# Row 10291

Visit Number: f2cf47d358ac10a3f8990185ea511161a2c72781caf2311a2d8e6a905a255ea6

Masked\_PatientID: 10279

Order ID: 819fa46566fc2e088ea0b5073b3c94cba7d5337ccc38777c4edded0348a8ad92

Order Name: CT Chest

Result Item Code: CTCHE

Performed Date Time: 19/5/2017 9:56

Line Num: 1

Text: HISTORY ICD site infection, ICD removed on 4/5/17 not improving on week3 Abx, US showed huge collection over site TECHNIQUE Scans acquired as per department protocol. Contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS CT dated 8 March 2017 was reviewed. Ultrasound chest wall dated 17 May 2017 was also reviewed. The left pectoralis major muscle is swollen. Superficial to the muscle, there is a focal collection with pockets of gas which measure approximately 2.8 x1.3 x 2.4 cm. There is extension to the skin surface and mild stranding of the adjacent subcutaneous fat. There is a filling defect in the brachiocephalic vein (3-28), suspicious for venous thrombus. There is a vascular graft in the arch and descending thoracic aorta. A graft is also noted in the left subclavian artery. Mural thrombus measuring approximately 1.5 cm thick is noted in the mid aortic arch. These findings are stable. Atherosclerotic disease with penetrating ulcerspresent in the visualised descending thoracic aorta. There is no significantly enlarged axillary lymph node. There are small volume mediastinal lymph nodes which are probably reactive. No enlarged hilar lymph node. There are small pleural effusions. The heart is enlarged. No significant pericardial effusion. There is atelectasis in the lower lobes of both lungs. In the visualised upper abdomen, there is hepatic steatosis. Adrenal glands are unremarkable. Chronic renal parenchymal disease is noted. Hyperdense and hypodense cysts noted in the partially imaged left kidney. The bones show degenerative change. Sternotomy wires are present. CONCLUSION Swelling of the left pectoralis major muscle is noted, representing myositis. There is a collection superficial to the muscle containing pockets of gas, suspicious for an infected collection and with extension to the skin surface. There is a focal filling defect in the brachiocephalic vein, suspicious for presence of thrombus. May need further action Finalised by: <DOCTOR>

Accession Number: 65cdb787539042c6a2cf0c9607e8d1ddc04a64a6f2d64b76052effed799df28e

Updated Date Time: 19/5/2017 10:26