# Row 9292

Visit Number: 72781137e18cdd8758bcd2bfdad0fbccb7bdb71e66dcf4984e6e4d8d450a71ae

Masked\_PatientID: 9207

Order ID: b574103b96cfb81648c47342a741d9bb323918d46ed1bca57aafb8a97e005cbf

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 11/9/2020 12:34

Line Num: 1

Text: HISTORY Anterior mediastinal collection tracking through chestwall ?haematoma TRO vascular source/connection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with recent CT thorax dated 08/05/2020. A small fluid collection is again seen in the medial right anterior chest wall adjacent to the second costochondral junction measuring (2.5 cm x 1.6 cm) (series 5, image 41). It appears to be trackingposteriorly likely communicating with a larger thin-walled anterior mediastinal elongated collection approximately measuring (5.3 cm x 3.6 cm) (series 5, image 54). This track is closely related to the right internal mammary vessels. An anterior mediastinal collection is again seen demonstrating increased attenuation (63 HU) as before suggestive of haemorrhagic content. No contrast extravasation into the collection is however noted. The inferior aspect of the collection abuts the right coronary artery. It also abuts an adjacent vein on the right posterolateral aspect (5-49). The heart is markedly enlarged with huge dilatation of the left atrium. Status post mitral and tricuspid annuloplasties noted. Tip of the AICD lead is in the right ventricle. There are mild scattered coronary atherosclerotic calcifications. No significantly enlarged intrathoracic or supraclavicular lymph node is seen. There is no pericardial effusion. The major airways are clear. Compressive atelectatic changes are noted in the adjacent right lung due to enlarged heart. Linear atelectatic changes are also noted in the left lower lobe. No suspicious pulmonary lesion or consolidation is evident. Bilateral small gynaecomastias noted. The visualised upper abdomen reveals cardiac cirrhosis, multiple gallstones and cysts in the kidneys. No destructive bony lesion detected. CONCLUSION Stable likely inter communicating collections in the right anterior chest wall and anterior mediastinum. Mildly dense nature of the anterior mediastinal collection suggests haemorrhagic component but no active contrast extravasation is seen. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: bb8c90932e3acd6b9d4e772c2a9f9bde85fd1585b5839018098422c01fbaa667

Updated Date Time: 11/9/2020 14:59

## Layman Explanation

This radiology report discusses HISTORY Anterior mediastinal collection tracking through chestwall ?haematoma TRO vascular source/connection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with recent CT thorax dated 08/05/2020. A small fluid collection is again seen in the medial right anterior chest wall adjacent to the second costochondral junction measuring (2.5 cm x 1.6 cm) (series 5, image 41). It appears to be trackingposteriorly likely communicating with a larger thin-walled anterior mediastinal elongated collection approximately measuring (5.3 cm x 3.6 cm) (series 5, image 54). This track is closely related to the right internal mammary vessels. An anterior mediastinal collection is again seen demonstrating increased attenuation (63 HU) as before suggestive of haemorrhagic content. No contrast extravasation into the collection is however noted. The inferior aspect of the collection abuts the right coronary artery. It also abuts an adjacent vein on the right posterolateral aspect (5-49). The heart is markedly enlarged with huge dilatation of the left atrium. Status post mitral and tricuspid annuloplasties noted. Tip of the AICD lead is in the right ventricle. There are mild scattered coronary atherosclerotic calcifications. No significantly enlarged intrathoracic or supraclavicular lymph node is seen. There is no pericardial effusion. The major airways are clear. Compressive atelectatic changes are noted in the adjacent right lung due to enlarged heart. Linear atelectatic changes are also noted in the left lower lobe. No suspicious pulmonary lesion or consolidation is evident. Bilateral small gynaecomastias noted. The visualised upper abdomen reveals cardiac cirrhosis, multiple gallstones and cysts in the kidneys. No destructive bony lesion detected. CONCLUSION Stable likely inter communicating collections in the right anterior chest wall and anterior mediastinum. Mildly dense nature of the anterior mediastinal collection suggests haemorrhagic component but no active contrast extravasation is seen. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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