

Patient Name	: Mr.RAMESH	Visit No	: CHA250041425
Age/Gender	: 45 Y/M	Registration ON	: 07/Mar/2025 05:59PM
<b>Lab No</b>	<b>: 10138720</b>	Sample Collected ON	: 07/Mar/2025 05:59PM
Referred By	: Dr.LUCKNOW HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 12:38PM

**CT ANGIOGRAPHY OF BRAIN & NECK VESSELS INCLUDING ARCH OF AORTA**

- Left sided aortic arch is seen. Visualized parts of aorta show maintained post contrast opacification without obvious mural thickening, filling defect or luminal narrowing.
- Few small mixed density plaques are seen in arch of aorta and descending thoracic aorta without significant luminal narrowing thereof.
- There is complete non-opacification of brachio-cephalic trunk and right common carotid artery upto right carotid bifurcation.
- Right internal & external carotid arteries and major branches of right external carotid arteries show maintained post contrast opacification.
- Visualized parts of right subclavian & axillary arteries and right vertebral artery show maintained post contrast opacification.
- There is complete non-opacification of left subclavian artery for a segmental length of approx 30 mm extending from its ostium upto the origin of left vertebral artery.
- Eccentric intra-luminal filling defect / asymmetric mural thickening is seen involving proximal left common carotid artery for a segmental length of approx 9.1 mm and causing upto 80-85% luminal narrowing thereof with partially maintained post contrast opacification.
- Few slightly prominent arterial channels are seen in visualized parts of back and scapular regions showing communication with bilateral subclavian arteries.
- Rest of the subclavian artery and left vertebral artery show maintained post contrast opacification.
- Few partially calcified eccentric plaques are seen in cervical segments of bilateral internal carotid arteries causing mild to moderate luminal narrowing with maintained post contrast opacification thereof.
- Bilateral vertebral arteries are seen arising from bilateral subclavian arteries.
- V1, V2, V3 and V4 segments of bilateral vertebral arteries show maintained post contrast opacification with slight asymmetry of caliber - ?normal variant / ??significance.
- P1 segment of right posterior cerebral artery is attenuated in caliber with rest of the segments being reconstituted by prominent right posterior communicating artery - fetal origin of right PCA.



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- Mild eccentric mixed density plaques are seen in cavernous & supra-clinoid segments of bilateral internal carotid artery without significant luminal narrowing.
- Rest of intra-cranial segments of bilateral internal carotid arteries show maintained post contrast opacification without significant luminal narrowing / filling defect.
- Bilateral external carotid arteries and their branches show maintained post contrast opacification without obvious filling defect / significant luminal narrowing.
- Basilar artery and rest of its branches are grossly normal.
- Rest of bilateral posterior cerebral arteries are grossly normal.
- Bilateral middle & anterior cerebral arteries and their major branches are grossly normal.
- Major veins and venous sinuses are normal.
- Small area of hypodensity is seen in cortical / sub-cortical region of left frontal lobe - ?gliosis.
- Another small area of hypodensity is also seen in right side of ventral mid brain - ?ischemic / ??nature.

#### OPINION

- **COMPLETE NON-OPACIFICATION OF BRACHIO-CEPHALIC TRUNK, RIGHT COMMON CAROTID & LEFT SUBCLAVIAN ARTERIES AS WELL AS ECCENTRIC INTRA-LUMINAL FILLING DEFECT/MURAL THICKENING OF LEFT COMMON CAROTID ARTERY WITH PARTIALLY MAINTAINED POST CONTRAST OPACIFICATION. POSSIBILITIES INCLUDE 1. VASCULITIS 2. THROMBOSIS WITH ??PARTIAL RECANALIZATION 3. SEVERE ATHEROSCLEROTIC DISEASE.**  
*Suggested: Serological and DSA / MRI correlation.*
- **SMALL AREA OF HYPODENSITY IN LEFT FRONTAL LOBE - ?GLIOSIS.**
- **AREA OF HYPODENSITY IN RIGHT SIDE OF VENTRAL MIDBRAIN - ?ISCHEMIC / ??NATURE.**  
*Suggested: CE-MRI Brain*

*Clinical correlation is necessary.*

[DR. JAYENDRA K. ARYA, MD]

Transcribed By: RACHNA



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