# Row 7422

Visit Number: 7a6e14b3ccc25f46c1738d9beb82637ffc6fa3a6622b2f76481159ef6bbf06d8

Masked\_PatientID: 7412

Order ID: 14b8f3452e66f3616447b965d3a590a821ec5a7f366c6bb680b28ec197073f94

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 20/7/2017 16:31

Line Num: 1

Text: HISTORY MRSA STERNAL WOUND INFECTION WITH OSTEOMYELITIS S/P CABG for interval follow up pt currently still on VAC dressing TECHNIQUE Scans acquired as per department protocol. Contrast: Omnipaque 350 - Volume (ml): 50 FINDINGSComparison with previous study dated 23 June 2017. There is anterior mediastinal soft tissue thickening, just deep to the sternal wound and mild stranding of the anterior mediastinal fat. This appears slightly improved. No new mediastinal collection is present. There are small volume paratracheal and prevascular lymph nodes which are likely reactive. There is no enlarged hilar lymph node. No significant pleural or pericardial effusion. Emphysema in both lungs. No consolidation or suspicious pulmonary mass. There is stable erosions at the sternal wound edges more pronounced superiorly, in keeping with known osteomyelitis. Stable nonspecific thyroid nodules in the left lobe. In the visualised upper abdomen, there is no gross abnormality. CONCLUSION Soft tissue thickening and mediastinal fat stranding in the anterior mediastinum, just deep to the sternal wound edge shows slight improvement. No new mediastinal or subcutaneous collection. The separationof the sternal wound edge with erosions at the wound edges are largely stable, in keeping with known osteomyelitis. Known / Minor Finalised by: <DOCTOR>

Accession Number: 1342c1f34df7a1181f62cd43eba78772a569ef806bf3f6dd54c7bd8fd1576570

Updated Date Time: 20/7/2017 17:02

## Layman Explanation

This radiology report discusses HISTORY MRSA STERNAL WOUND INFECTION WITH OSTEOMYELITIS S/P CABG for interval follow up pt currently still on VAC dressing TECHNIQUE Scans acquired as per department protocol. Contrast: Omnipaque 350 - Volume (ml): 50 FINDINGSComparison with previous study dated 23 June 2017. There is anterior mediastinal soft tissue thickening, just deep to the sternal wound and mild stranding of the anterior mediastinal fat. This appears slightly improved. No new mediastinal collection is present. There are small volume paratracheal and prevascular lymph nodes which are likely reactive. There is no enlarged hilar lymph node. No significant pleural or pericardial effusion. Emphysema in both lungs. No consolidation or suspicious pulmonary mass. There is stable erosions at the sternal wound edges more pronounced superiorly, in keeping with known osteomyelitis. Stable nonspecific thyroid nodules in the left lobe. In the visualised upper abdomen, there is no gross abnormality. CONCLUSION Soft tissue thickening and mediastinal fat stranding in the anterior mediastinum, just deep to the sternal wound edge shows slight improvement. No new mediastinal or subcutaneous collection. The separationof the sternal wound edge with erosions at the wound edges are largely stable, in keeping with known osteomyelitis. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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