# Row 901

Visit Number: a773ebda934818905c03d9aabeaa7f93160515e8557b4c6c4d47809e14b9ad82

Masked\_PatientID: 889

Order ID: 66b08749fe86a78433d69dc0e09dd5113ebbae6a55b59ce4cded6f1eca38129e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 05/1/2018 20:38

Line Num: 1

Text: HISTORY hemoptysis after left sided pleural drain nstemi, recent mvp TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior chest radiographs performed the same day (5/1/2018, 1855h and 1629h) were reviewed. Breathing artefact is noted in the lungs and may limit assessment. Post midline sternotomy, mitral valve replacement and tricuspid annuloplasty. There are areas of ground-glass changes and patchy consolidation in both lungs, with collapsed left consolidation in the left lower lobe. Small amount of subcutaneous emphysema with adjacent fat stranding at the subcutaneous left chest wall, at around the 4th intercostal space (8-44, 45) is probably related to recent pleural drain insertion attempt. A wedge-shaped focal area of consolidation in the the lingula segment deep to this site (8-44, 45), is non-specific but raises the possibility of alveolar haemorrhage/contusion inview of its location. No gross contrast extravasation is seen. There is a small right and moderate left pleural effusions. Although a left pleural effusion appears slightly more dense on the right, there is still in the top normal range for fluid. No convincing haemothorax or pneumothorax is seen. There is cardiomegaly with dilatation of the both atria. The calibre pulmonary trunk is marginally prominent, raising the suspicion of pulmonary arterial hypertension. There is a mild pericardial fluid with with fluid in the superior pericardial recess. No hilar, mediastinal, supraclavicular or axillary adenopathy is observed. The thyroid appears unremarkable. The imaged upper abdomen is unremarkable save for scarring in the upper pole of the left kidney. No appreciable osseous destruction. CONCLUSION Status post mitral valve replacement and tricuspid annuloplasty, with post-surgical changes. 1. Consolidations and ground glass changes in the lungs, with bilateral pleural effusions may be related to cardiac failure/pulmonary oedema. 2. Subcutaneous emphysema/stranding at the left lateral chest wall (around the 4th intercostal space) is likely related to the recent procedure. In view ofits location, a wedge shaped consolidation in the lingula segment deep to this raises the possibility of a superimposed focus of alveolar haemorrhage/contusion. No hemopneumothorax is seen. 3. Suggestion of pulmonary arterial hypertension. Dr Jason Leung informed of the provisional finding(s) by Dr Alexander Tan at 2220 hours on 5 Jan 2018. May need further action Reported by: <DOCTOR>

Accession Number: 943257820b3082434e779d236b0548f2fcfbbe940057fc4013512681cb8d621e

Updated Date Time: 06/1/2018 11:13

## Layman Explanation

This radiology report discusses HISTORY hemoptysis after left sided pleural drain nstemi, recent mvp TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior chest radiographs performed the same day (5/1/2018, 1855h and 1629h) were reviewed. Breathing artefact is noted in the lungs and may limit assessment. Post midline sternotomy, mitral valve replacement and tricuspid annuloplasty. There are areas of ground-glass changes and patchy consolidation in both lungs, with collapsed left consolidation in the left lower lobe. Small amount of subcutaneous emphysema with adjacent fat stranding at the subcutaneous left chest wall, at around the 4th intercostal space (8-44, 45) is probably related to recent pleural drain insertion attempt. A wedge-shaped focal area of consolidation in the the lingula segment deep to this site (8-44, 45), is non-specific but raises the possibility of alveolar haemorrhage/contusion inview of its location. No gross contrast extravasation is seen. There is a small right and moderate left pleural effusions. Although a left pleural effusion appears slightly more dense on the right, there is still in the top normal range for fluid. No convincing haemothorax or pneumothorax is seen. There is cardiomegaly with dilatation of the both atria. The calibre pulmonary trunk is marginally prominent, raising the suspicion of pulmonary arterial hypertension. There is a mild pericardial fluid with with fluid in the superior pericardial recess. No hilar, mediastinal, supraclavicular or axillary adenopathy is observed. The thyroid appears unremarkable. The imaged upper abdomen is unremarkable save for scarring in the upper pole of the left kidney. No appreciable osseous destruction. CONCLUSION Status post mitral valve replacement and tricuspid annuloplasty, with post-surgical changes. 1. Consolidations and ground glass changes in the lungs, with bilateral pleural effusions may be related to cardiac failure/pulmonary oedema. 2. Subcutaneous emphysema/stranding at the left lateral chest wall (around the 4th intercostal space) is likely related to the recent procedure. In view ofits location, a wedge shaped consolidation in the lingula segment deep to this raises the possibility of a superimposed focus of alveolar haemorrhage/contusion. No hemopneumothorax is seen. 3. Suggestion of pulmonary arterial hypertension. Dr Jason Leung informed of the provisional finding(s) by Dr Alexander Tan at 2220 hours on 5 Jan 2018. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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