# Row 13279

Visit Number: 989133c7a4218946e3ca0c4f7f7b942b52281cc5d85c8a9b1d45d2059a84745e

Masked\_PatientID: 13268

Order ID: a50a9883c53fe885e8e6da158716f6b0029437da43da64936950015f0963e225

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/7/2019 10:08

Line Num: 1

Text: HISTORY s/p Ascending Aorta \E&E\amp; Arch Replacement with Frozen Elephant Trunk Persistent leukocytosis and fever TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison with CT of 18 June 2019. Post repair of Stanford type A aortic dissection. Ascending aortic graft is in situ. Low density pericardial effusion is present and it is larger, measuring approximately 2.8 cm thick at the level of the left ventricular apex. A loculated collection is visualised around the ascending aorta graft to the proximal arch. The collection measures approximately 6.5 x 4.9 x 8.2 cm, of intermediate density, suggesting haemoserous contents. No definite collection is visualised in the anterior mediastinum and retrosternal area. The sternotomy wound edges also appears satisfactory. Surgical clips are visualised in the right supraclavicular region. There is heterogeneous density in the right supraclavicular region, at the site of the surgical clip which is most likely a small haematoma, measuring approximately 2 x 1.7 cm (4-10). There are moderate bilateral pleural effusions which are low density, representing bland fluid. Compressive atelectasis is visualised in the lower lobes of both lungs. There is no significantly enlarged axillary lymph node. There are subcentimetre paratracheal lymph nodes which are likely reactive. Bilateral airways are patent. No overt consolidation to suggest chest infection. In the visualised upper abdomen, no overt abnormality is identified. No aggressive bony lesion. CONCLUSION Loculated intermediate density para-aortic fluid collection extending from the ascending aorta graft to the proximal arch, representing hemoserous collection. This possibly represents evolving intramural haematoma. There is low density pericardial effusion which is larger. No significant anterior mediastinal/retrosternal fluid collection. Sternotomy wound ages are satisfactory. Low density moderate bilateral pleural effusions with compressive atelectasis in both lower lobes. No overt consolidation in both lungs to suggest chest infection. There is most likely small haematoma at the site of the surgical clips in the right supraclavicular region. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 51582d8f00cdcefcbaf7f3cdbb56330b97fd3e7071c4719409e21917d40f1234

Updated Date Time: 02/7/2019 11:09