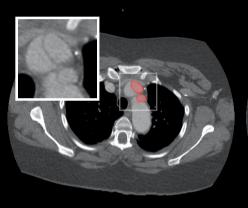
ddxof: **CT Interpretation Series** CTPE PULMONARY ANGIOGRAPHY AORTA Vascular Window Vascular Window Axial Plane 📚 ♦ Axial and Oblique Planes CIRCULATION-CIRCULATION 1 Look For: Look For: • Aortic syndromes • Filling defects Commonly occur at branch Dissection points - Intramural Hematoma Penetrating atherosclerotic Dissection Normal ulcer **Assess Quality:** • Central PE • PA > Ao • PA > 20HU **Assess Quality:** • Contrast extends to • Ao > PA subsegmental level Hematoma Ulcer DISSECTION-

Evaluate:

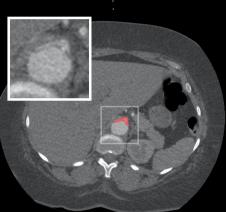
• Origin and extent: Stanford classification

A: Ascending Aorta **B:** Beyond Brachiocephalic

- True lumen: smaller, more dense, originates at aortic root
- Complications: hematoma, active extravasation









-COMPLICATIONS

visualization



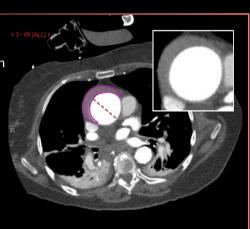
Look For:

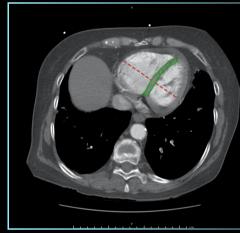
- PA root dilation >3cm
- Compare to prior imaging if available (chronic dilation suggests pulmonary hypertension)

INTRAMURAL HEMATOMA-

Look For:

- Crescent-shaped, low-attenuation relative to post-contrast aorta
- Precursor to aortic dissection
- **Aortic Root Dilation:**
- Ectasia: 3.5-4.0cm
- Aneurysm: >4cm
- Rupture risk: >5cm





Look For:

- RV > LV
- Septal flattening/bowingContrast reflux into hepatic
- veins

Note:

These findings correlate with POCUS evaluation (RV dilation, Dsign, dilated IVC)

PENETRATING ATHEROSCLEROTIC ULCER

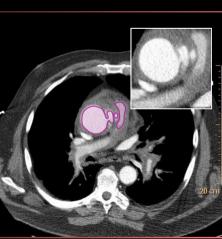
Look For:

- Contrast-filled outpouching
- May progress to perforation or

dissection

Management:

Shared across aortic syndromes, impulse control and surgical evaluation



象 🗛 Axial Plane

Lung Window

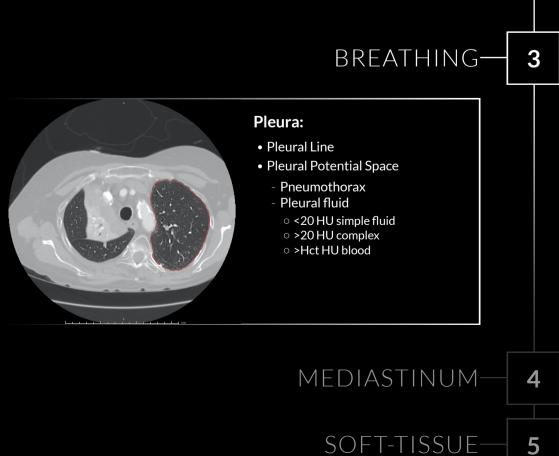


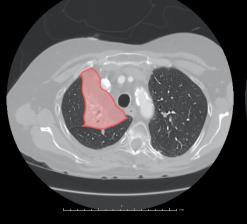
2



Look For:

Patency of trachea and bronchi

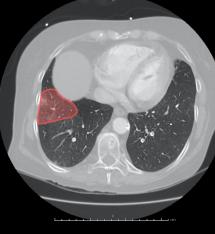




Parenchyma:

Atelectasis

- Enhancing (densely vascularized, not aerated)
- Volume loss, tightly-packed vessels and bronchioles



Parenchyma:

- Consolidation
 - Non-enhancing (vascular shunting)
 - Normal architecture

