# Row 7541

Visit Number: a337b622abb136c6b45e28bcb07d0f322735355deff6fb420f03d6b6685f7e9c

Masked\_PatientID: 7530

Order ID: 427236802c37e621045fb76197ce609d19966f1588e0ef47bbecf5f683c4cbc0

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 28/7/2019 9:14

Line Num: 1

Text: HISTORY LVAD drive line infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is made previous CT of May 2019. S/p CABG with underlying native coronary atherosclerosis. The heartis mildly enlarged Left ventricular assist device (LVAD) with AICD tip in right ventricle. Streak artefacts predominantly from the pump limits assessment. Stable mild thickening around the driveline subcutaneous segment as well as that just deep to the anterior abdominal wall muscle layer, without definite discrete fluid collection. Prominent to borderline enlarged preaortic mediastinal lymph nodes as well as pretracheal and subcarinal lymph nodes are probably reactive. Mild generalised airway thickening probably due to chronic inflammation. Minor scarring atelectasis in the bilateral basal lower lobes with trace (R) pleural effusion and stable left pleural thickening. Stones in the contracted gallbladder. The biliarytracts are not dilated The liver, spleen, pancreas, adrenals are unremarkable. Bilateral perinephric fat stranding likely due to underlying systemic condition. No ascites or enlarged para-aortic lymph nodes are detected. Spondylolytic changes of the lumbar spine noted with L4-L5 spondylolisthesis grade 1. CONCLUSION Stable appearance of mild thickening around the driveline, indeterminate radiologically. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: a005915c9922852e5d9ee449ac64858059f1a367cc2101685b9fce3499ab527d

Updated Date Time: 28/7/2019 14:23

## Layman Explanation

This radiology report discusses HISTORY LVAD drive line infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is made previous CT of May 2019. S/p CABG with underlying native coronary atherosclerosis. The heartis mildly enlarged Left ventricular assist device (LVAD) with AICD tip in right ventricle. Streak artefacts predominantly from the pump limits assessment. Stable mild thickening around the driveline subcutaneous segment as well as that just deep to the anterior abdominal wall muscle layer, without definite discrete fluid collection. Prominent to borderline enlarged preaortic mediastinal lymph nodes as well as pretracheal and subcarinal lymph nodes are probably reactive. Mild generalised airway thickening probably due to chronic inflammation. Minor scarring atelectasis in the bilateral basal lower lobes with trace (R) pleural effusion and stable left pleural thickening. Stones in the contracted gallbladder. The biliarytracts are not dilated The liver, spleen, pancreas, adrenals are unremarkable. Bilateral perinephric fat stranding likely due to underlying systemic condition. No ascites or enlarged para-aortic lymph nodes are detected. Spondylolytic changes of the lumbar spine noted with L4-L5 spondylolisthesis grade 1. CONCLUSION Stable appearance of mild thickening around the driveline, indeterminate radiologically. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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