Exam Date	Time	Procedure
9/27/21	3:27 PM	CT Angio Abdomen Aorta W Runoff
	Performing Provider	Status
	SEARS RT,ARRT, LISA;	Modified

Notes:

(CT Angio Abdomen Aorta W Runoff) Reason For Exam: Venous insufficiency (chronic) (peripheral) CTA/CTV

REPORT
EXAM: CTA ABDOMEN, PELVIS AND RUNOFF VESSELS

INDICATION: Peripheral vascular disease

COMPARISON: None

TECHNIQUE: A CTA study of the abdominal aorta was performed using contiguous axial cuts obtained from the lung bases through both lower extremities following the intravenous administration of 125 mL of Isovue 370. 3D MIP reformations were performed on a dedicated workstation from the axial data set. Coronal and sagittal reformations are provided. Up-to-date CT equipment and radiation dose reduction techniques were employed.

FINDINGS: Scanogram shows post operative fusion hardware of lower lumbar spine.

AORTO-ILIAC ARTERIES: Mild atherosclerotic change. No aneurysm or dissection. No mural thrombus presentation. Atherosclerotic iliac presentation without high-grade stenosis.

RIGHT LOWER EXTREMITY ARTERIES: Common femoral artery patency confirmed. Femoral bifurcations patency confirmed. Deep femoral artery distribution patency confirmed. Superficial femoral artery patency confirmed. Popliteal artery patency confirmed. Tibial peroneal trunk patency confirmed. Three-vessel straight line patency to both right foot confirmed. Dorsalis pedis and lateral plantar artery patency confirmed.

LEFT LOWER EXTREMITY ARTERIES: Left common femoral artery patency confirmed. Femoral bifurcation patency confirmed. Deep femoral artery patency confirmed. Superficial femoral artery patency confirmed. Popliteal artery shows minimal luminal atherosclerotic calcification without high-grade stenosis. Tibial peroneal trunk patency confirmed. Three-vessel straight line patency and supply to the left foot confirmed. Dorsalis pedis and lateral plantar artery patency confirmed.

MESENTERIC ARTERIES: Origin atherosclerosis without significant stenosis.

RENAL ARTERIES: Origin atherosclerosis without significant stenosis.

LOWER CHEST: Minimal by basilar dependent atelectasis presentation.

LIVER: Hepatic steatosis. No intrahepatic mass. No intrahepatic biliary dilatation.

GALLBLADDER: No wall thickening. No stones.

COMMON BILE DUCT: Normal caliber. No radiopaque stones.

SPLEEN: Within normal limits.

PANCREAS: Normal attenuation and architecture. No pancreatic fluid collections.

ADRENALS: Normal attenuation and architecture.

KIDNEYS: No abnormal enhancing renal lesion. Nonenhancing polycystic renal change. No obstructive stone hydronephrosis or hydroureter..

LYMPH NODES: No clinically significant inguinal iliac retroperitoneal or Central mesenteric adenopathy.

STOMACH, SMALL BOWEL AND COLON: No bowel obstruction or inflammatory bowel process. Cecum terminal ileum and appendix appear within normal limits. Prominent stool content favoring obstipation. Correlation advised. Significant colonic redundancy.

PERITONEAL CAVITY: Pelvic phleboliths. No free fluid free gas or inflammatory mesenteric presentation.

PELVIC ORGANS: No bladder calculi. Rectal anatomy appears within normal limits.

SOFT TISSUES: Normal.

OSSEOUS STRUCTURES: Moderate degenerative change. Postoperative fusion hardware lower lumbar spine. No evidence of vertebral body compression fracture.

IMPRESSION:
Mild multifocal atherosclerotic plaque presentation. No evidence of aortoiliac aneurysm presentation.

Bilateral lower extremity runoff angiography exhibits wide patency throughout bilaterally with three-vessel supply to both feet. No area of focal high-grade stenosis or occlusion evident. Minimal atherosclerotic burden noted in total.

Hepatic steatosis. Liver elastography can be provided for further noninvasive characterization and assessment as warranted.

Simple appearing polycystic renal change.

Other findings as noted above. Follow-up as warranted.

With respect to potential venous insufficiency, dedicated sonographic venous insufficiency review can be provided as warranted.