# Row 7228

Visit Number: afb8f7d78d33b6e528a0c991e7c6daa400df56ad3639eff104aa8986bbf25262

Masked\_PatientID: 7195

Order ID: bfe4f32d9f05112a3f70779152d0ef670cafea1d493902ec8a25c9d539e3efae

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 09/11/2016 15:51

Line Num: 1

Text: HISTORY Post op CABG. having sternal wound infection.; Previous CT Thorax The mediastinal collection extending to the neck is much smaller/ has resolved. No haematoma or other abnormality is detected at the insertion site of the left internal jugular catheter. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made previous CT of 22 October 2016. The patient is status post CABG with median sternotomy. The superficial sternal wound is noted with new gas bubbles around and deep to the sternum in the anterior mediastinum where there is also slightly increased fat stranding and fluid. Bilateral pleural effusions are noted with collapse of the lower lobes, worse in the left. There is also lingular atelectasis. No sinister lung lesion is detected. The heart is enlarged. Trace pericardial effusion is noted. No enlarged hilar or mediastinal lymph nodes are detected. Tip of the NG tube is in the stomach. Small locule of fluid with a thin wall is seen around the pancreatic tail likely a pseudocyst slightly smaller than before. There are cysts in the included kidneys. A 2.7x2.1 cm hyperdense ovoid nodule (5/89) arising from the left renal upper pole could represent a hyperdense cyst as previous recent CT do not show any enhancement and previous ultrasound in 2012 showed a cyst in the location. Bone settings show no destructive lesion. CONCLUSION Median sternotomy. New gas bubbles deep to this in the anterior mediastinum with slightly increased amount fluid and fat stranding raises possibility of mediastinitis if clinically congruent. Pancreatic tail pseudocyst is slightly smaller. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 594f13903d5dc1d0941fe680ae8b25c2a58a7fa21a494f3fbe17786bcea8c988

Updated Date Time: 09/11/2016 16:25

## Layman Explanation

This radiology report discusses HISTORY Post op CABG. having sternal wound infection.; Previous CT Thorax The mediastinal collection extending to the neck is much smaller/ has resolved. No haematoma or other abnormality is detected at the insertion site of the left internal jugular catheter. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made previous CT of 22 October 2016. The patient is status post CABG with median sternotomy. The superficial sternal wound is noted with new gas bubbles around and deep to the sternum in the anterior mediastinum where there is also slightly increased fat stranding and fluid. Bilateral pleural effusions are noted with collapse of the lower lobes, worse in the left. There is also lingular atelectasis. No sinister lung lesion is detected. The heart is enlarged. Trace pericardial effusion is noted. No enlarged hilar or mediastinal lymph nodes are detected. Tip of the NG tube is in the stomach. Small locule of fluid with a thin wall is seen around the pancreatic tail likely a pseudocyst slightly smaller than before. There are cysts in the included kidneys. A 2.7x2.1 cm hyperdense ovoid nodule (5/89) arising from the left renal upper pole could represent a hyperdense cyst as previous recent CT do not show any enhancement and previous ultrasound in 2012 showed a cyst in the location. Bone settings show no destructive lesion. CONCLUSION Median sternotomy. New gas bubbles deep to this in the anterior mediastinum with slightly increased amount fluid and fat stranding raises possibility of mediastinitis if clinically congruent. Pancreatic tail pseudocyst is slightly smaller. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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