# Row 7217

Visit Number: afb8f7d78d33b6e528a0c991e7c6daa400df56ad3639eff104aa8986bbf25262

Masked\_PatientID: 7195

Order ID: c7d28f7ef1251fe05dc9e5a46091daf5836a11e411599e8b2844a8db3844130f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/10/2016 9:32

Line Num: 1

Text: HISTORY s/p CABG, ESRF on HD, cx by mediastinal collection s/p VAC dressing - clinically mediastinal collection extends to the neck - previously noted liver, splenic and renal infarct please extend the upper limit of CT thorax to include the lower neck, ie insertion site of CVP line. TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 16 October 2016. The mediastinal collection extending into the neck is much smaller/ has resolved post-drainage. The tip of the drain is adjacent to the left lobe of the thyroid gland. No new collection is identified. There is a left internal jugular catheter, its tip in the left brachiocephalic vein. No haematoma or other abnormality is seen at the puncture site. There are small bilateral pleural effusions, larger on the left. These do not appear to have changed in size. They cause compressive atelectasis of the posterior aspects of the lungs. The lungs appear otherwise unremarkable. Limited sections of the upper abdomen show a 5.0 x 3.3 cm fluid collection surrounding the tail of the pancreas (series 5 image 105). It may represent the sequela of pancreatitis (possibly ischaemic in aetiology). Previously, it measured 4.7 x 3.6 cm (series 501 image 33). A small amount of fluid is seen in the subcapsular aspect of the liver. The previously noted hepatic and splenic infarcts are not identified. Several small hypodense lesions are seen in the upper pole of the kidneys, probably representing cysts. A nasogastric tube has its tip in the gastric fundus. The bones appear unremarkable. CONCLUSION 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. Known / Minor Finalised by: <DOCTOR>

Accession Number: ca9f5ffed4ac5377030de99d01f660cfd9777f72c20173ac3cba5c2ea444c022

Updated Date Time: 22/10/2016 10:04

## Layman Explanation

This radiology report discusses HISTORY s/p CABG, ESRF on HD, cx by mediastinal collection s/p VAC dressing - clinically mediastinal collection extends to the neck - previously noted liver, splenic and renal infarct please extend the upper limit of CT thorax to include the lower neck, ie insertion site of CVP line. TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 16 October 2016. The mediastinal collection extending into the neck is much smaller/ has resolved post-drainage. The tip of the drain is adjacent to the left lobe of the thyroid gland. No new collection is identified. There is a left internal jugular catheter, its tip in the left brachiocephalic vein. No haematoma or other abnormality is seen at the puncture site. There are small bilateral pleural effusions, larger on the left. These do not appear to have changed in size. They cause compressive atelectasis of the posterior aspects of the lungs. The lungs appear otherwise unremarkable. Limited sections of the upper abdomen show a 5.0 x 3.3 cm fluid collection surrounding the tail of the pancreas (series 5 image 105). It may represent the sequela of pancreatitis (possibly ischaemic in aetiology). Previously, it measured 4.7 x 3.6 cm (series 501 image 33). A small amount of fluid is seen in the subcapsular aspect of the liver. The previously noted hepatic and splenic infarcts are not identified. Several small hypodense lesions are seen in the upper pole of the kidneys, probably representing cysts. A nasogastric tube has its tip in the gastric fundus. The bones appear unremarkable. CONCLUSION 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. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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