# Row 8928

Visit Number: e36e005a145f53dae62ef4ca5e7d7cefb74da134315ccf4a6d4721b528926086

Masked\_PatientID: 8899

Order ID: e909ced5f2ae02a97844d4daef4084663cc721178f995a353ce3fc3d8683113f

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/10/2015 16:32

Line Num: 1

Text: HISTORY 61 chinese male with heart failure s/p LVAD insertion. prolonged ileus complicated by PR bleeding. abdo distension ++ ?ileus /IO / tro intraabdominal collection (seen by ID - new fungaemia) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil. Positive Oral Contrast FINDINGS Note made of previous CT chest study dated 17/04/2015. Post sternotomy status. There is a single lead cardiac conduction device with its lead tip sited in right ventricle. Status post tricuspid valve annuloplasty. NG tube in situ with its tip in the distal stomach. An LVAD is in situ. The inlet cannula is sited at the LV apical region, as expected. There is elongated fluid density seen along the outlet cannula (which is connected to the ascending aorta), (series two image 37) which may represent small collection. Also there is some collection just inferior to the LVAD pump (series 2-112) measuring 8 x 1.8 cm. Also there is a small pericardial effusion with mild pericardial thickening. Some of these changes could represent postoperative changes. Unenhanced mediastinal vasculature appear grossly unremarkable. Some soft tissue thickening in prevascular region again could represent postop changes. There is a left pleural effusion with likely some areas of pleural thickening. This may have been exudative effusion. There is a small right effusion also . Associated passive atelectasis changes in the lower lobes bilaterally, worse on the left. There are patchy areas of atelectasis in both lungs. In addition subsegmental ground-glass opacities are also present (for example in the left upper lobe 10-53), some of which appears slightly nodular (left upperlobe 10-42). Some of these may be inflammatory but possibility of developing infective foci also cannot be excluded on imaging, clinical correlation required. No cavitary nodules are however visualised at this stage. The major airways remain patent. In abdomen the liver is cirrhotic. No gross mass in this nonenhanced study. Unenhanced spleen, gallbladder, pancreas, adrenal glands and kidneys appear grossly unremarkable. Large amount of free fluid in the peritoneal cavity. There are dependent densities seen in the pelvis (series two image 208) which may indicate possibly haemorrhagic nature of the peritoneal fluid. No obvious large loculated components are identified. There is no pneumoperitoneum. The bowel loops appear mildly distended. Appendix is not thickened. The urinary bladder is nearly empty. The prostate gland is not enlarged. The bone windows do not reveal any suspicious lesions. CONCLUSION Status post LVAD . 1. There is a collection inferior to the LVAD pump. Some fluid density also along outlet cannula of the LVAD . Small pericardial effusion with some pericardial thickening is also present. Some of these changes may represent postop changes however superimposed infection cannot be excluded on this nonenhanced study, clinical correlation is required. 2. Moderate left pleural effusion with associated passive disease changes. There are possibly some adhesions which may indicate likely exudative nature of this effusion. 3. There are some ground-glass opacities in both lungs, some of which appears slightly nodular. These appear nonspecific and could be inflammatory. But developing infection would cannot be excluded based on imaging. No cavitary nodules are however identified. 4. Large amount of free fluid in the peritoneal cavity. Some dependent hyperdensity in pelvis and flanks may indicate haemorrhagic nature of this ascites, aspiration is suggested. 4. Cirrhotic liver. No localised collections seen within abdomen or pelvis. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 8f0f29bd7b12f4902dd6802fd3609f88e0033b9c5aa60503b2e6ae7b8055074d

Updated Date Time: 13/10/2015 17:45

## Layman Explanation

This radiology report discusses HISTORY 61 chinese male with heart failure s/p LVAD insertion. prolonged ileus complicated by PR bleeding. abdo distension ++ ?ileus /IO / tro intraabdominal collection (seen by ID - new fungaemia) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil. Positive Oral Contrast FINDINGS Note made of previous CT chest study dated 17/04/2015. Post sternotomy status. There is a single lead cardiac conduction device with its lead tip sited in right ventricle. Status post tricuspid valve annuloplasty. NG tube in situ with its tip in the distal stomach. An LVAD is in situ. The inlet cannula is sited at the LV apical region, as expected. There is elongated fluid density seen along the outlet cannula (which is connected to the ascending aorta), (series two image 37) which may represent small collection. Also there is some collection just inferior to the LVAD pump (series 2-112) measuring 8 x 1.8 cm. Also there is a small pericardial effusion with mild pericardial thickening. Some of these changes could represent postoperative changes. Unenhanced mediastinal vasculature appear grossly unremarkable. Some soft tissue thickening in prevascular region again could represent postop changes. There is a left pleural effusion with likely some areas of pleural thickening. This may have been exudative effusion. There is a small right effusion also . Associated passive atelectasis changes in the lower lobes bilaterally, worse on the left. There are patchy areas of atelectasis in both lungs. In addition subsegmental ground-glass opacities are also present (for example in the left upper lobe 10-53), some of which appears slightly nodular (left upperlobe 10-42). Some of these may be inflammatory but possibility of developing infective foci also cannot be excluded on imaging, clinical correlation required. No cavitary nodules are however visualised at this stage. The major airways remain patent. In abdomen the liver is cirrhotic. No gross mass in this nonenhanced study. Unenhanced spleen, gallbladder, pancreas, adrenal glands and kidneys appear grossly unremarkable. Large amount of free fluid in the peritoneal cavity. There are dependent densities seen in the pelvis (series two image 208) which may indicate possibly haemorrhagic nature of the peritoneal fluid. No obvious large loculated components are identified. There is no pneumoperitoneum. The bowel loops appear mildly distended. Appendix is not thickened. The urinary bladder is nearly empty. The prostate gland is not enlarged. The bone windows do not reveal any suspicious lesions. CONCLUSION Status post LVAD . 1. There is a collection inferior to the LVAD pump. Some fluid density also along outlet cannula of the LVAD . Small pericardial effusion with some pericardial thickening is also present. Some of these changes may represent postop changes however superimposed infection cannot be excluded on this nonenhanced study, clinical correlation is required. 2. Moderate left pleural effusion with associated passive disease changes. There are possibly some adhesions which may indicate likely exudative nature of this effusion. 3. There are some ground-glass opacities in both lungs, some of which appears slightly nodular. These appear nonspecific and could be inflammatory. But developing infection would cannot be excluded based on imaging. No cavitary nodules are however identified. 4. Large amount of free fluid in the peritoneal cavity. Some dependent hyperdensity in pelvis and flanks may indicate haemorrhagic nature of this ascites, aspiration is suggested. 4. Cirrhotic liver. No localised collections seen within abdomen or pelvis. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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