# Row 11200

Visit Number: b22f2802cc429c3ed3105e3b3a953e6d41b0c736269e368bdadc746fc6fde4b9

Masked\_PatientID: 11196

Order ID: 4b2fbdf792edbe980089afc549dfdfd92e200375b8c5d7efbd45eb1dbf53cf33

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/12/2018 22:30

Line Num: 1

Text: HISTORY Bilateral community acquired pneumonia Cx by ARDS s/p ECMO, on AXR noted cannulars next to each other, multiple episodes of chattering and low perfusion. hypotensive today, Hb drop ?cause TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS No comparison study is available. Endotracheal tube is noted with tip approximately 4 cm superior to the carina. Tip of the feeding tube is seen in the gastric body. Right internal jugular vein central venous catheter is seen with tip in the atriocaval junction. Bilateral ECMO catheters are noted, with insertion points in the bilateral common femoral veins and tips in the inferior vena cava justinferior to the hepatic veins. No associated haematoma is seen. There is extensive pulmonary consolidation/collapse with slight sparing of the anti-dependant portions of the lungs where patchy ground glass changes are seen. No pneumothorax is seen. Moderate right and small left bland pleural effusions are noted. The distal trachea and imaged airways are patent with no endoluminal mass. Prominent mediastinal nodes are seen in the right superior paratracheal, right inferior paratracheal, prevascular and precarinal stations, likely reactive in nature. No enlarged supraclavicular, axillary, mediastinum or hilar lymph node is detected. The heart is not enlarged. No pericardial effusion is seen. Subcentimetre hypodensities seen in the thyroid are non-specific. Periportal oedema is noted. No suspicious hepatic lesion is seen. The portal and hepatic veins opacify normally. Tiny gallstones are seen in the gallbladder. No pericholecystic stranding or fluid collection is seen. The biliary tree is not dilated. The pancreas and spleen and both kdineys are unremarkable. There is a 1.4 cm hyperdense left mid to lower pole cyst. Other tiny hypodensities in both kidneys are too small to characterise. Thereis no hydronephrosis. Bowel loops show normal calibre and distribution. No intra-abdominal collection is seen. The tip of the urinary catheter is within the urinary bladder. The uterus and ovaries appear grossly normal. Small amount of bland ascites is noted. There is no free intra-peritoneal gas. No significantly enlarged intra-abdominal or pelvic lymph node is detected. Aorta and iliac vessels are normal in calibre with atherosclerotic plaques. Scattered foci of subcutaneous stranding may be due to third spacing. No destructive bony lesion is seen. CONCLUSION 1. Diffuse bilateral pulmonary consolidation/collapse is seen seen. Small left and moderate right pleural effusions. Appearances could represent ARDSin the appropriate clinical context. 2. No large haematoma or evidence of active bleeding. 3. Tips of the veno-veno ECMO catheters are in close proximity at infrahepatic IVC. Suggest to correlate for any evidence of recirculation. May need further action Reported by: <DOCTOR>

Accession Number: 4bd2dfa9309b1b6f13d7d0148df7f60bc8ff1ca6e6b22fdf7b7fd7384a0fe79d

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