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Contributor system: SECTRA

*** Final Report ***

CT Angiogram TAVI (Verified)

CT Angiogram TAVI, 28/07/2025, 10:17 AM

Clinical History: Workup for CABG vs TAVI NSTEMI, Significant distal left main disease

Technique: Gated CT angiogram Aortic Arch to Common Femoral Arteries

Comparison: CT pulmonary angiogram 17/07/2025, CT abdomen and pelvis 23/11/2023.

Findings:

The heart is not enlarged. Heavy calcification of the mitral annulus and heavy triple-vessel coronary artery calcification. Trace pericardial fluid, within physiological limits.

Aortic Root: Heavy calcification of the aortic valve with a calcium score of 7319. The aortic valve is trileaflet. Dense subannular calcification.

Arch and Thoracic Aorta;

Description: The ascending aorta measures 38 mm, arch 32 mm and descending 31 mm in calibre. Moderate mixed calcified and non-calcified atheromatous plaque predominantly in the arch and descending thoracic aorta.

Conventional three-vessel branching from the aortic arch, with dense calcification at the ostium of the brachiocephalic trunk. No significant stenosis of the left common carotid or subclavian ostia. Stents within the proximal bilateral cervical ICAs are patent.

Abdominal Aorta;

Description: Moderate mostly calcified atheromatous plaque, more in the infrarenal segment. Moderate calcified plaque at the coeliac trunk, SMA and bilateral single renal artery ostia, without obstructive stenosis.

MLD (minimum luminal diameter): 9 mm, just above the aortic bifurcation.

Right iliofemoral run off;

Description: Moderate mixed calcified and non-calcified plaque throughout. Moderately tortuous. Mild calcification within the right CFA posterior and medial walls.

RCIA MLD: 8 mm

REIA MLD: 7 mm

RCFA MLD: 7 mm

Left iliofemoral run off;

Description: Moderate mixed calcified and non-calcified plaque throughout. Mildly tortuous. Mild calcification within the left CFA medial wall.

LCIA MLD: 7 mm

LEIA MLD: 5 mm

LCFA MLD: 6 mm

Other findings:

Minor atelectasis within both lung bases. No pleural effusion or pneumothorax.

Unchanged 9 mm ovoid focus within the left breast, not able to be further characterised on this non-dedicated study.

Unchanged 25 mm cyst in subcapsular liver segment 2. Interval cholecystectomy, with surgical clips at the gallbladder fossa since November 2023.

Unchanged numerous calcifications throughout the pancreas, in keeping with sequelae of chronic pancreatitis. The main pancreatic duct at the pancreatic head measures at the upper limits of normal at 3 mm.

The spleen and both adrenal glands are normal. Unchanged multiple (>10) subcentimetre foci throughout both kidneys, too small to adequately characterise, presumably cysts.

Punctate calcification within a non-enlarged right lower paratracheal lymph node. No size significant thoracic lymph node detected.

Stool distended rectum to 71 mm, suggestive of faecal impaction. No associated rectal wall thickening or adjacent stranding to suggest proctitis. No upstream bowel dilation to suggest obstruction. The subcaecal appendix is normal.

No size significant lymph node detected in the chest, abdomen or pelvis. Unchanged punctate calcification within a non-enlarged right lower paratracheal lymph node.

Multilevel degenerative changes of the cervical, lower thoracic and lumbar spine, most marked at L4/5 with loss of disc space and endplate sclerosis. Schmorl's nodes in multiple other levels.

CONCLUSION:

- CT provided for TAVI planning, with measurements as detailed above.
- Stool distended rectum to 71 mm suggestive of faecal impaction. No features to suggest stercoral proctitis. No upstream bowel dilation to suggest bowel obstruction.
- 9 mm ovoid focus in the left breast is not able to be further characterised on this nondedicated study. Consider further assessment with mammogram +/- ultrasound.

Performing MIT: Latoya Peters

Report created by: Yoshi Yu (Northern Sydney LHD), 28/07/2025, 10:20 AM

Final signed by: Wynne Sum (Northern Sydney LHD) at 03:02 PM on 28/07/2025

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