

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

: CHA250039989

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E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABLReg. No.MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr. PAWAN KUMAR SHUKLA

Age/Gender : 60 Y/M Lab No : 10137284

Referred By

Refer Lab/Hosp : CHARAK NA

Sample Received ON : Dr.CHARAK HOSPITAL AND RESEARC

Report Generated ON : 05/Mar/2025 07:44PM

## CT AORTOGRAM

Visit No

Registration ON

Sample Collected ON

- Bicuspid aortic valve is seen.
- Left sided aortic arch and descending thoracic aorta are seen.
- Aortic arch shows normal branching pattern into brachiocephalic trunk, common carotid artery and left subclavian artery. Brachiocephalic trunk shows normal bifurcation into right common carotid and right subclavian artery.
- Ascending aorta, arch of aorta and descending thoracic aorta show maintained post contrast opacification without significant luminal narrowing/ filling defect.
- Ascending aorta is prominent measuring approx. 51mm in maximum caliber
- Few mixed density plaques are seen in arch of aorta, descending thoracic aorta and abdominal aorta without significant luminal narrowing.
- Abdominal aorta and its major branches including bilateral renal, superior mesenteric & inferior mesenteric arteries and celiac axis show maintained post contrast opacification without significant luminal narrowing/ filling defect.
- Bilateral common iliac, visualized parts of bilateral internal & external iliac arteries show maintained post contrast opacification without significant luminal narrowing/ filling defect.
- No obvious dissection is seen.

## Note is made of:

- Hypo-attenuating non enhancing lesions in both lobes of liver....likely hepatic cysts.
- Centrilobular nodules giving tree=in-bud appearance in bilateral lungs active infective etiology.
- Few Bosniak type I cortical cysts in both kidneys.

## AORTIC MORPHOMETRY.

LANDMARK	Caliber (mm)
Aortic annulus	21.7
Sinus of valsalva	43.7
Sino-tubular junction	34.6
Ascending aorta	51
Arch of aorta	21.4
Descending thoracic aorta	20.7
Abdominal aorta	16.2

## **IMPRESSION:**

FEATURES S/O ASCENDING AORTIC ANEURYSM

Clinical Correlation Is Necessary .

[DR. JAYENDRA K. ARYA, MD]



\*\*\* End Of Report \*\*\*