Patient: Mohammad I Sajjad | Legal Name: Mohammad I Sajjad | DOB: 5/23/1984 | MRN: 11141626 | PCP: Zareena Abbas, MD

CT ABDOMEN AND LEGS

Collected on Jul 28, 2025 12:51 PM

Test Result Details

Results

New

Impression

Impression:

1. Nonocclusive mural thrombus in the proximal to mid left subclavian artery. There is also nonocclusive mural thrombus in the left axillary artery. Query possible arterial dissection and/or vasculitis.

2. Occluded bilateral external iliac arteries. Occluded bilateral common femoral arteries and bilateral superficial femoral arteries. Reconstituted bilateral profundofemoral arteries. Reconstituted distal superficial femoral arteries which is of small caliber as well. Also reconstituted popliteal artery is small caliber. Three-vessel runoff in both legs.

3. Right kidney with moderate hydroureter and hydronephrosis. No definite evidence of mass or kidney stones.

4. Thyroid nodules. Recommend thyroid ultrasound.

Electronically Signed by: HONG ANDY PARK, M.D.
Signed on: 7/28/2025 1:44 PM
Workstation ID: 91RDDJ2CSG13

Narrative

CTA chest, abdomen and pelvis with IV contrast, CTA bilateral lower extremities:

History: Peripheral arterial disease.

Findings:

Spiral CT images of the chest, abdomen, pelvis, bilateral lower extremities

down to the ankle were obtained during the infusion of IV contrast. Sagittal and coronal reconstructions were obtained and reviewed. Also additional 3-D volume rendered CTA images were obtained on the workstation and reviewed.

CT chest: Comparison 7/17/2025.
Thyroid nodules are present. No axillary lymphadenopathy. Mildly prominent paratracheal and AP window lymph nodes. No pleural or pericardial effusions. Bibasilar atelectasis/infiltrates.

CT abdomen and pelvis:
Liver and gallbladder are normal. Spleen is normal. Pancreas is normal. Adrenal glands are normal. Right kidney with moderate hydronephrosis and hydroureter. No evidence of kidney or ureteral stones on the right side. Left kidney appears normal. Bladder is unremarkable. No free fluid or lymphadenopathy within the pelvis. The bowel and mesentery appear normal. Bony structures are unremarkable.

Vascular exam:
Thoracic aorta without evidence of aneurysm or dissection. No coronary artery calcifications are present. Left subclavian artery with evidence of mural thrombus near the origin and extending to the mid segment of the left coronary artery. There is also evidence of narrowing and mural thrombus of the axillary artery. This may be related to vasculitis or dissections. Left brachial artery is widely patent. Widely patent radial, ulnar and interosseous arteries.

Abdominal aorta without evidence of aneurysm or dissection. The celiac artery stenosis is widely patent. There is moderate to severe stenosis of the origin of the superior mesenteric artery. Bilateral renal arteries are widely patent. The IMA is widely patent. Bilateral common iliac arteries are widely patent. Bilateral internal iliac arteries are widely patent. There is occlusion of bilateral external iliac arteries.

Right leg: The right common femoral is occluded. Reconstituted right profundofemoral artery. Right superficial femoral artery is occluded with partial distal reconstitution which is very small caliber. Popliteal artery is occluded with distal reconstitution which is very small caliber. Three-vessel runoff.

Left leg: The left common femoral artery is occluded. Reconstituted left profundofemoral artery. Left superficial femoral artery is occluded with partial distal reconstitution which is very small caliber. Left popliteal artery is occluded with distal reconstitution which is very small caliber.

Three-vessel runoff.

Ordering provider: Robert Weiss, MD
Reading physician: Hong Park, MD
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