

REPORT

Patient Id _____ Name SHAIK RUHULLA Accession No _____
Study Date 05-Oct-2026 Referral Dr. DR K VIKRAM Age/ Gender 01M / Male

CT ANGIOGRAM STUDY OF AORTA AND PULMONARY ARTERIES

CLINICAL DETAILS:

Ostium secundum ASD and TAPVC under evaluation.

FINDINGS:

Cardiac situs: Levocardia

Visceral situs: Solitus

Atrio-Ventricular Connection: Concordant

Ventriculo-Arterial Connection: Concordant

Pulmonary arteries:

Origin: RV

Confluent: Yes

RVOT/ Infundibulum: No stenosis.

Main Pulmonary trunk: dilated and measures 12.9 mm

LPA: 6.2 mm

RPA: 6.3 mm

Pulmonary veins:

Right superior: 4.5 mm

Right inferior: 4.5 mm

Left superior: 2.5 mm

Left inferior: 3.9 mm

Drainage: All the pulmonary veins form a confluence posterior to the left atrium. This then continues as an inferior descending vertical vein measuring 8 mm in caliber with infracardiac course through the diaphragm with narrowing in its distal segment where it measures 4 mm in narrowest segment. This then drains into the main portal vein (measuring 10 mm at the insertion site).

Wish you a Speedy Recovery

Scans-Diagnostics

Fully Digital High-End 1.5T MRI - 160 slice whole body & **Cardiac CT Scan**
Ultrasound - Color Doppler - Digital X-ray - Digital Mammography

REPORT

Aorta:

Origin: Left ventricle

Override: Absent

Arch: Left sided with direct origin of the left vertebral artery from the arch.

Coarctation: Absent

Aberrant right subclavian artery – Absent

Coronaries: Conventional coronary artery anatomy. Proximal coronaries show normal origin and course.

Collaterals: No major aortopulmonary collaterals noted.

PDA: absent

IA septum: Ostium secundum ASD is seen.

IV septum: Intact

Ventricular loop: D- loop

LA: Normal

LV: Normal

RA: Dilated

RV: Dilated

Pericardial effusion: Absent

SVC: Single, right sided and drains into RA.

IVC: No interruption. Drains into RA.

Lungs: Extensive dependent consolidation/collapse noted in bilateral lung fields.

Trachea: Central, patent

Bronchi: Right mainstem –Patent

Left mainstem – Patent

Spleen: Normal

Thymus: Present

REPORT

IMPRESSION:

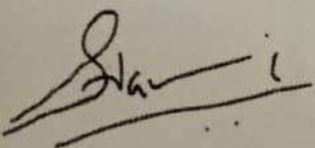
congenital heart disease (S,D,S).

Infracardiac Total Anomalous Pulmonary Venous Connection (TAPVC Type III) —
pulmonary veins form a common confluence posterior to the left atrium, draining via a
descending vertical vein into the portal vein, with distal narrowing of the vertical vein.

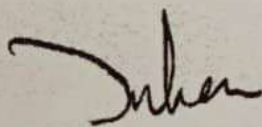
Ostium secundum atrial septal defect (ASD).

Dependent consolidation/collapse in bilateral lungs.

Features of pulmonary arterial hypertension.



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