

**Chettinad Hospital and Research Institute  
Department of Radio Diagnosis**

**Interventional Procedures**

**Angiography [Conventional (DSA)/CT Angio] - Representative Reports**



Hospital & Research Institute

**Chettinad Academy**

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**Chettinad Hospital and Research Institute**

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Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District.

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. JOHNSON

Age/Sex: 18/M

Date: 28.07.2023

Ref by: GM

H. No: CSSH09000423024

**CT - BRAIN ANGIOGRAM**

**FINDINGS:**

In comparison to previous scan dated 27/7/2023. There is resolution of subarachnoid hemorrhage in right sylvian fissure.

Basilar artery appears normal. No evidence of dolichoectasia.

Vertebral arteries appear normal.

No evidence of arterial dissection/ thrombus.

No evidence of arteriovenous malformation.

No evidence of vascular mass. No evidence of aneurysm.

**IMPRESSION:**

- No significant abnormality detected.

A. Einstien

PROF.DR. A. EINSTIEN, MD, RD,

Typed by : daisy

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs.SHANTHA KUMAR

Age/Sex:25 /M

Date: 19.11.2023

Ref by:OP

H.No: CARE093882489

**CT – CEREBRAL ANGIOGRAM**

Serial axial sections of Carotid vertebral and cerebral artery with IV contrast medium shows:

**FINDINGS & IMPRESSION:**

No obvious extravasation of contrast noted on contrast study.

No obvious aneurismal dilatation seen/

Fractures as mentioned in precious scan remain the same.

Bilateral internal, external and common carotid arteries shows normal contrast opacification with no Intraluminal filling defects.

Basilar artery appears normal. No evidence of dolichoectasia.

Anterior cerebral artery, middle cerebral artery, posterior communicating artery, posterior cerebral artery and its branches appear normal.

No evidence of arterial dissection/ thrombus.

No evidence of arteriovenous malformation.

No evidence of vascular mass. No evidence of aneurysm.

  
DR.V. SATHYANARAYANAN,MD,RD.

Typed by A.Malarvizhi

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. MALARVIZHI

Age/Sex: 62 /F

Date: 25.10.2023

Ref by: OP / ETC

H.No: CSSH09000428344

**CT – CEREBRAL ANGIOGRAM**

Serial axial sections of Carotid vertebral and cerebral artery with IV contrast medium shows:

**FINDINGS & IMPRESSION:**

No evidence of intra / extra axial hemorrhage.

No evidence of enhancing space occupying lesion.

Complete mucosal opacification noted in left mastoid air cells and left epitympanum with adjacent sclerotic changes noted – could represent chronic mastoiditis changes.

Partial empty sella noted.

Basilar artery appears normal.

Anterior cerebral artery, middle cerebral artery, posterior communicating artery, posterior cerebral artery and its branches appear normal.

No evidence of arterial dissection/ thrombus.

No evidence of arteriovenous malformation.

No evidence of vascular mass. No evidence of aneurysm.

Typed by : Kalpana

  
DR. V. SATHYANARAYANAN, MD, RD.,

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr.Sukul Raj

Age/Sex:61/m

Date: 08.01.2024

Ref by: SGICU

H.No: CSSH09000369919

**CT - BRAIN ANGIOGRAM**

**FINDINGS & IMPRESSION:**

No obvious focal hypodense area noted in cerebral parenchyma to suggest infarct.

No obvious filling defect noted in bilateral anterior cerebral artery, Middle cerebral artery and posterior cerebral artery.

Right Vertebral artery appears reduced in caliber with thin streak of contrast opacification.

Calcified granuloma noted in right frontal lobe without perilesional edema.

Basilar artery appears normal. No evidence of dolichoectasia.

No evidence of arterial dissection/ thrombus.

No evidence of arteriovenous malformation.

No evidence of vascular mass. No evidence of aneurysm.

**DR.V.SATHYANARAYANAN,MD.,RD.,**

Read by Dr. Naveen

Typed by sumathi

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. PARASURAMAN

Age/Sex: 44/M

Date: 23.02.2023

Ref by: PULMO

H. No: CSSH09000413819

**CT-PULMONARY ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm **with IV contrast medium** shows:

**FINDINGS & IMPRESSION:**

**Main pulmonary artery measures 23.5 mm.**

**Right pulmonary branches – 18.6 mm.**

**Left pulmonary branches – 18.3 mm.**

**Few prominent mediastinal lymph nodes noted, largest measuring 14.3 mm with tiny hypodense areas within.**

**Consolidation with cavitatory changes noted in right upper lobe.**

**Multiple centrilobular nodules in tree in bud configuration noted in right upper lobe and apicoposterior segment and lingula of left lung.**

**Patchy consolidatory changes noted in medial segment of right middle lobe.**

Main pulmonary artery arises from right ventricular outflow tract. Pulmonary artery confluence appear normal. Main pulmonary artery bifurcates normally. No evidence of calcified plaques / stenosis. No evidence of pulmonary embolism. Both right and left pulmonary artery branches normally.

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes.

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Prof. DR. R. ANAND, MD, RD, EDiR.





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. PALANIYAMMAL

Age/Sex: 70/F

Date: 15.01.2023

Ref by: Pulmonology

H.No: 093532541

**CT-PULMONARY ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm with IV contrast medium shows:

**FINDINGS:**

No evidence of filling defect in visualized pulmonary vessels.

Main pulmonary trunk appear dilated measuring upto 35 mm with prominent right and left pulmonary arteries.

Cardiomegaly noted.

Pleural thickening with dependent atelectasis noted in bilateral lung fields.

Subpleural air space opacity of size 15 x 7 mm noted in right postero-basal segments.

Diffuse osteopenia noted with anterior wedge collapse of L1 vertebrae.

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes. Bony thorax and extra thoracic soft tissues appear within normal limits.

**IMPRESSION:**

- No evidence of acute pulmonary thrombo-embolism.
- Dilated main pulmonary artery with prominent right and left pulmonary arteries suggestive of chronic pulmonary hypertension.
- Right postero-basal air space opacity as described ? Infective etiology.

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CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
DR. K.S. RAM PRASATH, MBBS,DNB,

Typed by: Sathya





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. SAGAYA MARY

Age/Sex: 54/F

Date: 28.01.2023

Ref by: SGICU

H. No: CSSH09000412136

**CT-PULMONARY ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm **with IV contrast medium** shows:

**FINDINGS:**

**No evidence of any filling defect in the main pulmonary artery and its branches.**

**Main pulmonary artery measures 22.7 mm, appears normal in calibre.**

**Right pulmonary artery measures 13.9 mm.**

**Left pulmonary artery measures 15.3 mm.**

**Consolidatory changes with fluid filling branches noted in dependent aspect of right lower lobe.**

**Nasogastric tube noted insitu.**

**A well defined iso to hypodense non enhancing lesion of size 3.0 x 1.8 cm noted in the left breast parenchyma in the periareolar region.**

**Diffuse fatty infiltration of liver noted.**

Main pulmonary artery arises from right ventricular outflow tract. Pulmonary artery confluence appear normal. Main pulmonary artery bifurcates normally. No evidence of calcified plaques / stenosis.

Trachea is normally placed and appear normal in calibre. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes.

**IMPRESSION:**

- **Right lower lobe consolidatory changes with fluid filled branches – possibly aspiration pneumonia.**
- **Well defined non enhancing iso to hypodense lesion in left breast lesion as described - ? fibroadenoma – suggested USG correlation.**
- **Diffuse hepatic steatosis.**

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
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Name: Mrs. LAKSHMI.S

Age/Sex: 60/F

Date: 18.08.2023

Ref by: CATH ICU

H. No: CSSH09000253997

**CT-PULMONARY ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm with IV contrast medium shows:

**FINDINGS:**

**Extensive filling defect that extends from the origin of right and left pulmonary artery extending into the lobar and segmental branches bilaterally noted.**

**Relative right heart enlargement with straightening of interventricular septum.**

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes.

Rest of the lung parenchyma from the apices down to the bases appears normal.

Bony thorax and extra thoracic soft tissues appear within normal limits.

**IMPRESSION:**

- Features suggestive of acute pulmonary thromboembolism.

DR. R. ANAND, MD, RD, EDiR





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. SOWMIYA

Age/Sex: 29/F

Date: 27.06.2023

Ref by: NEURO

H. No: CSSH09000417723

**CT – CEREBRAL ANGIOGRAM**

Serial axial sections of Carotid vertebral and cerebral artery with IV contrast medium shows:

**FINDINGS:**

Areas of hypodensity noted in right fronto-parital region.

Cerebral angiogram appears normal.

Basilar artery appears normal. No evidence of dolichoectasia.

Anterior cerebral artery, middle cerebral artery, posterior communicating artery, posterior cerebral artery and its branches appear normal.

No evidence of arterial dissection/ thrombus.

No evidence of arteriovenous malformation.

No evidence of vascular mass. No evidence of aneurysm.

**IMPRESSION:**

- No significant abnormality detected.

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DR. G. LAVANYA, MD, RD.

Typed by swetha





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
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Name: Mr. RAJAGOPALAN

Age/Sex: 75/M

Date: 29.12.2023

Ref By: OP

H. No: CSSH09000385921

**CT – PERIPHERAL ANGIOGRAM**

**TECHNICAL DETAILS:** Axial 5 mm cuts of the aorta from infrarenal level down to the foot were obtained with dynamic intravenous administration.

**FINDINGS:**

Suboptimal study due to reduced opacification of contrast in the venous phase.

Atherosclerotic wall calcifications noted in all visualized arteries without causing significant stenosis.

**IMPRESSION**

- CT study of the Peripheral angiogram 'shows no significant abnormality.

  
DR. G. RAJKUMAR,MD,RD.

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Ms.Sarumathi

Age/Sex:22 /F

Date:05.03.2024

Ref by:OP

H. No: CSSH0900000435539

**CT – LOWER LIMB ANGIO**

Multislice serial axial sections of lower limb acquired in helical mode with MIP and volume rendering reconstructions.

**FINDINGS AND IMPRESSION:**

**Normal opacification of bilateral lower limb arteries and veins noted**

**Soft tissue injury noted in posteromedial and posterolateral aspect of left thigh, knee and upper leg region in subcutaneous plane.**

**Undisplaced fracture noted in medial condyle of left femur with intra-articular extension with associated lipohemarthrosis.**

The infrarenal abdominal aorta and its bifurcation into common iliac arteries appear normal. There is no significant narrowing or thrombus in aortic bifurcation.

The common iliac artery, internal and external iliac artery on both sides appear normal in calibre and course with no significant ostial stenosis / luminal narrowing. .

The continuation of external iliac artery into common femoral artery on either side appear normal with no definite evidence of narrowing / thrombus.

The superficial femoral artery, profunda femoris, popliteal artery and its branches appear normal on both sides.

The proximal distal segments of anterior and posterior tibial arteries on either side appear normal.

Bilateral profunda femoris appears normal.

Typed by Mariah

  
DR.R.ANAND, MD, RD, EDiR,  
DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. NAVEEN

Age/Sex: 29/M

Date: 20.06.2023

Ref by: ETC

H. No: CSSH09000420775

**CT – LOWER LIMB ANGIO**

Multislice serial axial sections of lower limb acquired in helical mode with MIP and volume rendering reconstructions.

**FINDINGS:**

Short segment filling defect noted for a length of 1 cm of in left anterior tibial artery due to compression injury by fractured and displaced head of talus, however dorsalis pedis artery shows normal contrast opacification through the collaterals.

Head of talus is fractured and appears completely dislocated anteriorly from the talonavicular joint.

Completely crushed and comminuted fracture of cuboid with subluxation of left calcaneocuboid joint and cuboido-metacarpal joint.

Displaced fracture noted in lateral and anterior aspect of navicular bone.

Severe soft tissue injury with inflammatory changes and subcutaneous emphysematous changes noted in dorsum of foot and around the ankle joint.

The infrarenal abdominal aorta and its bifurcation into common iliac arteries appear normal. There is no significant narrowing or thrombus in aortic bifurcation.

The common iliac artery, internal and external iliac artery on both sides appear normal in calibre and course with no significant ostial stenosis / luminal narrowing.

The continuation of external iliac artery into common femoral artery on either side appear normal with no definite evidence of narrowing / thrombus.

**IMPRESSION:**

- Compression injury of left anterior tibial artery due to dislocated fracture head of talus as described.
- Multiple tarsal bone fractures with soft tissue injury as described.

Typed By Swetha

  
DR. K.S. RAMPRASATH, MBBS, DNB.,  
DEPARTMENT OF RADIOLOGY

CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. SANGEETHA

Age/Sex:41/F

Date:26.03.2024

Ref by: OP

H.No: CARE094030295

**CT – RENAL ANGIOGRAM**

Serial axial sections of abdomen from the level of celiac axis to the level of aortic bifurcation were taken in helical mode with IV contrast medium. MIP and SSD images were reconstructed from source images.

**FINDINGS:**

Aorta appears normal from the level of celiac axis upto aortic bifurcation. No evidence of calcification. No evidence of irregularity / stenosis / aneurysm / thrombus.

Single renal artery on right side. No evidence of atheromatous / calcified plaques. No evidence of thrombosis / aneurysm. No evidence of renal artery stenosis. Anterior and posterior divisions and segmental branches appear normal.

**Right kidney measures 9.2 x 4.6cm; Left kidney measures 9.2 x 3.8cm;**

Single renal artery on left side. No evidence of atheromatous / calcified plaques. No evidence of thrombosis / aneurysm. No evidence of renal artery stenosis. Anterior and posterior divisions and segmental branches appear normal.

Both kidneys appear normal in shape, position and density. Pelvicalyceal systems are not dilated. No evidence of calculus. Renal sinuses appears normal. Perirenal and pararenal spaces appear normal. Gerota's fascia appears normal.

**Right kidney is malrotated with renal pelvis directed anterior – laterally.**

S.No.		Right Kidney	Left Kidney
1	Proximal MRA lumen diameter	5 mm	6 mm
2	Proximal MRA plaques	None	None
3	Accessory arteries (calibre & type)	None	None
4	Proximal MRV lumen diameter	6.8mm	8.9mm
	Renal Vein tributaries		
5	Lumbar / Ascending Lumbar veins	4 mm	4.2 mm
6	d [RRA origin - 1 <sup>st</sup> segmental branch]	40 mm	-
7	d [LRA origin - 1 <sup>st</sup> segmental branch]	-	26 mm
8	d [RRV confluence - IVC]	24 mm	-
9	d [LRV confluence - IVC]	-	53 mm
10	d [LRV confluence - Aorta]	-	30 mm

**IMPRESSION:**

- No evidence of renal artery stenosis.
- Vascular dimensions as detailed above.

Typed by A.Malarvizhi  
read by khavin  
printed

Dr. J. ANUP CHAKRAVARTHY, MD, RD.

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. SRUTHI

Age/Sex:23/F

Date: 28.02.2024

Ref by:ETC

H.No: CSSH09000435152

**C T – LOWER LIMB ANGIO**

Multislice serial axial sections of lower limb acquired in helical mode with MIP and volume rendering reconstructions.

**FINDINGS:**

**RIGHT LOWER LIMB**

**Right anterior tibial artery terminates at the level of ankle, right peroneal artery gives dorsal prominent bronchus of foot - suggestive of anatomical variation.**

The infrarenal abdominal aorta and its bifurcation into common iliac arteries appear normal. There is no significant narrowing or thrombus in aortic bifurcation.

The common iliac artery, internal and external iliac artery on both sides appear normal in calibre and course with no significant ostial stenosis / luminal narrowing

The continuation of external iliac artery into common femoral artery on either side appear normal with no definite evidence of narrowing / thrombus.

The superficial femoral artery, profunda femoris, popliteal artery and its branches appear normal on both sides.

The proximal distal segments of anterior and posterior tibial arteries on either side appear normal.

Bilateral profunda femoris appears normal.

**IMPRESSION:**

- **No significant abnormality detected.**

Typed by

Dr. J. ANUPCHAKRAVARTHY, MD, RD.

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KELAMBAKKAM





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. M. THENMOZHI

Age/Sex: 30/F

Date: 27.09.2023

Ref by: GICU

H.No: CARE091447178

**CT-PULMONARY ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm **with IV contrast medium** shows:

**FINDINGS:**

**No evidence of thrombosis.**

**Perifissural and intraparenchymal patchy ground glass opacities noted in apical and posterior segment of right upper lobe, lateral segment of right middle lobe, superior segment of right lower lobe, apicoposterior segment of left upper lobe.**

**Thick and thin fibrotic stranding with mild volume loss noted in superior medial basal and posterior basal segment of bilateral lower lobes.**

Main pulmonary artery arises from right ventricular outflow tract. Pulmonary artery confluence appear normal. Main pulmonary artery bifurcates normally. No evidence of calcified plaques / stenosis. No evidence of pulmonary embolism. Both right and left pulmonary artery branches normally.

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes.

Bony thorax and extra thoracic soft tissues appear within normal limits.

**IMPRESSION:**

- **No evidence of pulmonary thromboembolism.**

DR. C. BHAVYA SREE, MD, RD.,





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. VISALACHI

Age/Sex: 67/F

Date: 21.07.2023

Ref by: GS-IV

H. No: 093758296

**CT-PULMONARY ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm **with IV contrast medium** shows:

**FINDINGS & IMPERSSION:**

**No evidence of consolidation / collapse in bilateral lungs.**

**Diffuse mosaic attenuation noted in bilateral lung fields – probably due to poor inspiratory effort.**

**Cardiomegaly noted.**

**Main pulmonary artery measuring 25.6 mm.**

**Right pulmonary artery measuring 19 mm.**

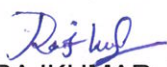
**Left pulmonary artery measuring 20.8 mm.**

Main pulmonary artery arises from right ventricular outflow tract. Pulmonary artery confluence appear normal. Main pulmonary artery bifurcates normally. No evidence of calcified plaques / stenosis. No evidence of pulmonary embolism. Both right and left pulmonary artery branches normally.

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes.

Bony thorax and extra thoracic soft tissues appear within normal limits.

Typed by daisy

  
DR. G. RAJKUMAR, MD, RD.  
DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. DIVYA

Age/Sex: 22/F

Date: 22.09.2023

Ref by: FMW

H.No: CARE093795175

**CT-PULMONARY ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm **with IV contrast medium** shows:

**FINDINGS:**

**Calcified speck noted in superior segment of right lower lobe.**

Main pulmonary artery arises from right ventricular outflow tract. Pulmonary artery confluence appear normal. Main pulmonary artery bifurcates normally. No evidence of calcified plaques / stenosis. No evidence of pulmonary embolism. Both right and left pulmonary artery branches normally.

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes.

Bony thorax and extra thoracic soft tissues appear within normal limits.

**IMPRESSION:**

- Normal study of pulmonary angiogram.

Typed by swetha

  
PROF. DR. A. EINSTIEN, MD, RD,

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CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. RAJESHWARI

Age/Sex: 75 / F

Date: 30.03.2023

Ref by: ETC

H.No: CSSH09000416130

**CT - BRAIN ANGIOGRAM**

**FINDINGS & IMPRESSION:**

**CT Brain Follow Up With Angiogram:**

The extra dural hemorrhage in left parietal convexity seems to have increased now measures 8.5 mm.

Intraparenchymal hemorrhage in right capsuloganglionic region remains nearly the same measures 17 x 14 x 12 mm (CC x AP x TR) with associated intraventricular extension.

The contusional hemorrhage in right temporal region remains the same.

No evidence of aneurysm / thrombosis noted.

Basilar artery appears normal. No evidence of dolichoectasia.

Anterior cerebral artery, middle cerebral artery, posterior communicating artery, posterior cerebral artery and its branches appear normal.

Vertebral arteries appear normal.

No evidence of arterial dissection/ thrombus.

No evidence of arteriovenous malformation.

No evidence of vascular mass. No evidence of aneurysm

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CHETTINAD HOSPITAL & RESEARCH INSTITUTE

DR. V. SATHYANARAYANAN, MD, RD.,

TYPED BY KALPANA





**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. KALAVATHI

Age/Sex: 50 /F

Date: 31.10.2023

Ref by: OP / GM

H.No: CARE093866919

**CT-PULMONARY ANGIOGRAPHY WITH NECK ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm **with IV contrast medium** shows:

**FINDINGS:**

**Respiratory movement artefacts noted:**

Thick walled cavity of size 4.4 x 3.2 x 4.4 cm with shaggy inner borders and air fluid levels noted in superior segment of left lower lobe with surrounding ground glass opacities and centrilobular nodules with tree in bud configuration. It is adjacent to pleural surface.

Liver measuring 20 cm, enlarged in size with fatty attenuation.

Patchy consolidation of size 3.5 x 2.7x 3.1 cm noted in posterior basal segment of right lower lobe with a tiny airfocus within it (possibly in evolving cavity). Ground glass opacities noted surrounding the consolidation.

Few prominent mediastinal nodes noted, largest measuring 15 x 8.5 mm in right para tracheal station.

Eccentrically placed calcified nodule noted in right lobe of thyroid, measuring 8 x 7.5 mm.

Main pulmonary artery arises from right ventricular outflow tract. Pulmonary artery confluence appear normal. Main pulmonary artery bifurcates normally. No evidence of calcified plaques / stenosis. No evidence of pulmonary embolism. Both right and left pulmonary artery branches normally.

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits..

Bony thorax and extra thoracic soft tissues appear within normal limits.

**IMPRESSION:**

- Cavity with surrounding ground glass opacities and centrilobular nodules in left lower lobe
- Consolidation with internal air foci – likely evolving cavity in right lower lobe - suggestive of infective etiology.

*Bhavya Sree*

**DR. C. BHAVYA SREE, MD, RD.,**  
DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. RAHIM BASHA

Age/Sex: 67 / M

Date: 26.02.2024

Ref by: OP / ETC

H.No: CSSH09000435013

**CT-PULMONARY ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm **with IV contrast medium** shows:

**FINDINGS:**

**Large inter luminal filling defect ----- over the bifurcation of pulmonary artery extending into the bilateral main pulmonary artery partially bifurcation of occluding their lumens.**

**Multiple interuminal hypodense filling defects are also seen along the anterior and posterior segmental and subsystemic of lower lobe arteries and segmental branches of upper lobe occluding their lumens.**

Main pulmonary artery arises from right ventricular outflow tract. Pulmonary artery confluence appear normal. No evidence of calcified plaques / stenosis. No evidence of pulmonary embolism. Both right and left pulmonary artery branches normally.

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes.

Bony thorax and extra thoracic soft tissues appear within normal limits.

**IMPRESSION:**

- **Features suggestive of acute pulmonary thromboembolism.**

Read by:

Typed by : Kalpana

  
DR. R. ANAND, MD, RD, EDiR,  
DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. BHARATH

Age/Sex: 45/M

Date: 22.04.2023

Ref by: ETC

H. No: CSSH09000417364

**CT-PULMONARY ANGIOGRAPHY / CHEST**

Serial axial sections of chest from apex to domes of diaphragm **with IV contrast medium** shows:

**FINDINGS:**

Distal most aspect of bilateral main pulmonary arteries show eccentric thrombosis.

Bilateral descending lobar arteries bilateral upper lobar arteries, segmental branches shows filling defects with evidence of thrombus.

Complete occlusion seen in few of the segmental branches supplying lateral basal segments of bilateral lower lobes. Anterior segment of right upper lobe and apico posterior segment of left upper lobe.

Patchy consolidation with surrounding ground glass opacities noted in apico posterior segments of right upper lobe and posterior segments of left upper lobe.

Few ground glass opacities noted in posterior and lateral basal segments of right lower lobes and lateral segments of middle lobe.

Fibrotic stranding with associated traction bronchiectasis noted in posterior basal segments of right lower lobe.

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes.

**IMPRESSION:**

- Features suggestive of pulmonary thromboembolism involving the lobar and segmental branches of bilateral lung parenchyma as described.
- Patchy consolidation with surrounding ground glass opacities in left upper lobe, right lower lobe and right middle lobe as described above.

  
DR. K.S. RAMPRASATH, MBBS, DNB.,  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. BALAJI

Age/Sex: 36 / M

Date: 14.01.2024

Ref by: OP

H.No: CARE093956852

**CT – CEREBRAL ANGIOGRAM WITH NECK ANGIOGRAM**

Serial axial sections of Carotid vertebral and cerebral artery with IV contrast medium shows:

**FINDINGS:**

Multiple tortuous vessels collectively measuring 4.0 x 3.9 x 3.2 cm, noted at the right occipital region.

- There is no significant surrounding edema.
- Feeders of these vessels include right middle cerebral artery and right posterior cerebral artery.
- These vessel drain into superior sagittal sinus.
- Few areas of calcification are noted along the walls of these vessels.

Right middle cerebral artery and posterior cerebral artery appears prominent.

Basilar artery appears normal. No evidence of dolichoectasia.

Anterior cerebral artery and its branches appear normal.

No evidence of arterial dissection/ thrombus.

No evidence of vascular mass. No evidence of aneurysm.

**IMPRESSION:**

- Anterior venous malformation in the right occipital lobe.
- Spetzler martin grading – Grade III.

Read by Dr. Bindhu

Typed by: Kalpana

  
PROF. DR. E.A. PARTHASARATHY, MD, RD,

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. PANDU RANGAN

Age/Sex: 67/M

Date: 12.05.2023

Ref by: CATH ICU

H. No: CSSH09000390062

**C T – LOWER LIMB ANGIO**

Multislice serial axial sections of lower limb acquired in helical mode with MIP and volume rendering reconstructions.

**FINDINGS & IMPRESSION:**

**Diffuse atheromatous wall thickening and calcifications seen in abdominal aorta on its bifurcation causing 80 % luminal stenosis.**

**Heavy wall calcifications with intimal thickening seen along medial aspect of bilateral common iliac arteries causing 60 % luminal stenosis.**

**Bilateral common femoral, superficial femoral, popliteal shows normal Intraluminal contrast opacification with no obvious significant stenosis.**

The superficial femoral artery, profunda femoris, popliteal artery and its branches appear normal on both sides.

The proximal distal segments of anterior and posterior tibial arteries on either side appear normal.

Bilateral profunda femoris appears normal.

**Note made on:**

**Bilateral pleural effusion (Right >Left) causing passive atelectasis of underlying lung parenchyma.**

Read by: DR PRUDEEP

Typed by swetha

  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SRIDHAR

Age/Sex: 60 / M

Date: 20.12.2023

Ref By: GS-IV

H. No: CARE093705414

**CT – PERIPHERAL ANGIOGRAM WITH UPPER LIMB ANGIOGRAM.**

**FINDINGS & IMPRESSION:**

- Left radial artery appears reduced in calibre however there is evidence of streak like contrast opacification.
- No evidence obvious wall thickening or filling defect noted.
- Focal eccentric, non calcified atheromatous ( 5x 4mm) plaque causing upto 70% stenosis noted in left subclavian just distal to its origin from arch of aorta
- Multifocal areas of calcified atheromatous plaque noted in arch of aorta, right brachiocephalic trunk, left common carotid and left subclavian artery.
- Visualized upper limb veins appears normal.
- Bilateral axillary , brachial, ulnar , common interosseus arteries appears normal.
- Visualised upper limb veins involving bilateral internal jugular veins , bilateral brachiocephalic vein, SVC and bilateral deep veins appears normal.

*Bhavya*  
DR. C. BHAVYA SREE, MD, RD.,

DEPARTMENT OF RADIOLOGY  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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READ BY : DR. MANISHA

Typed by Kalpana



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. THARAKESHWARI

Age/Sex: 53/F

Date: 30.05.2023

Ref by: COR ICU

H.No: CSSH09000419431

**CT – CEREBRAL ANGIOGRAM**

Serial axial sections of Carotid vertebral and cerebral artery with IV contrast medium shows:

**FINDINGS:**

A saccular aneurysmal dilatation noted in the supraclinoid segment of right ICA at the level of origin of right ophthalmic artery, from the postero medial wall, directed postero medially and inferiorly measuring 8.8 x 9.6 x 9.0 mm (AP x TR x CC) with the neck measuring 3.5 x 3.5 mm.

This saccular aneurysm has mild mass effect over the right side of the pituitary stalk.

Fetal right posterior cerebral artery noted.

Right vertebral artery appears hypoplastic.

Thin subarachnoid hemorrhage noted in bilateral frontal lobes and sylvian fissures.

Type I aortic arch noted.

Atherosclerotic soft plaque noted in bilateral carotid bulbs, extending to the proximal aspect of ICA causing 20 % stenosis on right and 40 % stenosis of left side.

Basilar artery appears normal. No evidence of dolichoectasia.  
No evidence of arterial dissection/ thrombus.  
No evidence of arteriovenous malformation.

**IMPRESSION:**

- Saccular aneurysm in supraclinoid segment of right internal carotid artery associated with thin subarachnoid hemorrhage in bilateral frontal lobes and sylvian fissures – suggestive of ruptured aneurysm.
- Atherosclerotic soft plaques in bilateral carotid bulbs without significant stenosis.
- Type I aortic arch.

  
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DR. K.S. RAMPASATHI, MBBS, DNB.,





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

**Name: Mrs. GEETHA**

**Age/Sex: 45/F**

**Date: 17.04.2023**

**Ref by: SGICU**

**H. No: CSSH09000417063**

**CT-PULMONARY ANGIOGRAPHY**

Serial axial sections of chest from apex to domes of diaphragm **with IV contrast medium** shows:

**FINDINGS & IMPRESSION:**

**Diffuse mosaic attenuation noted in bilateral lung fields (Right >Left).**

**Cystic bronchiectasis noted in inferior lingular segment and anteromedial basal segment of left lower lobe.**

**Few prominent mediastinal lymph nodes noted, largest measuring 7 mm in short axis diameter in pretracheal region.**

**Main pulmonary artery measuring 24.2 mm.**

**Right main pulmonary artery measuring 21.1 mm.**

**Left main pulmonary artery measuring 16.6 mm.**

**Show normal luminal contrast opacification.**

**Nasogastric tube noted.**

Main pulmonary artery arises from right ventricular outflow tract. Pulmonary artery confluence appear normal. Main pulmonary artery bifurcates normally. No evidence of calcified plaques / stenosis. No evidence of pulmonary embolism. Both right and left pulmonary artery branches normally.

Trachea is normally placed and appear normal in calibre. Both major bronchi appear normal. AORTA: Ascending arch and descending thoracic aorta appear normal. Branches of arch of aorta appear normal. SVC appears normal. The pericardium appears within normal limits. The mediastinal fat planes appear well demonstrated. There is no evidence of enlarged right and left paratracheal, prevascular and subcarinal lymphnodes.

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**DR. V. SATHYANARAYANAN, MD, RD.**



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. SANJEEVY

Age/Sex: 80 / M

Date: 17.11.2023

Ref by IP / SPL WARD

H. No: CSSH09000429532

**C T – LOWER LIMB ANGIO (BOTH)**

Multislice serial axial sections of lower limb acquired in helical mode with MIP and volume rendering reconstructions.

**FINDINGS & IMPRESSION:**

Attenuated flow noted in bilateral common iliac arteries causing > 50 % stenosis.

**Right leg:**

Short segment complete stenosis noted in right distal superficial femoral artery for a length of 2 cm.

Right popliteal artery flow is reconstructed from collateral flow.

Severely attenuated flow noted in right anterior tibial artery.

Non visualization of flow in right distal posterior tibial artery.


**Left leg:**

Severe atheromatous changes noted extensively involving all visualised arteries of left lower limb causing severe luminal narrowing.

Non visualization of flow in left anterior tibial artery.

**Note made on :**

Right hydrocoele.

  
R.R.ANAND, MD, RD, EDiR,

Typed by Kalpana

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. PRASANTH .T

Age/Sex: 23/M

Date: 25.08.2023

Ref by: GS-III

H. No: CARE093792204

**CT – LEFT LOWER LIMB ANGIO**

Multislice serial axial sections of lower limb acquired in helical mode with MIP and volume rendering reconstructions.

**FINDINGS:**

Normal contrast opacification of bilateral visualised lower limb arteries noted.

An ill defined elongated lesion isodense to muscle measuring 9.3 x 2.9 x 8.5 cms (AP x TR x CC) noted in distal half of left soleus muscles abutting the medial head of gastrocnemius.

**On MRI screening:**

An ill defined heterointense lesion with fluid fluid levels seen within the belly of soleus.

The infrarenal abdominal aorta and its bifurcation into common iliac arteries appear normal. There is no significant narrowing or thrombus in aortic bifurcation.

The common iliac artery, internal and external iliac artery on both sides appear normal in calibre and course with no significant ostial stenosis / luminal narrowing. .

The continuation of external iliac artery into common femoral artery on either side appear normal with no definite evidence of narrowing / thrombus.

The superficial femoral artery, profunda femoris, popliteal artery and its branches appear normal on both sides.

The proximal distal segments of anterior and posterior tibial arteries on either side appear normal.

**IMPRESSION:**

- Imaging features likely to represent venolymphatic malformation – likely lymphangioma.

Read by: Dr. Bhumika

Typed by swetha

  
DR.V. SATHYANARAYANAN,MD,RD.

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mrs. KARPAGAM

Age/Sex: 73/F

Date: 26.03.2023

Ref by: GICU

H.No: 093623831

**CT – CEREBRAL ANGIOGRAM**

Serial axial sections of Carotid vertebral and cerebral artery with IV contrast medium shows:

**K/C/O infarct in right Cerebellar tonsil**

**FINDINGS :**

**No abnormal densities in cerebellum.**

Basilar artery appears normal. No evidence of dolichoectasia.

Anterior cerebral artery, middle cerebral artery, posterior communicating artery, posterior cerebral artery and its branches appear normal.

No evidence of arterial dissection/ thrombus.

No evidence of arteriovenous malformation.

No evidence of vascular mass. No evidence of aneurysm.

**IMPRESSION:**

- **No significant abnormality detected.**

Typed by: Sathya

*Parthasarathy*  
DEPARTMENT OF RADIOLOGY  
PROF. DR. E.A. PARTHASARATHY, MD, RD  
CHETTINAD HOSPITAL & RESEARCH INSTITUTE  
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Dr. A. ALEX DANIEL PRABHU, MDRD.,  
PROFESSOR AND HEAD OF DEPARTMENT  
DEPT OF RADIODIAGNOSIS  
CHRI





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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

**Name: Mrs.NAGAMMAL**

**Age/Sex:34/ F**

**Date: 16.11.2023**

**H.No: CARE093523622**

**INTERVENTION**

After femoral retrograde puncture and angiograms, the short sheath was replaced with 5F long sheath which was placed in distal left superficial femoral artery over extra-stiff wire. Further combinations of 2.0 mm x 220 mm balloon catheter and V14 guide wires were negotiated into popliteal across the diseased segments. The diseased segments were further angioplastied using 2.0 mm x 220 mm PTA balloon in overlapping fashion.

Check angiograms revealed minimal residual stenosis involving the proximal segment of left anterior tibial artery which was angioplastied using 2.5 mm x 120 mm PTA balloon. Further the popliteal artery stenosis was angioplastied using 4 mm PTA balloon. Check angiogram revealed patent left popliteal and anterior tibial arteries with no residual stenosis or flow limiting dissections and good forward flow. Sheath was removed and hemostasis was achieved by manual compression.

  
**PROF. DR. ALEX DANIEL PRABHU, MD, RD,**

**Dr. A. ALEX DANIEL PRABHU, MDRD.,**  
PROFESSOR AND HEAD OF DEPARTMENT  
DEPT OF RADIODIAGNOSIS  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

**Name: Mr.KISHORE**

**Age/Sex:33/ F**

**Date: 22.10.2023**

**H.No: CARE092341734**

**INTERVENTION**

Lower limb angiograms taken with short sheath access. It revealed diseased below knee arteries. The short sheath was replaced with 5F long sheath which was placed in distal left superficial femoral artery over extra-stiff wire. Further combinations of 2.0 mm x 220 mm balloon catheter and V14 guide wires were negotiated into the ATA and dorsalis pedis artery across the diseased segments. The diseased segments were further angioplastied using 2.0 mm x 220 mm PTA balloon in overlapping fashion.

Check angiograms revealed minimal residual stenosis involving the proximal segment of left anterior tibial artery which was angioplastied with PTA balloon.. Check angiogram revealed patent left anterior tibial arteries with no residual stenosis or flow limiting dissections and good forward flow. Sheath was removed and hemostasis was achieved by manual compression.

  
**PROF. DR. ALEX DANIEL PRABHU, MD, RD,**

**Dr. A. ALEX DANIEL PRABHU, MDRD.,**  
PROFESSOR AND HEAD OF DEPARTMENT  
DEPT OF RADIODIAGNOSIS  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Mr. KATHIRVEL

Age/Sex: 25 /M

Date: 06.11.2023

H.No: CARE093524505

**SUCTION THROMBECTOMY**

**Clinical Profile:** Sudden onset loss of consciousness; MR Angiogram revealed occlusion of basilar artery with dominant left vertebral artery.

Through right CFA 8F access, left vertebral angiogram was obtained using 4F catheter which revealed thrombotic occlusion of mid and distal basilar artery with poor distal outflow.

Bernstein catheter was exchanged with extra-stiff wire over which 8F guiding catheter/ sheath was exchanged and positioned in the in V2 segment of left vertebral artery. A tri-axial system of aspiration catheter- microcatheter and micro wire distal to the site of basilar artery occlusion.

Suction thrombectomy was performed which revealed partial opening of basilar artery occlusion. Hence tri-axial system was navigated over a wire distal to the site of basilar artery occlusion and second attempt of suction thrombectomy was performed with recanalization of basilar artery and good distal flow (TICI-3).

Puncture site was secured with a proglide suture device.

  
PROF. DR. ALEX DANIEL PRABHU, MD,RD,

Dr. A. ALEX DANIEL PRABHU.MDRD.,  
PROFESSOR AND HEAD OF DEPARTMENT  
DEPT OF RADIODIAGNOSIS  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

**Name: Ms. PUSHPALATHA**

**Age/Sex: 25 /F**

**Date: 06.11.2023**

**H.No: CARE093524799**

**NORMAL CEREBRAL DSA**

**Clinical history:** Left sided watershed infarcts with carotid bulb and proximal ICA critical stenosis.

Under local anesthesia with strict aseptic precautions and using modified Seldinger's technique, right common femoral artery was accessed and secured with 4F short sheath.

Using a 4F catheter, angiograms of left CCA were taken. It revealed normal ICA bifurcation.

Bilateral ACA, MCA, basilar artery and vertebral artery were normal.

No aneurysm / AVM/ DURAL AVF noted.

No arterial stenosis.

Hemostasis by manual compression.

  
**PROF. DR. ALEX DANIEL PRABHU, MD, RD,**

**Dr. A. ALEX DANIEL PRABHU, MDRD.,  
PROFESSOR AND HEAD OF DEPARTMENT  
DEPT OF RADIODIAGNOSIS  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

**Name: Ms. PERIPENAM**

**Age/Sex: 60/F**

**Date: 09.11.2023**

**H.No: CARE092715381**

**INTERNAL CAROTID ARTERY STENTING**

**Clinical history:** Left sided watershed infarcts with carotid bulb and proximal ICA critical stenosis.

Under local anesthesia with strict aseptic precautions and using modified Seldienger's technique, right common femoral artery was accessed and secured with 4F short sheath.

Using a 4F catheter, angiograms of left CCA were taken. It revealed a high short segment stenosis for a length of 6.5mm involving the left carotid bifurcation.

Carotid stent deployed without complications.

Post-procedure angiography immediately and after 30 minutes showed no residual stenosis / thrombosis with good forward flow across the stent and into intracranial branches.

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**Dr. A. ALEX DANIEL PRABHU, MDRD.,  
PROFESSOR AND HEAD OF DEPARTMENT  
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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
(AERB.LICENSED X-RAY FACILITIES - TN - 21175)

Name: Ms. KARTHI

Age/Sex: 44/M

Date: 14.11.2023

H.No: CARE092505020

**CEREBRAL ANGIOGRAPHY AND BALLOON ASSISTED COILING OF ACOM ANEURYSM**

**Clinical profile:** Day 1 Grade III subarachnoid hemorrhage due to ruptured Acom aneurysm.

Under general anesthesia with strict aseptic precautions and using Modified Seldinger's technique right CFA was accessed and secured with a 4F short sheath. Using a 4F Bernstein catheter angiograms of bilateral CCA and 3d spin of left ICA were done.

Left carotid injection showed a wide neck (4.2mm) saccular aneurysm with two outpouchings arising from the anterior communicating artery, measuring about 5.3 x 5 mm (height x fundus) and dome projecting antero-superiorly.

Bilateral ICA, bilateral middle cerebral artery and their branches were normal. Right A1 segment of ACA was hypoplastic. Right A2 segment was filling across Acom. Left vertebral artery injection revealed normal V4 segment of vertebral artery, basilar artery AICA, PICA, bilateral superior cerebellar arteries and bilateral PCA. Right carotid injection with manual compression of the left CCA showed filling of the right anterior cerebral artery.

Right CFA 4F short sheath was replaced with a 7F long sheath with its tip in left CCA. A 6F Neuron guiding catheter was placed in distal petrous segment of left internal carotid artery. A 4 x 11 mm balloon was taken over a wire and placed across the neck of the aneurysm in the left A2 segment. The aneurysm sac was intubated using a microcatheter. The aneurysm was obliterated using detachable neuro-coils (Total length 33cm) with inflation of the balloon. Post procedure angiogram showed obliteration of aneurysm and normal filling of bilateral anterior cerebral arteries and their distal branches.

Post procedure CT showed no evidence of any fresh hemorrhage. Puncture site hemostasis was achieved by Proglide suture device.

  
PROF. DR. ALEX DANIEL PRABHU, MD, RD,

Dr. A. ALEX DANIEL PRABHU, MDRD.,  
PROFESSOR AND HEAD OF DEPARTMENT  
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Hospital & Research Institute

**Chettinad Academy**

of Research and Education  
(Deemed to be University)

**Chettinad Hospital and Research Institute**

(A Unit of Chettinad Academy of Research and Education),  
Rajiv Gandhi Salai, Kelambakkam, Chengalpattu District.  
TN - 603 103, India. T + 91 44 4741 1000 / + 91 44 4741 3349

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**Name: Mr.MURUGAN**

**Age/Sex: 34 / M**

**Date: 18.11.2023**

**H.No: CARE093526417**

**SUCTION THROMBECTOMY**

**Clinical Profile:**Sudden onset loss of consciousness; MR Angiogram revealed occlusion of ica artery with dominant left vertebral artery.

Through right CFA 8F access, left vertebral angiogram was obtained using 4F catheter which revealed thrombotic occlusion of mid and distal basilar artery with poor distal outflow.

Bernstein catheter was exchanged with extra-stiff wire over which 8F guiding catheter/ sheath was exchanged and positioned in the V2 segment of left ica artery. A tri-axial system of aspiration catheter- microcatheter and micro wire distal to the site of basilar artery occlusion.

Suction thrombectomy was performed which revealed recanalization of ICA artery and good distal flow (TICI-3).

Puncture site was secured with a proglide suture device.

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**Name: Ms. NIVETHA**

**Age/Sex:36/F**

**Date: 06.11.2023**

**H.No: CARE093524721**

**LEFT LOWER LIMB ANGIOGRAPHY & BELOW KNEE ANGIOPLASTY**

Under strict aseptic precautions and fluoroscopic guidance, right common femoral artery 4F access was secured by modified Seldinger technique. Bifurcation angiogram and angiograms of the left lower limb were obtained using 4F Bernstein catheter.

Angiograms revealed normal aortic bifurcation and the bilateral iliac arteries. The left common femoral, superficial femoral and profunda femoris arteries appeared normal. Focal stenosis (50-60% stenosis) was noted involving the P2 segment of left popliteal artery. The left tibio-peroneal trunk revealed diffuse disease with complete occlusion of posterior tibial and peroneal arteries. The left anterior tibial artery was the single distal run-off vessel and revealed short occlusion involving the mid segment with collateral reformation and focal high-grade (80-90% stenosis) involving the proximal and distal segments

**INTERVENTION**

The short sheath was replaced with 5F long sheath which was placed in distal left superficial femoral artery over extra-stiff wire. Further combinations of 2.0 mm x 220 mm balloon catheter and V14 guide wires were negotiated into the dorsalis pedis artery across the diseased segments. The diseased segments were further angioplastied using 2.0 mm x 220 mm PTA balloon in overlapping fashion.

Check angiograms revealed minimal residual stenosis involving the proximal segment of left anterior tibial artery which was angioplastied using 2.5 mm x 120 mm PTA balloon. Further the popliteal artery stenosis was angioplastied using 4 mm PTA balloon. Check angiogram revealed patent left popliteal and anterior tibial arteries with no residual stenosis or flow limiting dissections and good forward flow. Sheath was removed and hemostasis was achieved by manual compression.

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCES**  
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Name: Ms.HEMA

Age/Sex:40 / F

Date: 07.11.2023

H.No: CARE093524719

**LEFT LOWER LIMB ANGIOGRAPHY & BELOW KNEE ANGIOPLASTY**

Under strict aseptic precautions and fluoroscopic guidance, right common femoral artery 4F access was secured by modified Seldinger technique. Bifurcation angiogram and angiograms of the left lower limb were obtained using 4F Bernstein catheter.

Angiograms revealed normal aortic bifurcation and the bilateral iliac arteries. The left common femoral, superficial femoral and profunda femoris arteries appeared normal. Focal stenosis (50-60% stenosis) was noted involving the P2 segment of left popliteal artery. The left tibio-peroneal trunk revealed diffuse disease with complete occlusion of posterior tibial and peroneal arteries. The left anterior tibial artery was the single distal run-off vessel and revealed short occlusion involving the mid segment with collateral reformation and focal high-grade (80-90% stenosis) involving the proximal and distal segments

**INTERVENTION**

The short sheath was replaced with 5F long sheath which was placed in distal left superficial femoral artery over extra-stiff wire. Further combinations of 2.0 mm x 220 mm balloon catheter and V14 guide wires were negotiated into the dorsalis pedis artery across the diseased segments. The diseased segments were further angioplastied using 2.0 mm x 220 mm PTA balloon in overlapping fashion.

Check angiograms revealed minimal residual stenosis involving the proximal segment of left anterior tibial artery which was angioplastied using 2.5 mm x 120 mm PTA balloon. Further the popliteal artery stenosis was angioplastied using 4 mm PTA balloon. Check angiogram revealed patent left popliteal and anterior tibial arteries with no residual stenosis or flow limiting dissections and good forward flow. Sheath was removed and hemostasis was achieved by manual compression.

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Name: Mrs.SARATHA

Age/Sex:38/ F

Date: 15.11.2023

H.No: CARE093526308

**LEFT LOWER LIMB ANGIOGRAPHY AND B/L COMMON ILIAC STENTING**

**Clinical profile:** Bilateral lower limb claudication

Under local anesthesia with strict aseptic precautions and using modified Seldinger's technique right CFA was accessed and secured with 4F short sheath. Aortic bifurcation and left lower limb angiograms were done using 4F Berenstein catheter. The angiogram demonstrated normal aortic bifurcation and occluded bilateral iliac arteries.

Wires were navigated across the occlusion.

Bilateral common iliac arteries were stented with 6 x120 mm stents after plain balloon angioplasty with 6x 100 mm plain balloon.

Left common femoral artery , SFA & popliteal were normal.

Popliteal, peroneal, posterior and anterior tibial arteries were normal with good forward flow. Puncture site hemostasis was achieved by manual compression.

PROF. DR. ALEX DANIEL PRABHU, MD,RD,

Dr. A. ALEX DANIEL PRABHU,MDRD.,  
PROFESSOR AND HEAD OF DEPARTMENT  
DEPT OF RADIODIAGNOSIS  
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