# Row 9252

Visit Number: a5e47e7369bab5f762e1baf042626e74285dd166d5104ce80801ef84cad3dfe6

Masked\_PatientID: 9207

Order ID: d8f4d5d950f4cde88b0e737d89b0ba5ed191fb24077d7506894adcc75e0d4089

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/2/2017 17:50

Line Num: 1

Text: HISTORY sepsis, s/p Redo sternotomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison with previous CT examination dated 13/12/2016. Thorax: Status post redo-median sternotomy, mitral valve replacement, LAA closure and tricuspid annuloplasty noted. Patient had underwent tracheostomy subsequently. The tip of tracheostomy tube is about 3.5 cm from the carina. There is fluid and debris within the trachea just proximal to the tracheostomy entry site; small amount of debris also noted in the distal tracheal. There is a right internal jugular venous catheter with the tip in the proximal SVC. In the anterior mediastinum posterior to the sternum, there is a collection measuring 7.6 x 2 x 8 cm (image 402-66) containing mildly dense fluid (mean attenuation of 53 HU). This indents the pericardium. No gas locules noted within it. A smaller collection is seen superiorly to the left of the midline in the anterior mediastinum measuring 2 x 1 cm (image 402-47) which may be communicating with the above mentioned larger collection. These may represent postoperative collections/resolved haematomas. The heart is markedly enlarged and in particular the left atrium is markedly dilated. The left atrial appendage is smaller than before but there is contrast filling through a narrow communication with the left atrium. No enlarged mediastinal or hilar node is seen. No pericardial effusion is detected. There is sliver of pleural effusions bilaterally. There are atelectatic changes bilaterally. A few small ground-glass nodular changes in the apicoposterior segment of the left upper lobe - example image 401-39 may be inflammatory. No focal consolidation is seen. Abdomen and pelvis: The liver shows nodular outline in keeping with cirrhosis. The spleen is not enlarged. No focal hepatic or splenic lesion is seen. The portal and splenic veins are patent. Multiple calculi are seen within thin walled gallbladder. No surrounding inflammatory changes are present. The biliary tree is not dilated. The adrenal glands and pancreas are unremarkable. The kidneys enhance fairly symmetrically. There are few small hypodense lesions in both kidneys probably representing cysts. One of these in the right lower pole (image 501-85) appears dense and may represent haemorrhagic or proteinaceous cyst. A 2cm fat containing lesion in the lower pole of the left kidney is likely to represent an angiomyolipoma. No perinephric fat stranding or hydronephrosis seen. There is a nasogastric tube with the tip in the gastric body. The bowel loops are normal in calibre and distribution. No overt mural thickening or surrounding inflammatory changes seen. There is no enlarged abdominal or pelvic lymph node. No free fluid or free intraperitoneal gas is seen. The catheterised urinary bladder is nondistended for further evaluation. The prostate is not enlarged. The seminal vesicles are grossly symmetrical. There is a right femoral arterial catheter with the tip in the right common femoral artery. There is a mildly dense heterogeneous collection withinswollen right psoas muscle approximately measuring 3.7 x 3.6 cm (image 501-82) extending over a length of 7.7 cm. This is suspicious for a haematoma. No gas locules or significant enhancement of the wall is seen. No destructive bony lesion seen. CONCLUSION Anterior mediastinal heterogeneous mildly dense fluid collections indenting the pericardium may represent resolving haematomas. No gas locule is seen within it to suggest infected collection at present but further clinical correlation is needed. Small subcentimetre foci of ground-glass nodular changes in the left upper lobe may be inflammatory. No focal consolidation is seen. Markedly enlarged heart. Hepatic cirrhosis. Uncomplicated cholelithiasis. The heterogeneous collection within swollen right psoas muscle is suspicious for a haematoma. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 6e265417167febf713b5d151eb370f529beb588ce1e73153cddbf7d54aad8986

Updated Date Time: 09/2/2017 20:15

## Layman Explanation

This radiology report discusses HISTORY sepsis, s/p Redo sternotomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison with previous CT examination dated 13/12/2016. Thorax: Status post redo-median sternotomy, mitral valve replacement, LAA closure and tricuspid annuloplasty noted. Patient had underwent tracheostomy subsequently. The tip of tracheostomy tube is about 3.5 cm from the carina. There is fluid and debris within the trachea just proximal to the tracheostomy entry site; small amount of debris also noted in the distal tracheal. There is a right internal jugular venous catheter with the tip in the proximal SVC. In the anterior mediastinum posterior to the sternum, there is a collection measuring 7.6 x 2 x 8 cm (image 402-66) containing mildly dense fluid (mean attenuation of 53 HU). This indents the pericardium. No gas locules noted within it. A smaller collection is seen superiorly to the left of the midline in the anterior mediastinum measuring 2 x 1 cm (image 402-47) which may be communicating with the above mentioned larger collection. These may represent postoperative collections/resolved haematomas. The heart is markedly enlarged and in particular the left atrium is markedly dilated. The left atrial appendage is smaller than before but there is contrast filling through a narrow communication with the left atrium. No enlarged mediastinal or hilar node is seen. No pericardial effusion is detected. There is sliver of pleural effusions bilaterally. There are atelectatic changes bilaterally. A few small ground-glass nodular changes in the apicoposterior segment of the left upper lobe - example image 401-39 may be inflammatory. No focal consolidation is seen. Abdomen and pelvis: The liver shows nodular outline in keeping with cirrhosis. The spleen is not enlarged. No focal hepatic or splenic lesion is seen. The portal and splenic veins are patent. Multiple calculi are seen within thin walled gallbladder. No surrounding inflammatory changes are present. The biliary tree is not dilated. The adrenal glands and pancreas are unremarkable. The kidneys enhance fairly symmetrically. There are few small hypodense lesions in both kidneys probably representing cysts. One of these in the right lower pole (image 501-85) appears dense and may represent haemorrhagic or proteinaceous cyst. A 2cm fat containing lesion in the lower pole of the left kidney is likely to represent an angiomyolipoma. No perinephric fat stranding or hydronephrosis seen. There is a nasogastric tube with the tip in the gastric body. The bowel loops are normal in calibre and distribution. No overt mural thickening or surrounding inflammatory changes seen. There is no enlarged abdominal or pelvic lymph node. No free fluid or free intraperitoneal gas is seen. The catheterised urinary bladder is nondistended for further evaluation. The prostate is not enlarged. The seminal vesicles are grossly symmetrical. There is a right femoral arterial catheter with the tip in the right common femoral artery. There is a mildly dense heterogeneous collection withinswollen right psoas muscle approximately measuring 3.7 x 3.6 cm (image 501-82) extending over a length of 7.7 cm. This is suspicious for a haematoma. No gas locules or significant enhancement of the wall is seen. No destructive bony lesion seen. CONCLUSION Anterior mediastinal heterogeneous mildly dense fluid collections indenting the pericardium may represent resolving haematomas. No gas locule is seen within it to suggest infected collection at present but further clinical correlation is needed. Small subcentimetre foci of ground-glass nodular changes in the left upper lobe may be inflammatory. No focal consolidation is seen. Markedly enlarged heart. Hepatic cirrhosis. Uncomplicated cholelithiasis. The heterogeneous collection within swollen right psoas muscle is suspicious for a haematoma. 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.