# Row 10568

Visit Number: 34fde513764d7b15574bcb6a4886b1e930d88d0f9c45a9c567ff9cfe0b2852d9

Masked\_PatientID: 10503

Order ID: 049440e6a2ad40299a40d408284ac788e7e83534973bf7c39d48ff4a76e03cdf

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 28/8/2017 17:56

Line Num: 1

Text: HISTORY s/p aortic arch, ascending ao and AVR replacement, central ecmo weaned off. left apical chest pneumonia now has bleeding from trachy, tro worsening necrotising pneumonia and bronchoaorto fistula TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Previous CT chest, abdomen pelvis dated 22/08/2017 was reviewed. The patient is status post aortic valve replacement, CABG and aortic arch repair. Bilateral tunneled central venous catheter, tracheostomy tube, nasogastric tube are in situ. The haematoma surrounding the ascending aorta is marginally prominent by 1-2 mm. A tubular outpouching is again noted from the anterior aspect of the ascending aorta (8/38), grossly similar to previous scan likely corresponds to the previous catheter insertion. The endovascular stent in the aortic arch, aneurysm or dilatation the descending thoracic aorta and the dissection are grossly stable. No direct communication of the aorta with bronchus is seen to suggest aorto bronchial fistula. Normal opacification of the brachiocephalic trunk and repositioned left carotid artery noted. The left subclavian artery is probably opacified by the left vertebral artery. Aortic valve prosthesis noted. There is pericardial effusion as before with negligible interval change. Irregular gas locule is noted in the left upper hemithorax, slightly bigger compared to previous scan and inseparable from the adjacent collapsed consolidated lung. This may represent loculated pneumothorax or necrotising pneumonia. The airspace opacities in the left lower lobe are increased. Dependent atelectasis in the left lower lobe are again seen. The collapse consolidation in the right lower lobe is grossly unchanged. The tubular densities in the middle lobe (9/69) probably represent secretions within the bronchi. Similarly the secretion within the bronchi in the middle lobe is prominent compared to previous scan (9/37 vs prior 7/36). The collapse consolidation and dependent part of the right upper lobe is marginally prominent. The bilateral pleural effusions are grossly similar. There is a tubular fluid density extending from mediastinum into the epigastrium in the previous catheter insertion tract. The exophytic bulge at the spleen is unchanged. No suspicious focal lesion in the visualised liver within limits of streak artefacts. Lucency is again noted in the manubrium may suggest osteomyelitis. Asymmetry of the pectoralis minor muscles noted, bigger on the right side suggesting resolving haematoma. Clips are also noted within the pectoralis minor muscle on the right side. CONCLUSION The patient is status post aortic valve replacement, CABG and aortic arch repair. 1. The gas locule and fluid containing collection in the left upper hemithorax is slightly bigger compared to previous scan. This may represent necrotising pneumonia or loculated hydropneumothorax. 2. No convincing bronchi- aortic fistula. 3. The collapse consolidations in the right lung are marginally increased. 4. Other chronic findings as noted above. May need further action Finalised by: <DOCTOR>

Accession Number: c0a0ce2200b2e42a00416252b9ace64eae1752e9dc6eed72203faee179188922

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