PATIENT NAME:
DATE OF BIRTH:
FILE:
REF. PHYSICIAN:
DOS:

CT ANGIO OF THE ABDOMINAL AORTA AND BOTH LOWER LIMBS

CLINICAL HISTORY: Follow up case of aortic aneurysm, status post-endovascular aneurysmal repair (EVAR).

TECHNIQUE: Multiple axial images of the abdomen, pelvis and both lower limbs were obtained with and without the administration of intravenous contrast with CTA MIP images of the aorta and its branches.

FINDINGS:

The study reveals a fusiform aneurysm of the infrarenal aorta, measuring approximately 74 mm in length and 51 x 50 mm in maximal diameter. The abdominal aorta measures approximately 23 mm in diameter at the level of the diaphragmatic hiatus; approximately 21 mm at the level of the renal arteries; and, approximately 23 mm just proximal to the iliac bifurcation. No dissection, rupture or perianeurysmal inflammation is seen.

An inverted ‘Y' stent graft is seen within the aorta, excluding the aneurysm with thrombus surrounding it and extending from just below the level of the renal arteries into the proximal aspect of the common femoral arteries. Endoleak from a possible defect in the graft fabric is seen is however seen (type 3) within the lower aspect of the aneurysm extra-stent pooling of contrast at the 12 to 2 o’ clock positions. No intimal hyperplasia is seen within the stent graft. No graft migration is identified.

Good distal runoff of contrast is seen into the bilateral iliac arteries.

Both renal arteries are patent and the kidneys are normal sized and symmetric nephrograms. A 26 mm exophytic interpolar cortical cyst is seen in the left kidney.

The bilateral common, external and internal arteries are widely patent with good run-off into the bilateral lower limb arteries.

Mild eccentric calcific plaques are seen within the bilateral distal superficial and popliteal arteries, causing no critical luminal narrowing. Good triple vessel run-off is seen in the legs and beyond the ankle.

Coronary artery calcifications are also identified.

Cholecystectomy clips are seen in situ and the common duct is patulous.

Visualized spine shows mild degenerative osteophytosis.

IMPRESSIONS:

1. Follow up case of aortic aneurysm, post EVAR, reveals a type 3 endoleak from the stent graft at the lower aspect of the aneurysm with extra-stent pooling of contrast at the 12 to 2 o' clock positions.
2. Good contrast run-off into the bilateral lower limb arteries.
3. A cortical cyst within the left kidney.
4. Coronary artery calcifications.
5. Status post-cholecystectomy.
6. Mild degenerative changes in the spine.