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Referred By:

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Mr Norman Bogle**DOB:** 01 February 1953**Patient ID:** ACD155Z**Visit Number:** 17416217**Service Date:** 08 July 2025 09:11**Copies To:**

Dr Vertika Azad

Visit Description: CT ANGIOGRAM TAVI**CT TAVI ANGIOGRAM****HISTORY:**

Severe AS, NSCLC stage 4, hepatic flexure adenocarcinoma.

COMPARISON:

None available.

TECHNIQUE:

Arterial phase imaging acquired through the chest, abdomen and pelvis.

FINDINGS:

	Diameter (mm)	
Ascending aorta	39 x 40	
Proximal aortic arch	30 x 32	
Distal aortic arch	26 x 29	
Aortic Isthmus	23 x 26	
Descending aorta	28 x 29	
Abdominal aorta	11 x 16	
Right common iliac	11 x 11	
Right external iliac	8 x 9	
Right femoral	9 x 9	
Left common iliac	10 x 10	
Left external iliac	7 x 8	
Left femoral	7 x 8	

Other Findings:**Aorto-iliac tortuosity:**

Mild.

Notable plaques:

Aortoiliac atherosclerosis, but no high-grade stenosis.

Aortic arch branches:

Three-vessel aortic arch. No major branch vessel stenosis.

Major visceral branches of abdominal aorta:

Mild narrowing at the origin of the coeliac axis due to noncalcified plaque. No SMA stenosis. Tiny opacified IMA. 2 right renal arteries and a single left renal artery. No significant stenosis or evidence of fibromuscular hyperplasia.

Chest:

Left upper lobe opacity, with volume loss, and traction bronchiectasis is stable. No new parenchymal abnormality identified. Centrilobular and paraseptal emphysema. No axillary, mediastinal or supraclavicular lymphadenopathy. Multinodular thyroid. Inferior to the left inferior pulmonary vein, and abutting the mediastinum, is a 14 mm opacity.

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This could represent a medial parenchymal nodule. Size is larger since the CT of 5/6/2023. With review of the CT of 5/6/2023, minor opacity at this site is noted measuring about 6 x 4 mm. PET should be considered to assess.

Abdomen and Pelvis:

Post surgical change in the liver. The arterial phase enhancement in segment 7 is noted. This is shown to represent a haemangioma with review of the prior imaging. No abnormality seen within the adrenal glands or pancreas. Splenic tissue left upper quadrant. No enhancing renal mass. No retroperitoneal, pelvic, inguinal or mesenteric lymphadenopathy. No ascites. No peritoneal nodule. Mild prostatomegaly. Right hemicolectomy. No anastomotic mass.

Thoraco-lumbar spine and bony pelvis:

No bony destruction.

COMMENT:

Aorto-iliac measurements are as given.

14 mm opacity abutting the mediastinum inferior to the left inferior pulmonary vein, could be pulmonary parenchymal, rather than representing a lymph node, and size is larger since the CT of 5/6/2023. Further assessment with PET advised.

Reported by: Dr Sean Khoury

Co Reported:

Dr Uday Ahluwalia