# Row 10587

Visit Number: 34fde513764d7b15574bcb6a4886b1e930d88d0f9c45a9c567ff9cfe0b2852d9

Masked\_PatientID: 10503

Order ID: c9c5e542eb5fbf07b14d2e0143615a9b8926e0e5dbe4a7a2f4b391559ca7a5a9

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 24/9/2017 15:05

Line Num: 1

Text: HISTORY worsening consolidation on CXR necrotising pneumonia with previous hemoptysis sepsis, disseminated cryptoccocus, coagulopathy hx of aortic arch replacement and AVR TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Compared with PET CT study dated 08/09/2017. Note also made of previous CT studies. Status post previous AVR, ascending aorta and arch replacement. A circumferential fluid density surrounding ascending aortic graft and part of the arch is noted again appearing similar to previous scan. There is an elongated fluid-filled tract in right mediastinum, coursing into epigastrium (5-87), likely fluid along previous drain tract. The aorta and branches of arch opacify normally. The left subclavian is not visualised at its origin but reforms distally through collaterals. Complex dissecting aneurysm in the descending thoracic aorta with stable appearance. The rest of the mediastinal vasculature enhances normally. ET tube, NG tube and bilateral central venous catheters are in situ. There is a small thrombus at the tip of the left-sided central venous catheter (5-57). The major pulmonary artery branches opacify normally without any filling defects . Patchy areas of consolidation in lower lobes bilaterally are noted again. This appears to have increased slightly in the interval such that now apical segment of the left and right lower lobes showinterval new / increase consolidation (6-36 current versus 3-106 from previous PET CT). Patchy areas of consolidation in right upper and middle lobes appear fairly similar. There are areas of bronchiectasis with some thickening in inferior lingula and right middle lobe. The inferior lingual changes appear more prominent now (6-83). The major airways are patent without any central obstructing mass. Small pleural effusions are noted bilaterally. No significant pericardial effusion.A septated cystic area in left upper hemithorax, likely sequelae of previous necrotising pneumonia shows no significant interval change. Included sections of upper abdomen show bulky pancreas with peripancreatic fat stranding and fluid density areas near pancreatic tail (5-112) in keeping with changes of pancreatitis. A few hypodensities in the liver are visualised again, stable. Nodular appearance of spleen, as before. The chronic resolving haematoma in the right upper anterior chest wall as before. No interval new collections. No suspicious bony lesions. CONCLUSION Compared with previous PET CT study dated 08/09/2017 1. Patches of consolidation bilaterally, mainly in both lower lobes. There is interval increased consolidation bilaterally as described above. Areas of bronchiectasis are also present which appears to have increased in inferior lingula. The septated cystic area in left apical hemithorax is stable, probably result from previous necrotising pneumonia. 2. AVR and replacement of ascending aorta / arch with stable appearance. Fluid surrounding the ascending aortic graft appears similar. The chronic resolving haematoma in the right anterior chest wall also similar. 3. Intervaldevelopment of peripancreatic fat stranding and fluid density near pancreatic tail, partly imaged, in keeping with pancreatitis. 4. Small thrombus at the tip of the left-sided central venous catheter. Further action or early intervention required Finalised by: <DOCTOR>

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