# Row 2569

Visit Number: e7701a90e1424aa1e77287df957fe4cf55da85bcd155601333f7d39c5c7de043

Masked\_PatientID: 2557

Order ID: 43194803d626782bb1e26b08e2c4b32ba44cb4d433085341b4fb9196725a6448

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/5/2016 19:52

Line Num: 1

Text: HISTORY Right VA dissection s/p coilng, ?PE kiv start on anticoagulation; acute onset tacycardia/ tachypnoea with desaturation, long term bed bound sec to SAH, CXR clear TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No prior relevant images are available in the PACS for comparison. Suboptimal study. Respiratory movement artefacts are noted. The abdominal images are grainy. There is relatively under opacification of the aorta. No convincing filling defect is observed in the pulmonary trunk, main pulmonary arteries, major lobar branches to suggest pulmonary thromboembolism. It is difficult to assess the subsegmental branches due to underfilling. Patchy consolidation and ground-glass opacities are noted in the bilateral lower lobe, more on the right side in the dependent part. These are suspicious for aspiration over the infection. Tracheostomy tube is in situ. Secretions are noted within the larynx. Cardiac monitoring catheter is noted in the oesophagus. No enlarged mediastinal lymph nodes are seen. No evidence of pleural or pericardial effusion. No suspicious focal hepatic lesion is seen. No radiopaque gallstone or biliary dilatation. The band-like hypodensities across the spleen and the kidneys are artifactual. Otherwise, spleen, pancreas, adrenal glands and the kidneys are unremarkable. There is mild fluid distension of the small bowel loops and gaseous distension of the large bowel loops especially cecum suspicious for ileus. No evidence of intramural gas. Mild faecal stasis noted in the colon. The aorta is normal in calibre. Catheters are noted in the right femoral artery and left femoral vein. A small gas locule is also observed adjacent to the left femoral vein probably iatrogenic. The catheterised bladder is empty. No destructive bony lesion is seen. The case was discussed with neurosurgery registrar on call at 08:30 p.m. on 04/05/2016. CONCLUSION Technical limitations as noted above. 1. Patchy consolidation and ground-glass opacities noted in the bilateral lower lobes, more on the right side suspicious for aspiration over infection. 2. Mild distension of the small and large bowel loops noted worrisome for ileus. No rim enhancing abscess, intramural gas, pneumoperitoneum detected. May need further action Finalised by: <DOCTOR>

Accession Number: 2371aaf0ea7e8022b96c8fd1e0bcc06a1454906b3571b23e1c2fe3e0afafaa21

Updated Date Time: 04/5/2016 21:01

## Layman Explanation

This radiology report discusses HISTORY Right VA dissection s/p coilng, ?PE kiv start on anticoagulation; acute onset tacycardia/ tachypnoea with desaturation, long term bed bound sec to SAH, CXR clear TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No prior relevant images are available in the PACS for comparison. Suboptimal study. Respiratory movement artefacts are noted. The abdominal images are grainy. There is relatively under opacification of the aorta. No convincing filling defect is observed in the pulmonary trunk, main pulmonary arteries, major lobar branches to suggest pulmonary thromboembolism. It is difficult to assess the subsegmental branches due to underfilling. Patchy consolidation and ground-glass opacities are noted in the bilateral lower lobe, more on the right side in the dependent part. These are suspicious for aspiration over the infection. Tracheostomy tube is in situ. Secretions are noted within the larynx. Cardiac monitoring catheter is noted in the oesophagus. No enlarged mediastinal lymph nodes are seen. No evidence of pleural or pericardial effusion. No suspicious focal hepatic lesion is seen. No radiopaque gallstone or biliary dilatation. The band-like hypodensities across the spleen and the kidneys are artifactual. Otherwise, spleen, pancreas, adrenal glands and the kidneys are unremarkable. There is mild fluid distension of the small bowel loops and gaseous distension of the large bowel loops especially cecum suspicious for ileus. No evidence of intramural gas. Mild faecal stasis noted in the colon. The aorta is normal in calibre. Catheters are noted in the right femoral artery and left femoral vein. A small gas locule is also observed adjacent to the left femoral vein probably iatrogenic. The catheterised bladder is empty. No destructive bony lesion is seen. The case was discussed with neurosurgery registrar on call at 08:30 p.m. on 04/05/2016. CONCLUSION Technical limitations as noted above. 1. Patchy consolidation and ground-glass opacities noted in the bilateral lower lobes, more on the right side suspicious for aspiration over infection. 2. Mild distension of the small and large bowel loops noted worrisome for ileus. No rim enhancing abscess, intramural gas, pneumoperitoneum detected. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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