# Row 6453

Visit Number: 05b613a33900268f395e3e12de8ca73435a0323e988441b05bfc01eea4b70b0c

Masked\_PatientID: 6447

Order ID: 54bfce09ca242d70fd38a451a9e75e6dfb4ba376b74ef71be289d0277c3290f6

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 11/1/2018 20:36

Line Num: 1

Text: HISTORY s/p MVR/AVR and TVA for severe IE with aortomitral curtain perforation - was improving but now with sudden T1RF - history of medievac from NZ and Fiji, concern about PE TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS There are no relevant prior scans available for comparison. Suboptimal study due to pooropacification of the pulmonary arteries. No large thrombus is noted in the pulmonary trunk, main pulmonary arteries and the visualized lower lobar branches. Recent cardiac surgery with telltale sternotomy sutures and gas in the subcutaneous plane, mediastinum and pericardium. Hyperdense collection at the sternotomy site in the anterior mediastinum with gas pockets is likely a hematoma from post-surgical change (series seven, image 28). It tracks superior to the manubrium. Bilaterallarge pneumothoraces and small bilateral pleural effusions are seen. Bilateral chest tubes are in situ with the tips in the apical regions. Extensive chest wall emphysema is also noted. Endotracheal tube is in situ with the tip at the level of the 1st ribs. Both lungs reveal large areas of perihilar and dependent collapse/consolidation. The heart is not enlarged. There is trace pericardial fluid with a drain tube in situ. Pericardial fluid is dense likely related to presence of blood. Prosthetic aortic and mitral valves are noted as well as epicardial pacing wires. The aorta shows normal contrast enhancement. Common origin of right brachiocephalic artery and left common carotid artery in keeping with bovine arch. Tip of the right internal jugular central venous catheter is at the SVC origin. Tip of the left internal jugular central venous catheter is in the proximal left brachiocephalic vein. Small volume mediastinal lymph nodes are not enlarged by size criteria. The limited sections of the upper abdomen in the arterial phase are unremarkable. Tip of nasogastric tube is in the body of the stomach. No destructive bony process is seen. T12 compression fracture. . CONCLUSION Within the limitations of the suboptimal study, no gross pulmonary embolism is noted the pulmonary trunk, main pulmonary arteries and the visualized lower lobar branches. Bilateral large pneumothoraces with minimal pleural effusion. Extensive perihilar and dependent collapse/consolidation in both lungs. Hyperdense collection deep to sternotomy site in the anterior mediastinum with gas pockets is likely a hematoma from recent surgery. (Hong Qi’en was notified by Dr.Jyothirmayi Velaga on 11 January 2018 8:45 p.m.) May need further action Velaga Jyothirmayi , Senior Resident , 18359H Finalised by: <DOCTOR>

Accession Number: 56b1dc3b8314e9f661daef131f1ec3a14e25561a9a47dce5e9cfe1a5303b1a8d

Updated Date Time: 12/1/2018 9:09

## Layman Explanation

This radiology report discusses HISTORY s/p MVR/AVR and TVA for severe IE with aortomitral curtain perforation - was improving but now with sudden T1RF - history of medievac from NZ and Fiji, concern about PE TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS There are no relevant prior scans available for comparison. Suboptimal study due to pooropacification of the pulmonary arteries. No large thrombus is noted in the pulmonary trunk, main pulmonary arteries and the visualized lower lobar branches. Recent cardiac surgery with telltale sternotomy sutures and gas in the subcutaneous plane, mediastinum and pericardium. Hyperdense collection at the sternotomy site in the anterior mediastinum with gas pockets is likely a hematoma from post-surgical change (series seven, image 28). It tracks superior to the manubrium. Bilaterallarge pneumothoraces and small bilateral pleural effusions are seen. Bilateral chest tubes are in situ with the tips in the apical regions. Extensive chest wall emphysema is also noted. Endotracheal tube is in situ with the tip at the level of the 1st ribs. Both lungs reveal large areas of perihilar and dependent collapse/consolidation. The heart is not enlarged. There is trace pericardial fluid with a drain tube in situ. Pericardial fluid is dense likely related to presence of blood. Prosthetic aortic and mitral valves are noted as well as epicardial pacing wires. The aorta shows normal contrast enhancement. Common origin of right brachiocephalic artery and left common carotid artery in keeping with bovine arch. Tip of the right internal jugular central venous catheter is at the SVC origin. Tip of the left internal jugular central venous catheter is in the proximal left brachiocephalic vein. Small volume mediastinal lymph nodes are not enlarged by size criteria. The limited sections of the upper abdomen in the arterial phase are unremarkable. Tip of nasogastric tube is in the body of the stomach. No destructive bony process is seen. T12 compression fracture. . CONCLUSION Within the limitations of the suboptimal study, no gross pulmonary embolism is noted the pulmonary trunk, main pulmonary arteries and the visualized lower lobar branches. Bilateral large pneumothoraces with minimal pleural effusion. Extensive perihilar and dependent collapse/consolidation in both lungs. Hyperdense collection deep to sternotomy site in the anterior mediastinum with gas pockets is likely a hematoma from recent surgery. (Hong Qi’en was notified by Dr.Jyothirmayi Velaga on 11 January 2018 8:45 p.m.) May need further action Velaga Jyothirmayi , Senior Resident , 18359H Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.