# Row 10522

Visit Number: 34fde513764d7b15574bcb6a4886b1e930d88d0f9c45a9c567ff9cfe0b2852d9

Masked\_PatientID: 10503

Order ID: 77c550f2bd3b04b41f73b6f7605d9aa92002493928075b9a5647083f5636ddca

Order Name: CT Aortogram (Thoracic)

Result Item Code: CTANGAORT

Performed Date Time: 20/7/2017 15:31

Line Num: 1

Text: HISTORY s/p ascending aortic replacement, AVR, CABG TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Compared with previous CT study dated 16/07/2017. Status post the ascending and arch aortic graft repair , CABG and AVR. Sternotomy, mediastinal drains, bilateral chest tubes, left central venous catheter, ET tube and NG tube are in situ. The previously seen large haematoma in mediastinum surrounding the ascending aortic graft extending to the level of the aortic arch is marginally smaller now. No convincing active contrast extravasation or interval increase. Other haematoma deep to the right pectoralis muscles in the right superior chest wall (701-13) is also marginally smaller now. Some surgical clips are seen adjacent to it with without any active contrast extravasation. There are bilateral hemoothoraces, showing significant interval improvement now. Only small hemothorax in right apical region . A moderate sized haemothorax in left upper hemithorax. Small left apical pneumothorax is present. Collapse consolidation changes in both lungs, worse on the left lower lobe shows interval improvement. The left apical lung is probably adherent (701-16) to underlying postsurgical changes. No active contrast extravasation is identified into the pleural cavity. The common carotid arteries, right subclavian artery opacify normally. No pseudoaneurysm are seen. The left subclavian artery is attenuated and reforms through left vertebral artery. Another graft is seen from ascending aorta extending through epigastric region externally. IVC cannula in situ. no interval new mediastinal collections. The major airways are patent. Rest of the mediastinal vasculature enhances normally. The major pulmonary artery branches are patent. Included upper abdomen sections again show hepatic cysts. No suspicious bony lesions. CONCLUSION Status post repair of ascending aorta, arch, CABG, AVR. Compared to previous CT study dated 16/07/2017, previously seen extensive bilateral hemothoraces show marked interval improvement. Residual sizeable left upper hemothorax is still present and a small one on right. The mediastinal haematoma surrounding ascending aorta and other right anterior superior chest wall haematomas are marginally smaller. No convincing new pseudoaneurysm or active contrast extravasation identified. May need further action Finalised by: <DOCTOR>

Accession Number: 1f2a8211d2bba22dabe468bcbf6e2c0a59a361e7bcde8edb413b5175a2f44424

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