# Row 1818

Visit Number: ed98ea8c5ae904f627564b6cd18dfa300c9bdf3227ff52866c06266c95f9cfd5

Masked\_PatientID: 1800

Order ID: ace798e69ce1a4a6f321e726b13eb924f0928b0e00436d265e2e63fb29bc4726

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 27/4/2019 11:13

Line Num: 1

Text: HISTORY POD 7 AVR, for IE cx by collapse on VA ECMO and IABP support severe sepsis, no heart contractility - to assess for pleural\mediastinal collections as causes for the above. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: OMnipaque 350 FINDINGS Bilateral chest tubes are in place with tip projected over the apex. Bilateral pleural effusions are present. Diffuse airspace shadowing and consolidation in both lungs with air bronchogram. Layeringof contrast is visualised in the aorta, representing cardiac failure. Small pericardial effusion is present. Dense fluid in the anterior mediastinum is probably due to mediastinal haematoma, measuring approximately 4.2 x 1.4 x 5.6 cm (402-47, 406-52). There are subcentimetre lymph nodes in the prevascular, paratracheal and aortopulmonary window region. In the visualised upper abdomen, there are wedge shape hypodensities in both kidneys which may represent bilateral renal infarcts. Partially imaged catheter is present in the IVC with the tip at the cavoatrial junction. No overt bony destruction. CONCLUSION Dense fluid in the anterior mediastinum, deep to the sternotomy and is most likely mediastinal haematoma. There is no significant loculation to suggest mediastinal abscess. There is layering of contrast in the aorta. There is diffuse airspace consolidation and ground-glass density in both lungs worse at the dependent aspect with bilateral pleural effusions, suggesting ARDS. Partially imaged kidney shows wedge shape hypodensity bilaterally, suspicious for renal infarcts. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 62f3ec15714e1b7a4ff30435fa318ae78f6f0b9b29f7f59a5da09c5a4779fcb1

Updated Date Time: 27/4/2019 11:46

## Layman Explanation

This radiology report discusses HISTORY POD 7 AVR, for IE cx by collapse on VA ECMO and IABP support severe sepsis, no heart contractility - to assess for pleural\mediastinal collections as causes for the above. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: OMnipaque 350 FINDINGS Bilateral chest tubes are in place with tip projected over the apex. Bilateral pleural effusions are present. Diffuse airspace shadowing and consolidation in both lungs with air bronchogram. Layeringof contrast is visualised in the aorta, representing cardiac failure. Small pericardial effusion is present. Dense fluid in the anterior mediastinum is probably due to mediastinal haematoma, measuring approximately 4.2 x 1.4 x 5.6 cm (402-47, 406-52). There are subcentimetre lymph nodes in the prevascular, paratracheal and aortopulmonary window region. In the visualised upper abdomen, there are wedge shape hypodensities in both kidneys which may represent bilateral renal infarcts. Partially imaged catheter is present in the IVC with the tip at the cavoatrial junction. No overt bony destruction. CONCLUSION Dense fluid in the anterior mediastinum, deep to the sternotomy and is most likely mediastinal haematoma. There is no significant loculation to suggest mediastinal abscess. There is layering of contrast in the aorta. There is diffuse airspace consolidation and ground-glass density in both lungs worse at the dependent aspect with bilateral pleural effusions, suggesting ARDS. Partially imaged kidney shows wedge shape hypodensity bilaterally, suspicious for renal infarcts. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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