateral iliac arteries.

Notable plaques:

Bilateral common femoral arteries: Scattered nonstenotic/minimally stenotic calcific plaque predominantly along the posterior wall (right more than left).

Bilateral common iliac arteries: Minimally stenotic predominantly calcific plaque scattered throughout.

Aortic arch branches:

Conventional three-vessel arch morphology. Nonstenotic calcific plaque in relation to the great vessels arising from the arch of aorta.

Major visceral branches of abdominal aorta:

Coeliac artery: Possible minimally stenotic noncalcific plaque at the ostium and proximal segment.

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SMA: Mildly stenotic mixed calcific and noncalcific plaque in proximal and mid segments.
Left main renal artery: Mildly stenotic mixed calcific and noncalcific plaque noted at the ostium and proximal segments.
Right main renal artery: No plaque or stenosis.

Chest:

Several slightly prominent/borderline enlarged mediastinal lymph nodes noted.
Right paratracheal: 15 mm (short axis).
Aortopulmonary window: 16 mm.
Mediastinal lymph nodes are essentially stable when compared to prior CT of 11/3/2025.
Minor right basilar atelectasis. No suspicious pulmonary nodule, recent consolidation or pleural effusion. Shallow pericardial effusion with maximum anterior thickness of up to 9 mm.

Abdomen and Pelvis:

Bilateral renal cysts, up to 10 mm in diameter. Divarication of recti but no large ventral hernia is visible.

Thoraco-lumbar spine and bony pelvis:

No destructive bone lesion. Diffuse spondylotic changes in thoracic and lumbar spine. Bilateral hip joint osteoarthritic changes.

COMMENT:

Aorto-iliac measurements are as given.

Reported by: Dr Saurabh Khandelwal

CT Calcium scoring available at PRP Gosford