

Interesting Cases

Cardiac



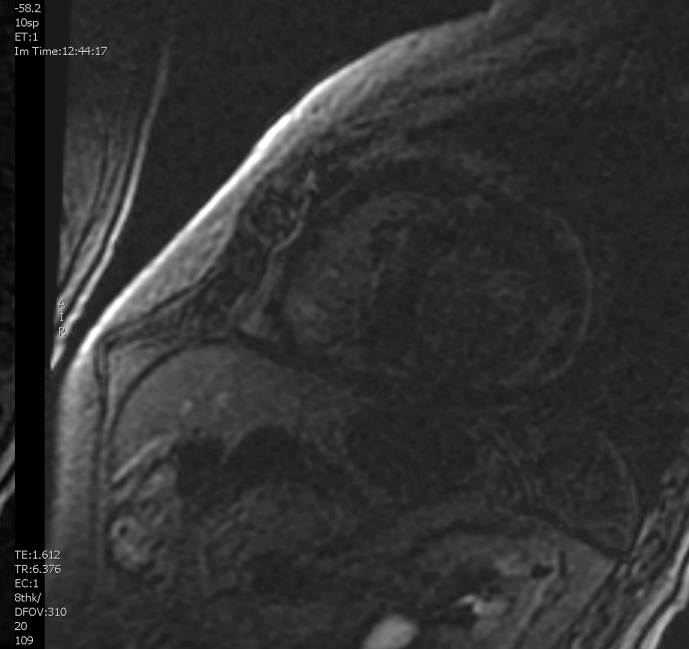
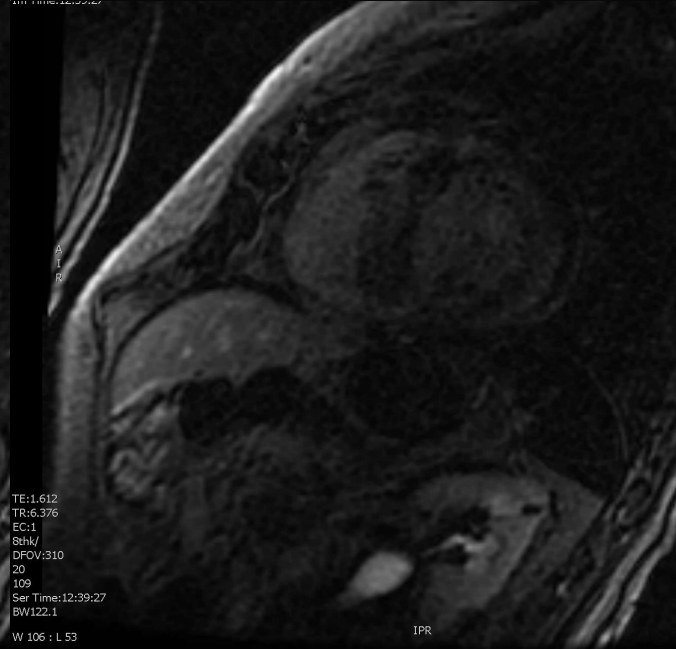
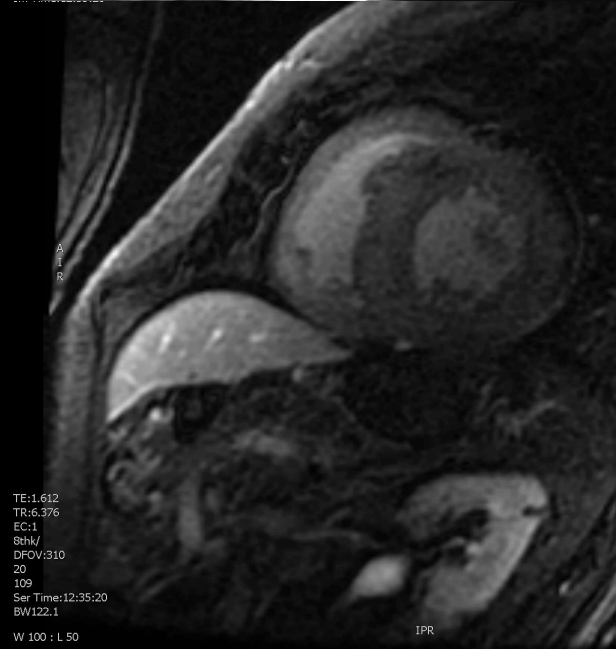
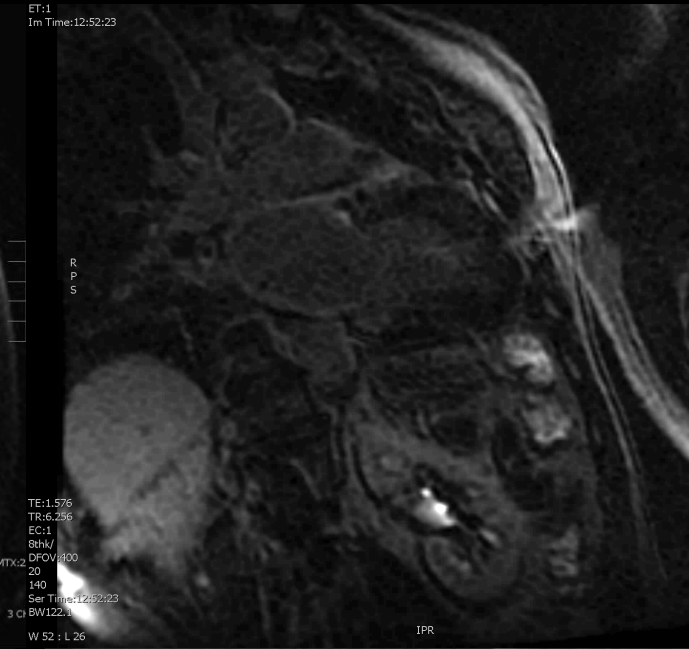
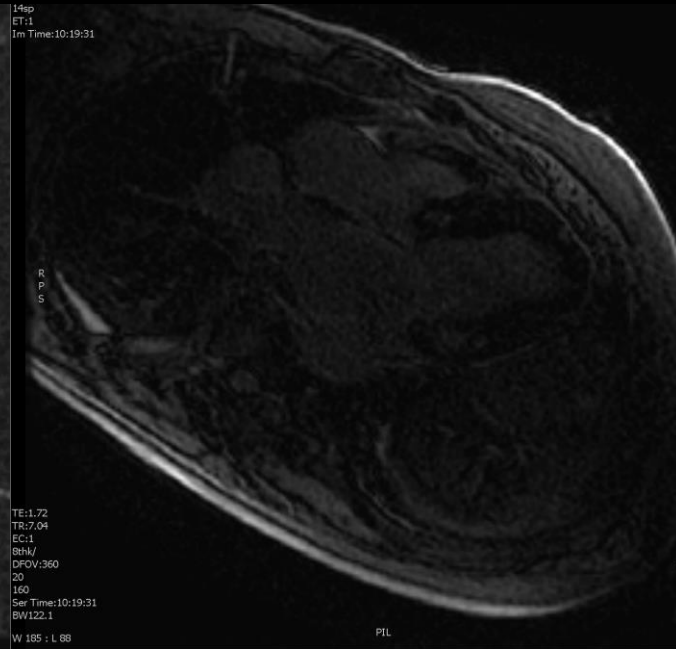
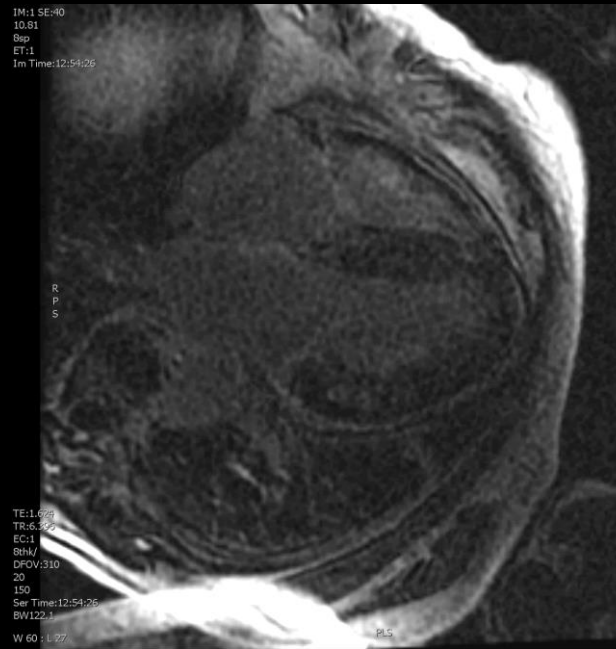
- Satisfactory postoperative appearance status post ascending aortic graft replacement with coronary artery implantation and valvular replacement
- Coronary artery calcification

31-year-old man with right heart enlargement and pulmonary hypertension

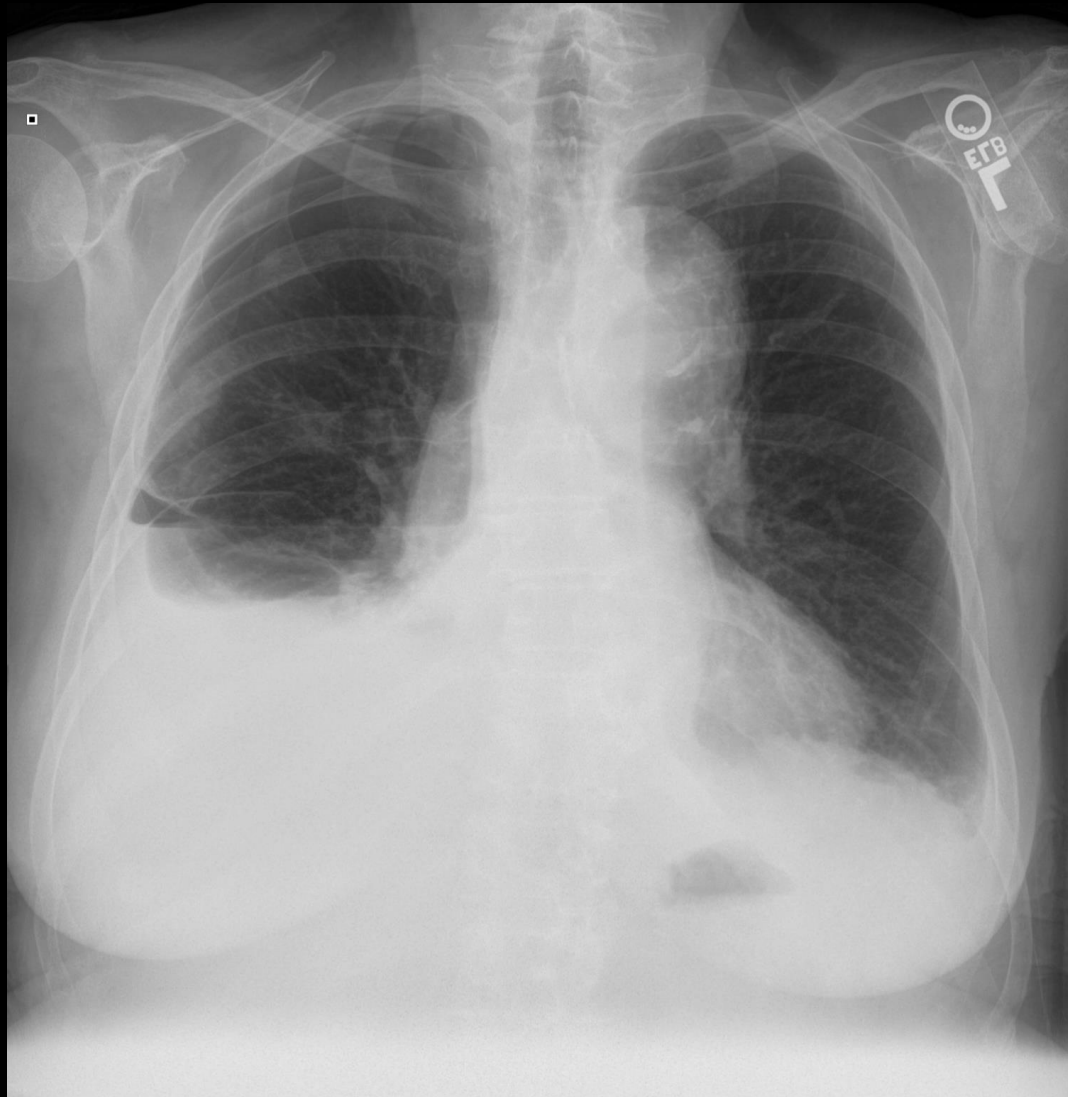


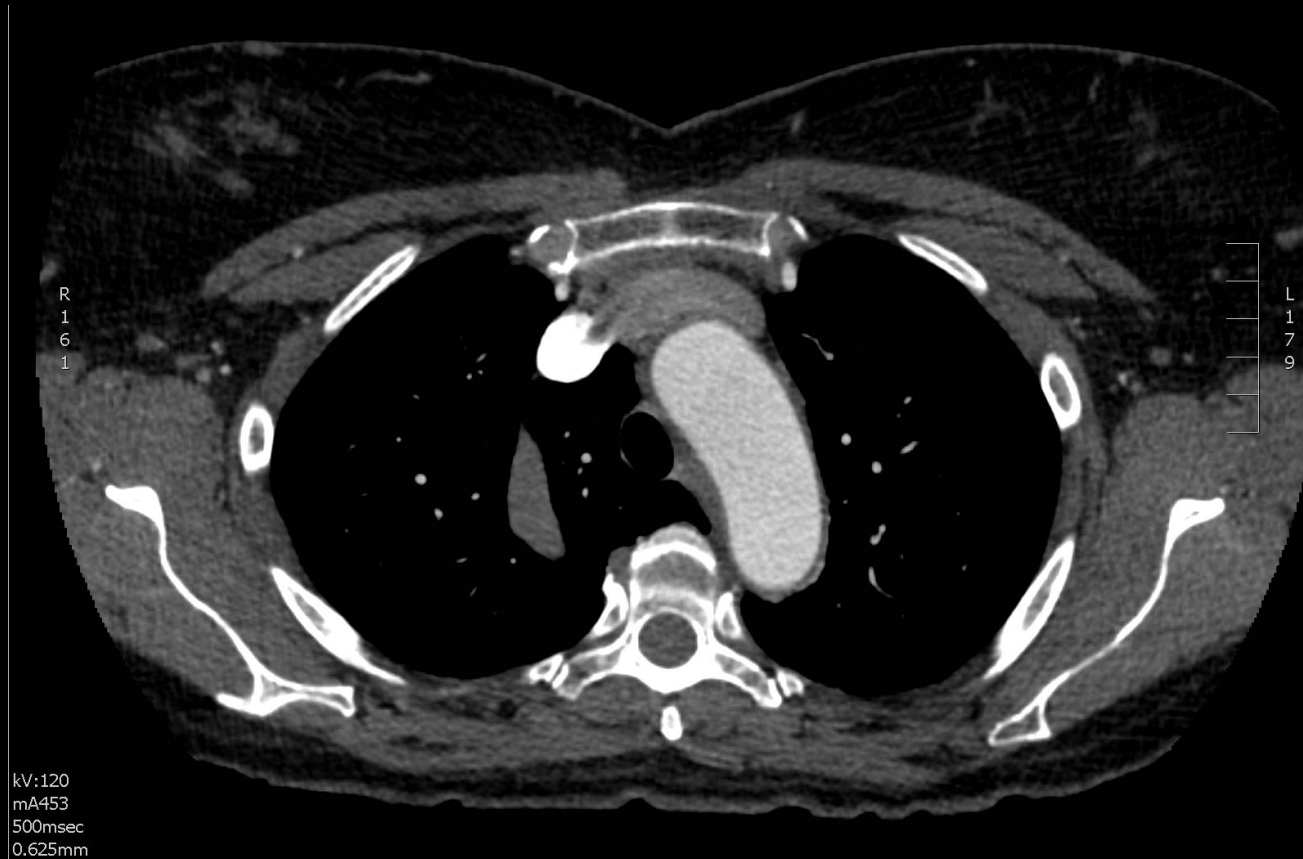
- Partial anomalous summary venous return of the right-sided pulmonary veins to the right atrium
- Mixed atrial septal defect including a sinus venosus defect and ostium secundum atrial septal defect

Amyloidosis



- Small left-sided pleural effusion and moderate right-sided hydropneumothorax
- Aneurysmal dilatation of the descending aorta and posterior arch





- Intramural hematoma in the aortic wall which begins at the aortic root and may extend to the aortic arch
- Circumferential high attenuation at the aortic arch, with normal thickness of the wall; this can be seen in an anemic patients or may be due to minimal intramural hematoma within the aortic arch walls
- Dilatation of the ascending aorta

H/o lung cancer



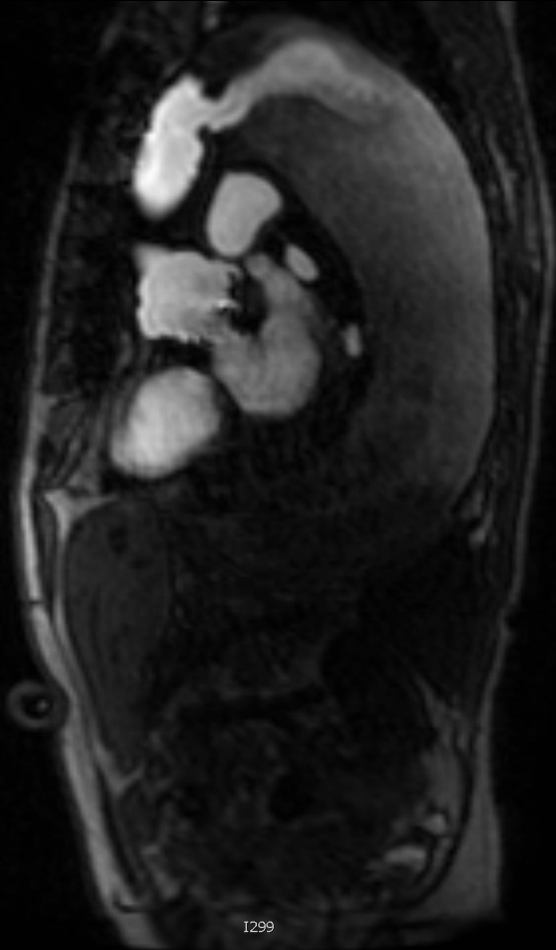
Focal eccentric outpouching of the proximal descending thoracic aorta measuring up to 3.2-cm in maximal dimension

Image
Ima

RD

IM:81 SE:2558
-56.12
1.4sp
ET:1
Im Time:12:42:20

A
R



TE:1.236
TR:3.38
EC:1
2.8thk/
DFOV:480
30
0
Ser Time:12:42:20
BW488.3

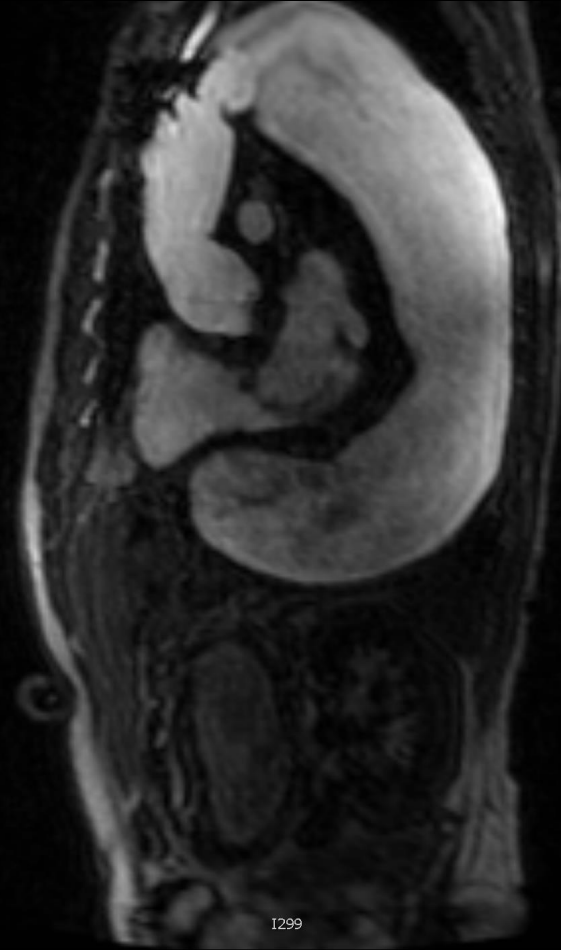
W 1073 : L 536

I299

11:44:03
*CVI
IM:70 SE:2561
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P
L

A
R



NSA0.75
MTX:0 256 192 0
FFS
:
ph8:+C TRICKS MRA
CONT:20ML MH

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2.8thk/
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30
0
Ser Time:12:42:20
BW488.3

W 993 : L 496

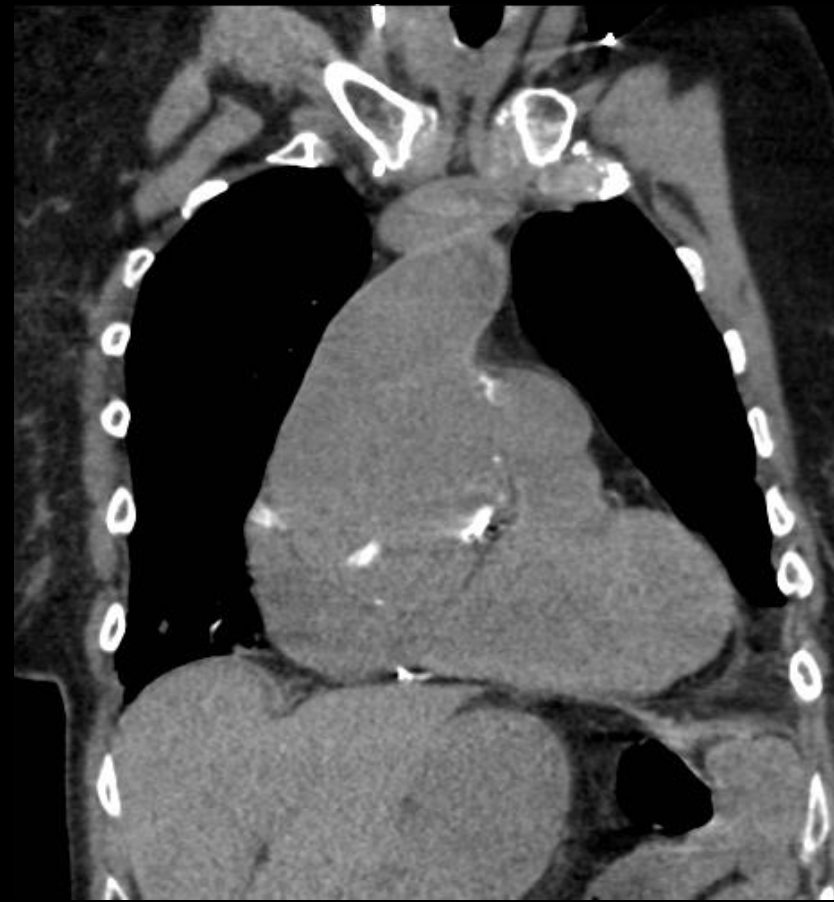
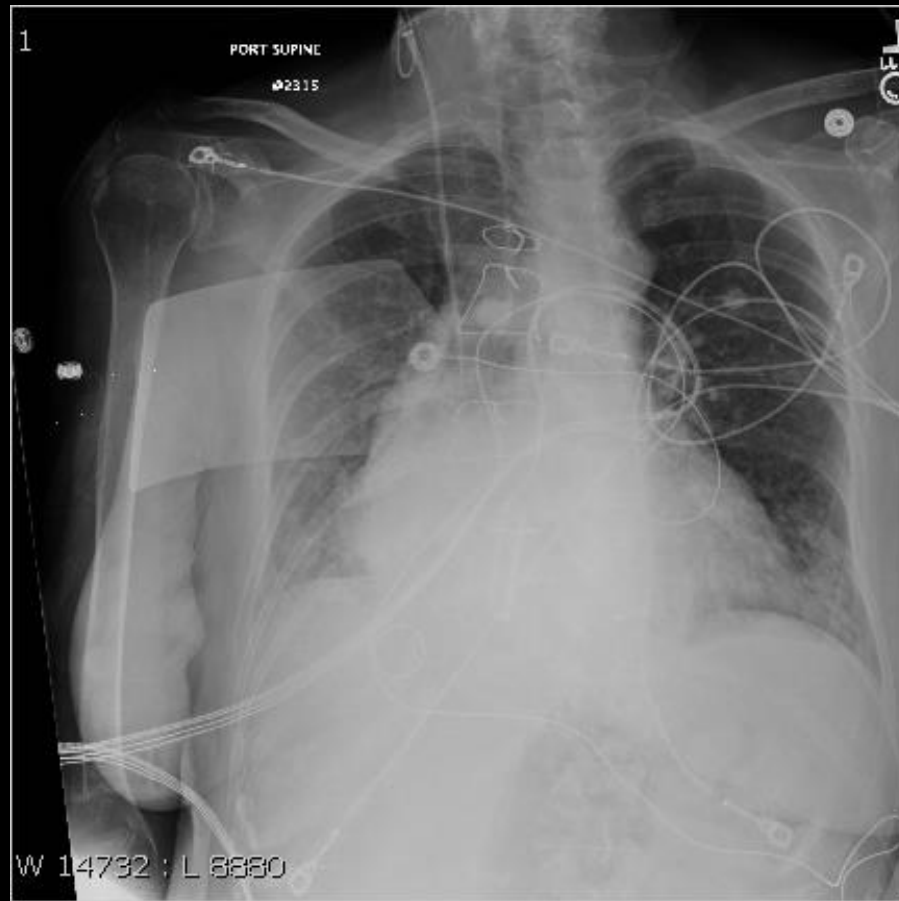
I299

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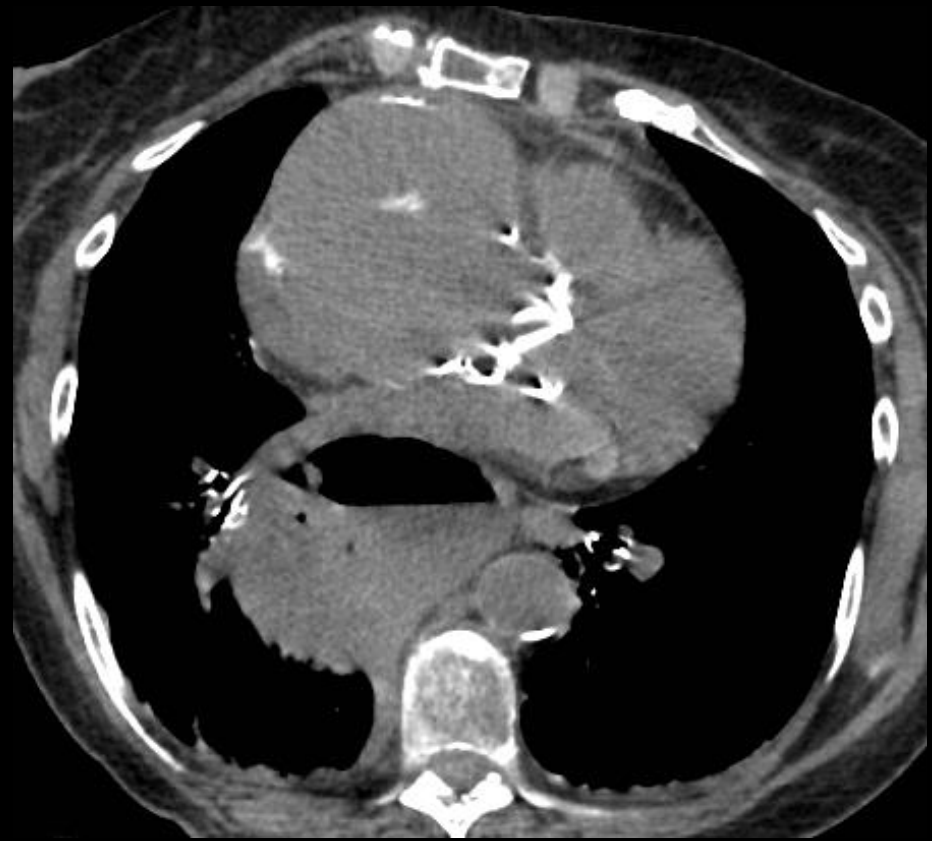
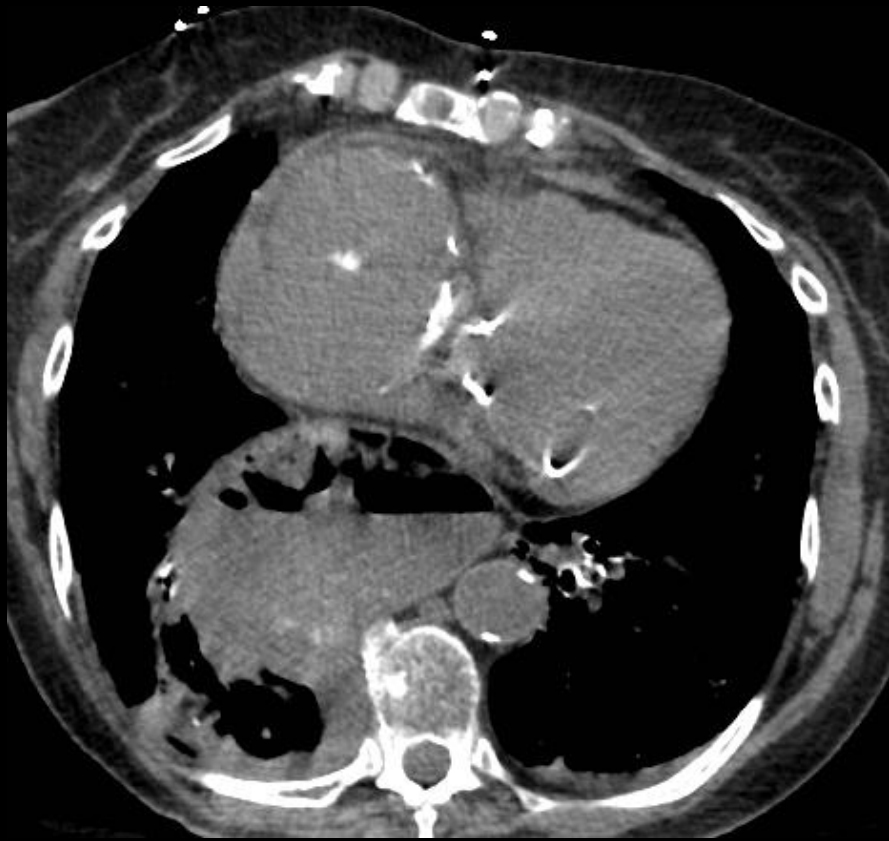
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NSA0.75
MTX:0 256 192 0
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ph11:+C TRICKS MRA
CONT:20ML MH

82F with atrial fibrillation, TIA, carotid stenosis, and dilated aortic root



Aortic root, ascending aortic aneurysm. Right IJ pacemaker with tip in the right ventricle.

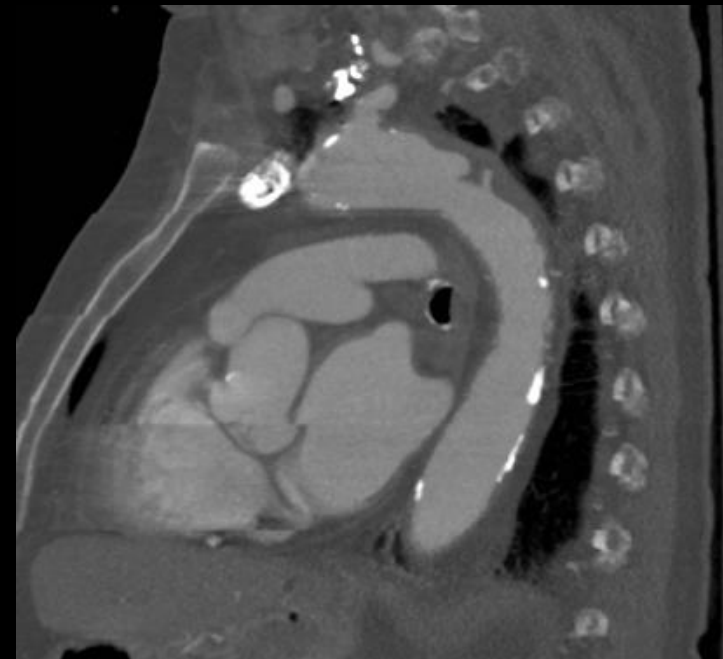


Ascending aortic and aortic root aneurysm measuring 6.5 x 7.1 cm

93F s/p fall with neck pain, concern for dissection



- Irregularity of the posterior aortic arch- probably ulcerated atherosclerotic plaque, less likely post-traumatic
- Pulmonary thromboembolism involving the anterior segmental branch of the right upper lobe
- Moderate to severe three vessel coronary arteries calcification

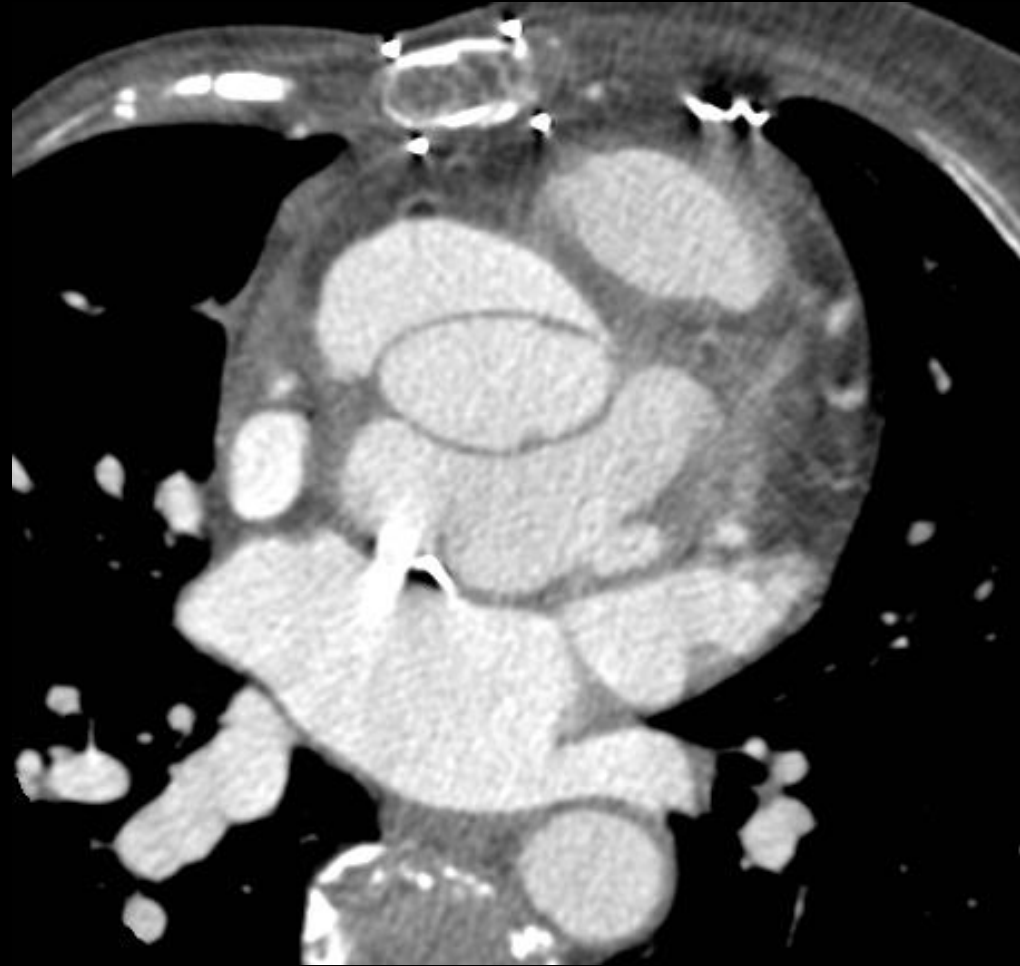


H/o of bicuspid aortic valve and aortic coarctation

- Focal stenosis of the aorta, with minimal diameter immediately after the takeoff of the subclavian artery
- Heavily calcified and bicuspid aortic valve
- Thickened mitral valve



65F with infected aortic root with pseudoaneurysms, collections, status post surgery



Multifocal outpouchings of the ascending aorta and irregularity to the aortic morphology

94F with chest pain.

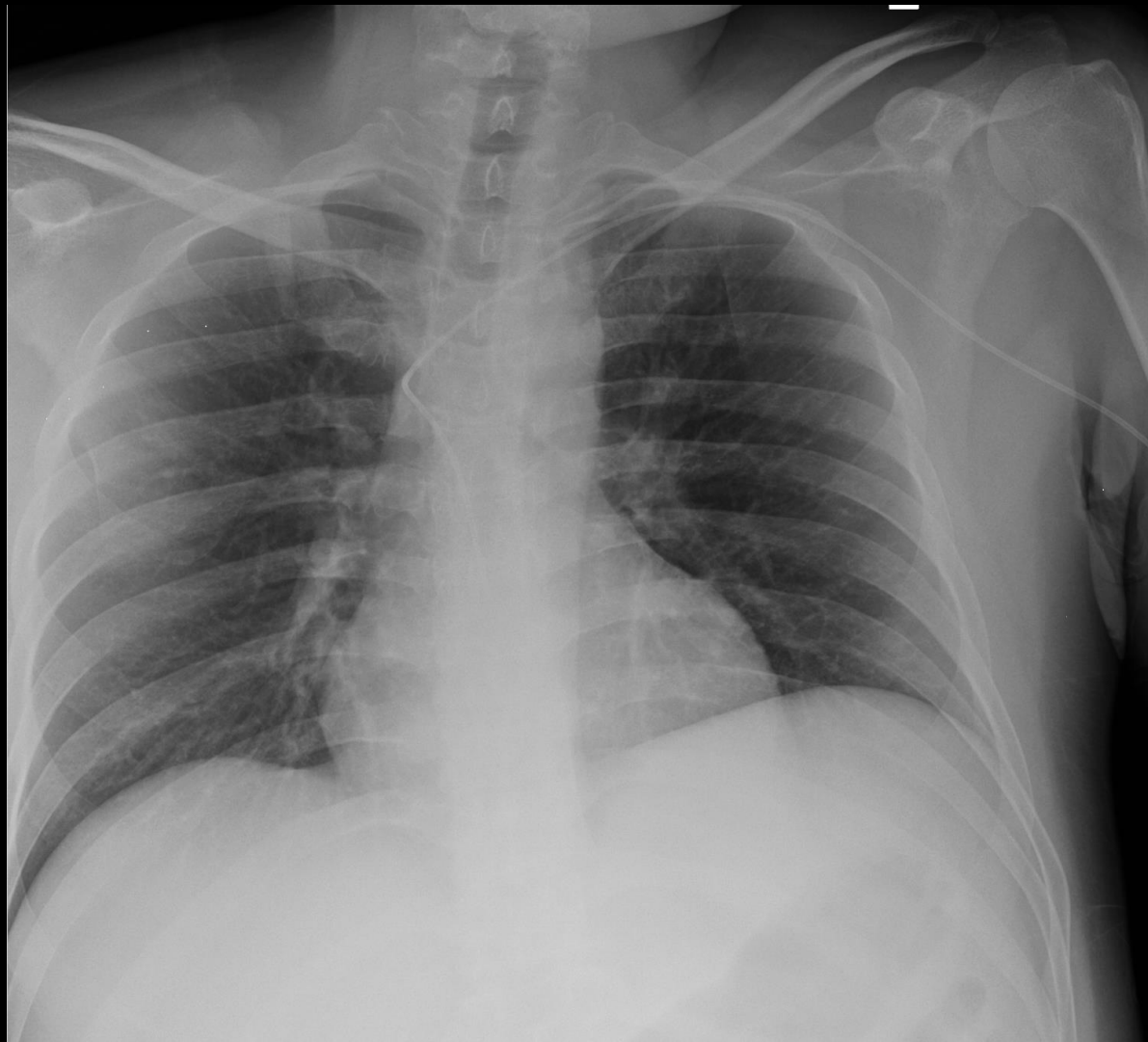


No definite acute cardiopulmonary disease..
Retrosternal space remains filled presumably from a tortuous aorta.

Status post catheter removal in OR

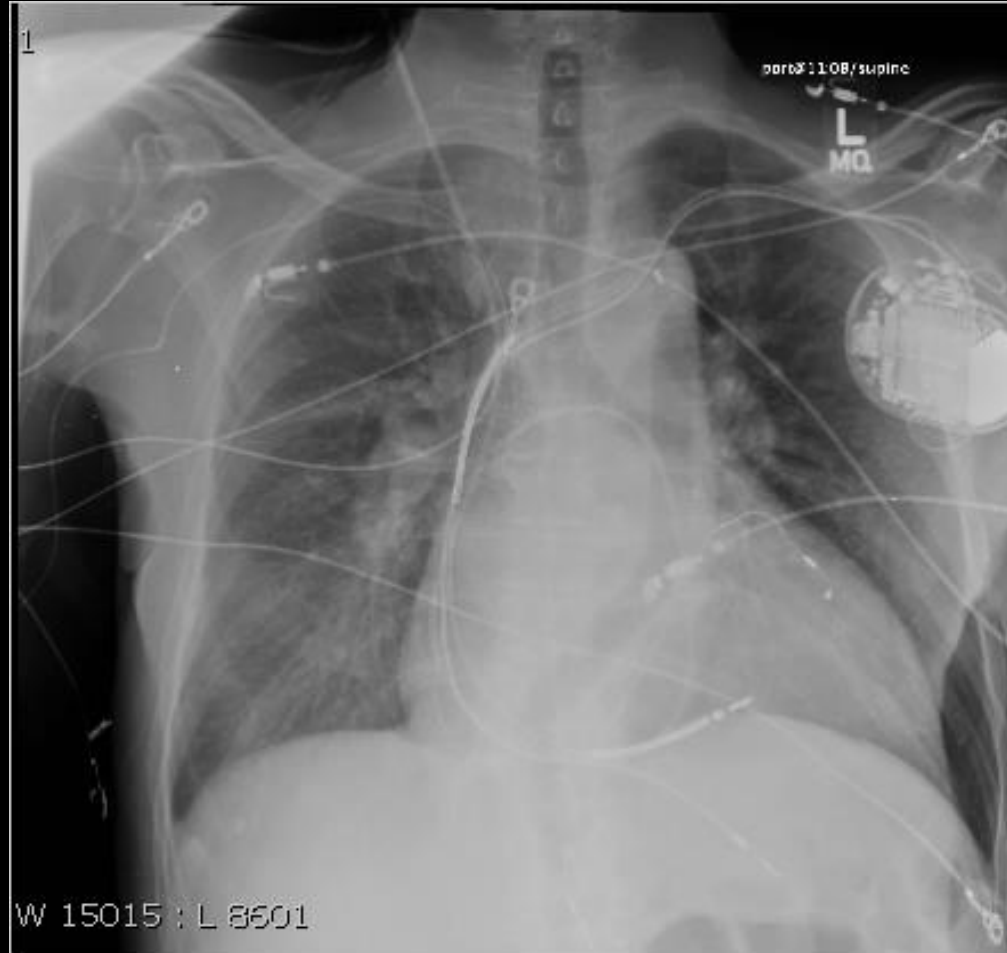


Retained piece of catheter in the right upper abdomen/flank



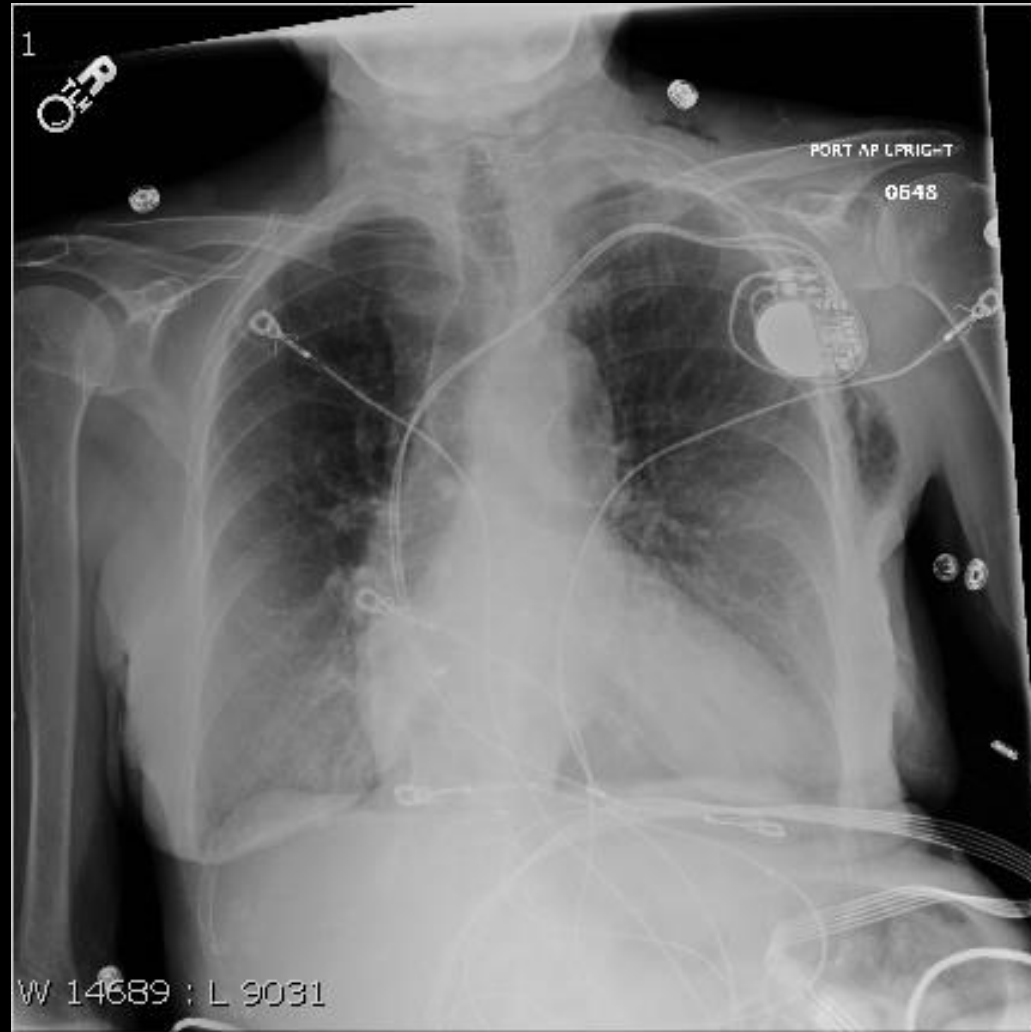
- Placement of a left PICC which courses over the level of the azygos arch and deviates medially suggesting cannulation of the azygos vein
- Recommend repositioning

65M s/p intra-aortic balloon placement



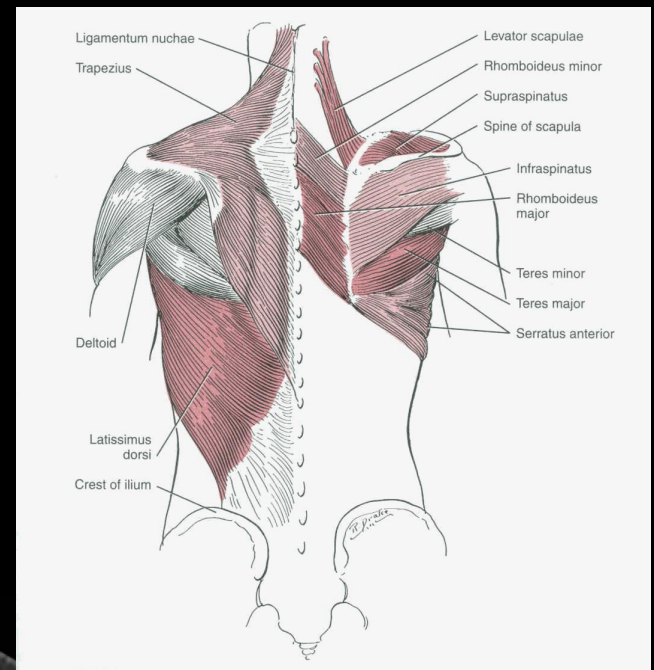
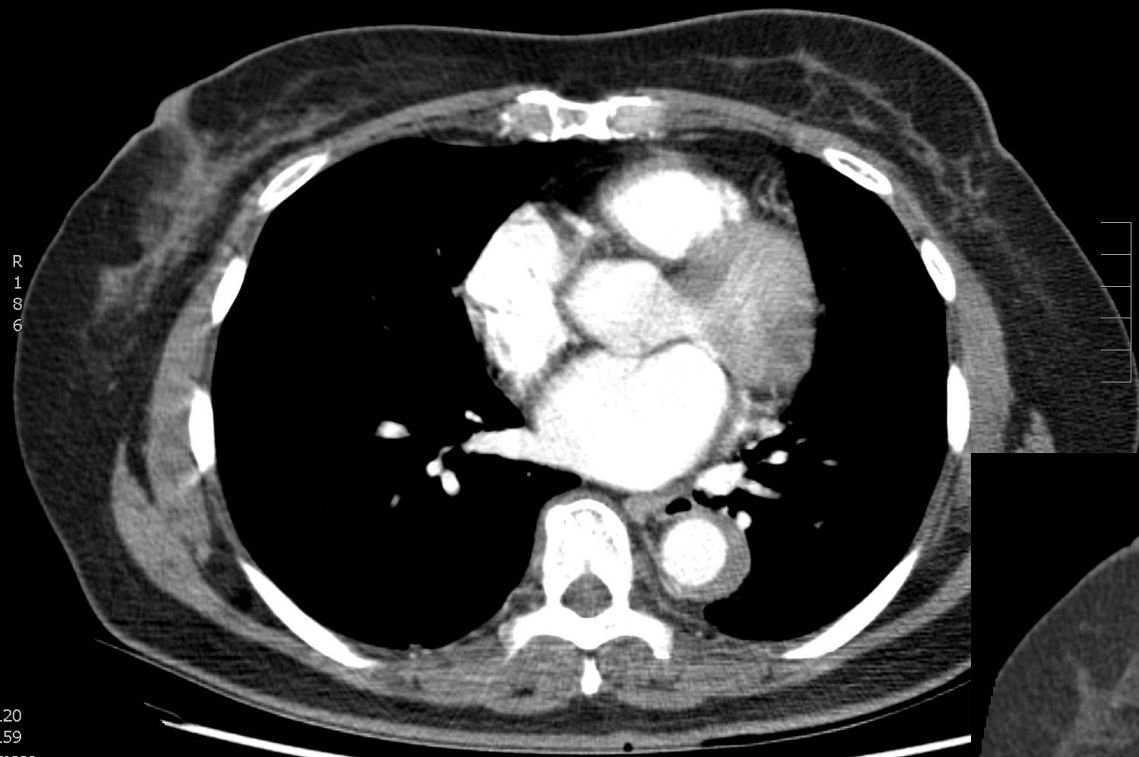
- Radiopaque marker of IABP projects over the aortic arch, only approximately 1 cm caudal to the apex of aortic arch. Suggest repositioning more distally.
- Stable cardiomegaly and appearance of cardiac pacer-ICD leads. Swan-Ganz catheter tip is in right interlobar pulmonary artery. Right arm PICC is in the proximal SVC.

87F Status post ICD change.



Subcutaneous emphysema of the left lateral chest wall and supraclavicular region

Resolution of Intramural hematoma



64M Status post percutaneous intervention, now in shock. Evaluate for retroperitoneal bleed.



- Retroperitoneal hemorrhage extending from the left femoral artery superiorly and terminating just inferior to the iliac bifurcation
- No evidence of active extravasation at this time