# Row 9300

Visit Number: fb8f2128f8caed075c3734b0ad4b39065824c3775b648b30ecb42246673e708a

Masked\_PatientID: 9207

Order ID: 99074511eed150593806dc04a1a7fa76c8e7e1afff639aa203e031d2002683c7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 15/10/2020 11:45

Line Num: 1

Text: HISTORY followup of chest wall swelling; known intercommunicating collection in chest wall and anterior mediastinum : ? hematoma TECHNIQUE Noncontrast CT of the thorax. No intravenous contrast materia was given due to renal impairment. FINDINGS Comparison is made with the CT of 11 September 2020. The ultrasound of 2 September 2020 was reviewed. There is again a fluid collection anterior to the sternum. This is larger compared to the last CT, now measuring 3.6 x 2.7 cm (series 4 image 41). It shows surrounding fat-stranding and is suspicious for an abscess. It appears to communicate with a larger more well-defined 5.8 x 3.7 cm collection in the anterior mediastinum just deep to the sternum (series 4 image 53). Themediastinal collection is also slightly larger. It shows contents of high (60 to 70 HU) density. Of note, there is new development of a bony erosion in the posterior aspect of the sternum adjacent to the fluid collection. This is highly suspicious for osteomyelitis. Small lymph nodes in the mediastinum may be reactive in aetiology. The left atrium is severely dilated. A mechanical prosthetic mitral valve is seen. There is an AICD, the tip of its lead in the apex of the right ventricle. The IVC and hepatic veins are dilated. The liver shows a nodular outline and relative hypertrophy of the left and caudate lobes, suggestive of cirrhosis. There is atelectasis in the right lung, probably due to the dilated left atrium. Mild atelectasis is also seen in the left lower lobe. There is no pleural or pericardial effusion. Limited sections of the upper abdomen show multiple gallbladder calculi. Degenerative changes are seen in the spine. CONCLUSION The fluid collection anterior to the sternum is larger compared to the last CT. It is suspicious for an abscess. It communicates with a collection in the mediastinum, which is also larger. There is new development of a bony erosion in the sternum, highly suspicious for osteomyelitis. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: c63ffcc9aa1e5e3106de2712b061ef44a8690c00dd02aebb67b541b32fd8e671

Updated Date Time: 15/10/2020 12:44

## Layman Explanation

This radiology report discusses HISTORY followup of chest wall swelling; known intercommunicating collection in chest wall and anterior mediastinum : ? hematoma TECHNIQUE Noncontrast CT of the thorax. No intravenous contrast materia was given due to renal impairment. FINDINGS Comparison is made with the CT of 11 September 2020. The ultrasound of 2 September 2020 was reviewed. There is again a fluid collection anterior to the sternum. This is larger compared to the last CT, now measuring 3.6 x 2.7 cm (series 4 image 41). It shows surrounding fat-stranding and is suspicious for an abscess. It appears to communicate with a larger more well-defined 5.8 x 3.7 cm collection in the anterior mediastinum just deep to the sternum (series 4 image 53). Themediastinal collection is also slightly larger. It shows contents of high (60 to 70 HU) density. Of note, there is new development of a bony erosion in the posterior aspect of the sternum adjacent to the fluid collection. This is highly suspicious for osteomyelitis. Small lymph nodes in the mediastinum may be reactive in aetiology. The left atrium is severely dilated. A mechanical prosthetic mitral valve is seen. There is an AICD, the tip of its lead in the apex of the right ventricle. The IVC and hepatic veins are dilated. The liver shows a nodular outline and relative hypertrophy of the left and caudate lobes, suggestive of cirrhosis. There is atelectasis in the right lung, probably due to the dilated left atrium. Mild atelectasis is also seen in the left lower lobe. There is no pleural or pericardial effusion. Limited sections of the upper abdomen show multiple gallbladder calculi. Degenerative changes are seen in the spine. CONCLUSION The fluid collection anterior to the sternum is larger compared to the last CT. It is suspicious for an abscess. It communicates with a collection in the mediastinum, which is also larger. There is new development of a bony erosion in the sternum, highly suspicious for osteomyelitis. Report Indicator: 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.