# Row 10541

Visit Number: 34fde513764d7b15574bcb6a4886b1e930d88d0f9c45a9c567ff9cfe0b2852d9

Masked\_PatientID: 10503

Order ID: ada27b0bdf158dfec00cf86515a6fd1aa7a79d84effc7b0e0ec894fdc2603131

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/8/2017 19:35

Line Num: 1

Text: HISTORY SEPSIS, LUNG COLLECITON TRO EMPYEMA, ETT C/S + TRO LUNG INFECTION; RECENT AORTIC / CABG SURGYER AND ECMO , ON CRRT TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the prior examination performed on 20 July 2017. Bilateral chest drains are present and to a left-sided central lines are noted. There are is an endotracheal tube present. A nasogastric tube has its tip in the stomach. A pericardial drain with the tip in the upper mediastinum is seen. Bilateral pleural effusions are present with increase in density of the fluid in keeping with the presence of blood. These were present on prior scans. Bilateral chest drains are identified. Small pockets of air is seen within the upper aspect of the left pleural space. There is consolidation in the left upper lobe with areas of necrosis(Series five image 25) that would be in keeping with necroticupper lobe pneumonia. A pericardial effusion is present with areas of loculated fluid within the mediastinum. The tract of the previous aortic cannula is seen. The configuration of the thoracic aorta is unchanged with aneurysmal dilatationof the inferior portion of the descending thoracic aorta. Hepatic hypodensities in keeping with cysts are present. CONCLUSION There is interim development of necrosis within the consolidated portion of the left upper lobe. There are bilateral haemorrhagic or proteinaceous pleural fluid is again identified. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: f35ec99cecc11adc276480165970d0f5fe4439e764e2523e42ac84164e27f6c2

Updated Date Time: 05/8/2017 13:51