# Row 10512

Visit Number: 34fde513764d7b15574bcb6a4886b1e930d88d0f9c45a9c567ff9cfe0b2852d9

Masked\_PatientID: 10503

Order ID: 851560391f9b71f84882ab6eee41bc150676dddeab5ffdf019606088376b564f

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 16/7/2017 10:28

Line Num: 1

Text: HISTORY s/p AVR, ascending aorta and arch replacement with frozen elephant trunk s/p CABGx1 worsening left sided opacity with known descending aorta saccular aneurysm TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The previous CT study dated 20 April 2017 was reviewed. The patient is s/p ascending aorta and arch repair with Frozen Elephant Trunk, aortic valve replacement, coronary artery bypass grafting. The aortic valve replacement is noted in situ. ECMO catheter is noted in the IVC. Bilateral chest tubes and mediastinal drain is noted. The tip of the feeding tube is in the stomach. Endotracheal tube tip is satisfactory position. Small gas pockets noted in the mediastinal region and right apical loculated hydropneumothorax are related to recent surgery. Extensive haematoma is seen in the mediastinum around the aortic arch (se 3/43, 6/46) extending inferiorly to the level of the pulmonary trunk and causing surrounding mass effect. A rim of haemopericardium is also noted. No active contrast extravasation is seen at the site of the aortic graft and anastomosis. Distal to the aortic arch metallic frozen elephant trunk, dilatation of the descending aorta is again seen measuring 4.9 x 4.3 cm. Distal to that, there is stable limited segmental dissection and saccular outpouching. No definite contrast extravasation is seen at that site to suggest activebleeding. Stenosis at the origin of the left subclavian artery is again noted. In the region of the proximal right subclavian artery, a surgical clip/suture is seen. A large haematoma measuring 5.9 x 5.1 cm is seen in right anterior chest wall, posterior to the right pectoralis muscle. Subcutaneous fat stranding and oedema is noted in the right pectoralis and right axillary region. Bilateral large haemothorax is noted, left larger than right. There is adjacent compressive atelectasis and consolidation in the lungs. In the visualised upper abdomen, stable cysts are seen in the liver measuring up to 1.7 x 1.3 cm in the left hepatic lobe. Stable large uncomplicated gallstone is noted. Partially visualised 0.8 cm right renal interpolar hypodensity is too small to characterise. CONCLUSION 1. Extensive mediastinal haematoma, bilateral haemothorax and haemopericardium. No evidence of contrast extravasation noted to suggest active bleeding. 2. Large haematoma in right anterior chest wall. 3. Known descending aortic segmental dissection/aneurysm. The findings were discussed with Dr Tham Yi Chuan by Dr David Lim at 12PM on 16/7/2017. Further action or early intervention required Lim Yurui David , Senior Resident , 17636B Finalised by: <DOCTOR>

Accession Number: 5fae215bf4ec0e458e35bb191c48834c1a40812750b5494e68a2736b3a9de34e

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