# Row 7419

Visit Number: bc46f03cbdd29649d67645e95f38297a2f2195cb1a9a54bb63aa54b34f256494

Masked\_PatientID: 7412

Order ID: f4e4bf99ebf6c0de6bb4b045e873e52ba7546c1eda5ce2535ddcb09ad14c85de

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 24/5/2017 16:27

Line Num: 1

Text: HISTORY Sternal wound infection TECHNIQUE Contrast enhanced CT thorax was performed as per department protocol. 50ml of intravenous Omnipaque 350 was administered. FINDINGS Previous CT thorax dated 22 December 2016 was reviewed. The chest radiograph dated 20/01/2017 was reviewed. Status post CABG with midline sternotomy wires and mediastinal clips noted. Soft tissue thickening and fat stranding along the manubrium and midline of the sternum are compatible with recent surgery. Some retromanubrial soft tissue is present. No rim enhancing collection or a soft tissue gas locule is seen. No underlying bony erosion or periosteal reaction to suggest infection. The heart is enlarged. Cardiac chambers and mediastinal vessels are well opacified. No enlarged hilar, mediastinal or supraclavicular lymph node is detected. Small volume mediastinal lymph nodes are not significantly enlarged by size criteria. The trachea and major bronchi are patent. A stable left thyroid lobe hypodensity with a focus of calcification likely represents a thyroid nodule. Emphysema is seen in both upper lobes. No suspicious pulmonary mass, nodule or focal consolidation is detected. Small bilateral pleural effusionsare present with associated atelectasis, right more than left. The appendage images of the upper abdomen reveal no significant abnormality save for a tiny hyperdensity in the gallbladder likely a calculus. No destructive bone lesion is seen. CONCLUSION 1. Status post CABG. No evidence to suggest wound abscess or osteomyelitis. Non specific retrosternal soft tissue is seen with no evidence of mediastinitis. 2. Background emphysema in both upper lobes. No suspicious pulmonary mass. Small bilateral pleural effusions with associated atelectasis. 3. Probable tiny uncomplicated gallbladder calculus. May need further action Reported by: <DOCTOR>

Accession Number: 34df25ac7a9e70c12f2ab726a37a4cede707f8f4d629f0ceadf7d1b45f482984

Updated Date Time: 24/5/2017 18:05

## Layman Explanation

This radiology report discusses HISTORY Sternal wound infection TECHNIQUE Contrast enhanced CT thorax was performed as per department protocol. 50ml of intravenous Omnipaque 350 was administered. FINDINGS Previous CT thorax dated 22 December 2016 was reviewed. The chest radiograph dated 20/01/2017 was reviewed. Status post CABG with midline sternotomy wires and mediastinal clips noted. Soft tissue thickening and fat stranding along the manubrium and midline of the sternum are compatible with recent surgery. Some retromanubrial soft tissue is present. No rim enhancing collection or a soft tissue gas locule is seen. No underlying bony erosion or periosteal reaction to suggest infection. The heart is enlarged. Cardiac chambers and mediastinal vessels are well opacified. No enlarged hilar, mediastinal or supraclavicular lymph node is detected. Small volume mediastinal lymph nodes are not significantly enlarged by size criteria. The trachea and major bronchi are patent. A stable left thyroid lobe hypodensity with a focus of calcification likely represents a thyroid nodule. Emphysema is seen in both upper lobes. No suspicious pulmonary mass, nodule or focal consolidation is detected. Small bilateral pleural effusionsare present with associated atelectasis, right more than left. The appendage images of the upper abdomen reveal no significant abnormality save for a tiny hyperdensity in the gallbladder likely a calculus. No destructive bone lesion is seen. CONCLUSION 1. Status post CABG. No evidence to suggest wound abscess or osteomyelitis. Non specific retrosternal soft tissue is seen with no evidence of mediastinitis. 2. Background emphysema in both upper lobes. No suspicious pulmonary mass. Small bilateral pleural effusions with associated atelectasis. 3. Probable tiny uncomplicated gallbladder calculus. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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