



(A Centre for Cardio Vascular, Neuroscience & Organ Transplant Units)

An Enterprise of the Diabetic Association of Bangladesh

ISO 9001- 2008 QMS Certified Hospital

**CT Aorto-pulmonary Angiogram**

Patient ID : MR240202056 Date : 06.2.24  
Patient Name : Ehan Sarker Age : 03 Months  
Refd. By : Dr. Shakhawat Alam

**Scan Technique**

Slice Thickness : 0.625 mm Scan Time : 6 sec  
Contrast Volume : 35ml

**STUDY PROTOCOL:**

5 mm helical sections were taken from thoracic inlet to the lower pole of kidneys during dynamic intravenous contrast administration. Thin (0.6mm) axial reconstructions and multiplanar reconstructions were then performed.

**Findings:**

Cardiac situs: Levocardia

Visceral situs: Solitus

Atrio-Ventricular Connection: Concordant

Ventriculo-Arterial Connection: Concordant

**Pulmonary arteries:**

Origin: Right ventricle  
Confluent: Yes  
RVOT/ Infundibulum: Narrow with valvular stenosis  
Main Pulmonary trunk: 7.4mm  
RPA: Proximally 8.7 mm & distally 5.9 mm.  
LPA: Proximally 5.3 mm & distally 6.3 mm.  
Mcgoon ratio-1.8(Normal value- 2-2.5).

**Pulmonary veins :**

Size:

Right superior : 2.5mm  
Right inferior : 4.1mm  
Left superior : 2.2 mm  
Left inferior : 2.9mm  
Drainage : Left atrium

**Aorta :**

Origin : Both ventricles  
Override : Present, about 50 %  
Arch : Right sided  
Coarctation : Absent  
Aberrant right subclavian artery – Absent





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**Coronaries:** Proximal coronary shows normal course. No major crossing of RVOT.

**Collaterals:** A few tiny aortopulmonary collaterals noted

**PDA:** Absent

**IA septum:** Appears intact

**IV septum:** Subaortic VSD

**Ventricular loop:** D - loop

**LA:** Normal

**LV:** Normal

**RA:** Normal

**RV:** Hypertrophied

**Pericardial effusion:** Absent

**SVC:** Single, right sided, no retro-aortic course of left brachiocephalic vein

**IVC:** No interruption

**Lungs:** Clear

**Thymus:** Normal

**Trachea:** Central, patent

**Bronchi:**

Right mainstem – Patent

Left mainstem – Mild narrowing of proximal bronchus.

**Visceral situs:** Solitus

**Spleen:** Single, normal.

**IMPRESSION:**

- Congenital heart disease (TOF)
- Pulmonary infundibular/ RVOT narrowing with confluent branch pulmonary arteries (Mc Goon's ratio -1.8 ).
- Subaortic VSD with about 50 % overriding.
- Right sided aortic arch with mirror image branching pattern.
- Normal pulmonary venous drainage.
- A few tiny aortopulmonary collaterals noted
- No major crossing of RVOT by coronary artery.

*Please correlate with the echocardiographic findings.*

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Page 2 of 2



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## REPORT ON M-MODE & 2D ECHOCARDIOGRAM WITH COLOUR DOPPLER

ID No	16715	Height :		Date	28/01/24
Name	Ehhan Sarkar	Weight :			
Age:	3 M	Pulse :		Sex :	Male
Refd. by :	CHL, INCU - COT - 04	B.P :	-		

Thank you for the courtesy of referring this patient.

Measurements	Adult normal Range	Measurements	Adult normal range
AOD	1.3cm	LAD	1.0cm
ACS		IVSd	0.49mm
LVDd	1.10mm	IVSs	0.57mm
LVDs	0.57mm	LVPWd	0.27mm
LVEF	83%	LVPWs	0.62mm
MVO		FS	47%
EPSS	--	EF Slope	--
	Velocity max	Normal Value	P. Gradient
AV:	76.3 m/sec	1.0-1.7 m/sec	2 MmHg
MV:	65.4 m/sec	0.6-1.3 m/sec	3 MmHg
PV:	3.00 m/sec	0.6-0.9 m/sec	36 MmHg
TV:	1.46 m/sec	0.3-0.7 m/sec	3.7 MmHg

### DESCRIPTION :

LV : Situs solitus. Normal atrioventricular and ventriculoarterial concordance, normal systemic and pulmonary venous drainage. There is 30-40 % overriding of the aorta. A large malaligned perimembranous ventricular septal defect with outlet extension, 2.55 mm in size, restrictive with mostly right to left shunt is seen. A small vegetation is seen on the RV side of the septum along the blood flow of VSD. There is severe infundibular and pulmonary valve stenosis, almost pulmonary atresia. RA is dilated. RV is hypertrophied and trabeculated. LA & LV are normal in dimension and wall motion. Other valves and tracts are normal. No COA, PDA, thrombus is seen.

### IMPRESSION :

- Tetralogy of Fallot with
  - almost Pulmonary Atresia.
  - large malaligned restrictive perimembranous ventricular septal defect with outlet extension,
  - 30-40 % overriding of the aorta.
- ? Small vegetation on the RV side of the septum along the blood flow of VSD.
- Good Bi-ventricular Function.

Adv : Cardiac Cath / CT- angio followed by BT/ modified BT shunt.

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