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Performed By: Contributor_system, SECTRA on 17 June 2025 14:13 AEST
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Encounter info: Royal North Shore, Inpatient, 09/06/2025 - 20/06/2025
Contributor system: SECTRA

*** Final Report ***

CT Angiogram TAVI (Verified)

CT Angiogram TAVI, 17/06/2025, 2:13 PM

Reason for examination: Clinical History: 74M severe aortic stenosis For TAVI workup
General Clinical History: background of chronic mental disease

Technique: Gated CT angiogram Aortic Arch to Common Femoral Arteries

Comparison: CT chest 04/11/2020, CT renal tract 31/10/2020.

Findings:

Aortic Root: Moderate aortic valve calcification with a calcium score of 2453. Normal bifurcation of the left coronary artery. Mild triple-vessel calcification is present.

Arch and Thoracic Aorta:

Minor calcification of the aortic arch, which demonstrates normal conventional branching pattern. The proximally imaged great vessels opacify. Mild eccentric calcified atheroma at the origin of all the great vessels with no significant stenosis.

Abdominal Aorta;

Single vessel supply of the bilateral kidneys. Conventional branching of the coeliac trunk. Mild calcific atheroma in the abdominal aorta. No significant tortuosity.

MLD (minimum luminal diameter): 15 mm

Right iliofemoral run off;

Minimal calcified eccentric atheroma with no significant stenosis. Mild tortuosity. Minor calcific atheroma in the medial wall of the distal right CFA

RCIA MLD: 11 mm

REIA MLD: 8 mm

RCFA MLD: 9 mm

Left iliofemoral run off;

Minimal calcified eccentric atheroma with no significant stenosis. Moderate tortuosity of the proximal left EIA. There is moderate calcific atheroma in the medial and posterior wall of the left CFA.

LCIA MLD: 11 mm

LEIA MLD: 8 mm

LCFA MLD: 7 mm

Other findings:

Bilateral small pleural effusions. Parenchymal band within the lingula of the left upper lobe. Atelectasis within the dependent lungs. No consolidation. The endobronchial tree is patent. Enlarged right hilar lymph node measuring up to 12 mm, non-specific in isolation. No large or central pulmonary embolus.

The heart is enlarged. Small pericardial effusion.

The bowel is normal in calibre with no obstruction. Within the limits of collapsed loop of small bowel there is apparent wall thickening and hyperenhancement of a segment dense linear structure within a loop of small bowel in the left lower quadrant (Series 801, Image 483) - correlation with ingested material. Small amount of free fluid in the pelvis. The portal venous system and mesenteric vessels opacify.

5 mm gallbladder calculus. No features of acute cholecystitis. No intra or extrahepatic duct dilation. 18 mm cyst within hepatic segment 4a. There are otherwise subcentimetre hypodense lesions throughout both lobes of the liver favoured to represent cysts however too small to accurately characterise.

Bilateral renal cysts. Atrophy of the kidneys has progressed since 1/10/2020 in keeping with chronic kidney disease. No enhancing mass or complex cyst is identified.

The adrenal glands, pancreas and spleen are unremarkable.

Anterior flowing disc osteophyte complexes may be secondary to DISH. No suspicious osseous lesions identified.

CONCLUSION:

- No contraindication for transfemoral delivery of a TAVI device.
- Bilateral small pleural effusions.

Performing MIT: Joseph Wade

Report created by: Orvin Atthi (Northern Sydney LHD), 17/06/2025, 2:18 PM

Final signed by: Wynne Sum (Northern Sydney LHD) at 03:54 PM on 17/06/2025

CT Angiogram TAVI

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