# Row 13426

Visit Number: 38ea76233ce94286a93e6eabe476df9537e2105036235b526d33022b6fa60df8

Masked\_PatientID: 13419

Order ID: 50d93555e97f275052ac8fc98e92243aa8445154c49311952ddc34af076c45db

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 13/10/2015 23:44

Line Num: 1

Text: HISTORY post cabg/avr cx pneumonia TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CXR of 12.10.15 and 10.10.15. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. S/P CABG/AVR, sternal sutures and epicardial wires are noted. There is edema and a couple of small air pockets of air at the presternal and mediastinum due to recent surgery. No focal collection is seen. The heart is normal in size. A trace of pericardial effusion is seen. There is consolidation in both lung bases. There are a few small scattered ground glass areas eg at the right hilum and parts of lower lobes. There is a 3mm focus of ground glass appearance in the left upper lobe image 401-34. There is bilateral pleural effusion. Pleural thickening is present in both lung apices. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION Consolidation in both lung bases and bilateral pleural effusion. Scattered ground glass areas in lungs are likely part of infection, underventilation or non-specific changes. The focus of ground glass in left upper lobe is likely part of similar process, however, follow-up is advised. Resolving post op changes in pre-sternal and mediastinum, no focal collection is seen. Known / Minor Finalised by: <DOCTOR>

Accession Number: 60e0519fb27cbc4111bb7ce10a15f541b19de02fabd4cc381b442cba9972268f

Updated Date Time: 14/10/2015 9:42