# Row 379

Visit Number: 0a743fc4a064f51acafddb95886d46061ffd98b69da1cb2ade5f27fda6f725bd

Masked\_PatientID: 378

Order ID: 48396345cb8b3cf15bb1090dacd3bca34a99a34f9bd30f6339e609c4143ef674

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/11/2019 17:16

Line Num: 1

Text: HISTORY trauma - RTA for pan CT scan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Motion artefacts preclude accurate assessment. The patient is status post left anterior thoracotomy, median sternotomy, cardiopulmonary bypass and repair of left ventricle laceration. Tip of the ETT is 3.9 cm above the carina. There is a right femoral venous catheter with its tip at the junction of the right subclavian and right internal jugular veins. Feeding tube is satisfactorily positioned in the proximal gastric body. The right chest drain appears to traverse the right oblique fissure with its tip directed medially posterior to the heart. Two left chest drains, one with its tip in the left lung apex medially and another with tip terminating just superior to the left hemidiaphragm medially. Mediastinal drain with its tip projected adjacent to the right cardiac border Retrosternal fat stranding associated with small air pockets in the anterior chest wall and small air pockets in the retrosternal region and epicardial fat, presumed to be related to recent surgery. Small amount of pericardial fluid. No gross mediastinal haematoma. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Imaged thyroid gland is unremarkable. Small right pleural effusion, sliver of left pleural effusion. There is consolidation in the lower lobes, middle lobe and lingula. Small discrete nodules are also seen in the left upper lobe (6/19, 6/37). There is septal thickening most prominent in the right upper lobe. No discrete pneumatocele. Trachea is patent. Small air pockets at the right posterolateral aspect of the trachea are presumed to be related to a tracheal diverticulum (5/10). Tiny sliver of pneumothorax at the left costophrenic angle (10/56). Imaged aorta shows a normal calibre with no evidence of periaortic fat stranding/haematoma. There are displaced fractures of the left 2nd to 10th ribs, as well as right 2nd to 4th ribs. Associated intramuscular haematoma with intramuscular air pockets at the left posterolateral chest wall, as well as mild oedematous appearance of the right posterolateral chest wall. Small amount of low density free fluid along the inferior aspect of the right hepatic lobe, around the spleen as well as adjacent to the bilateral kidneys. Minimal fluid stranding along the mesenteric root and right iliac fossa. No haemoperitoneum or pneumoperitoneum. No convincing hepatic, pancreatic, splenic or renal laceration. Adrenals are unremarkable. No radiodense gallstone or biliary dilatation. Urinary bladder is contracted around a Foley catheter. Prostate gland is not enlarged. Diffuse submucosal fatty infiltration of the large bowel could be related to chronic inflammation. There is no convincing bowel intramural or mesenteric haematoma. No suspicious pericolonic fat stranding. Prominent retroperitoneal nodes are nonspecific. No CT evidence of acute bony injury in the imaged spine or pelvis. CONCLUSION 1. Status post left anterior thoracotomy, median sternotomy, cardiopulmonary bypass and repair of left ventricle laceration, with post-surgical changes described above. 2. Overall pulmonary findings can be related to contusional changes or infection. These appear worse in the left lung. No large pneumatocele. Tiny pneumothorax at the left costophrenic angle. 3. Multiple bilateral rib fractures, more numerous on the left. Associated chest wall haematoma/intramuscular air pockets. 4. No convincing CT evidence of solid organ injury or hollow viscus perforation in the abdomen or pelvis. Minimal low density ascites. 5.No CT evidence of acute bony injury in the imaged spine or pelvis. 6. Other findings as decribed above. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 47122a70d9a9f4376d542a7e7f235b7f740d0e5c3d0379b458fbdf903fd8af9e

Updated Date Time: 18/11/2019 18:08

## Layman Explanation

This radiology report discusses HISTORY trauma - RTA for pan CT scan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Motion artefacts preclude accurate assessment. The patient is status post left anterior thoracotomy, median sternotomy, cardiopulmonary bypass and repair of left ventricle laceration. Tip of the ETT is 3.9 cm above the carina. There is a right femoral venous catheter with its tip at the junction of the right subclavian and right internal jugular veins. Feeding tube is satisfactorily positioned in the proximal gastric body. The right chest drain appears to traverse the right oblique fissure with its tip directed medially posterior to the heart. Two left chest drains, one with its tip in the left lung apex medially and another with tip terminating just superior to the left hemidiaphragm medially. Mediastinal drain with its tip projected adjacent to the right cardiac border Retrosternal fat stranding associated with small air pockets in the anterior chest wall and small air pockets in the retrosternal region and epicardial fat, presumed to be related to recent surgery. Small amount of pericardial fluid. No gross mediastinal haematoma. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Imaged thyroid gland is unremarkable. Small right pleural effusion, sliver of left pleural effusion. There is consolidation in the lower lobes, middle lobe and lingula. Small discrete nodules are also seen in the left upper lobe (6/19, 6/37). There is septal thickening most prominent in the right upper lobe. No discrete pneumatocele. Trachea is patent. Small air pockets at the right posterolateral aspect of the trachea are presumed to be related to a tracheal diverticulum (5/10). Tiny sliver of pneumothorax at the left costophrenic angle (10/56). Imaged aorta shows a normal calibre with no evidence of periaortic fat stranding/haematoma. There are displaced fractures of the left 2nd to 10th ribs, as well as right 2nd to 4th ribs. Associated intramuscular haematoma with intramuscular air pockets at the left posterolateral chest wall, as well as mild oedematous appearance of the right posterolateral chest wall. Small amount of low density free fluid along the inferior aspect of the right hepatic lobe, around the spleen as well as adjacent to the bilateral kidneys. Minimal fluid stranding along the mesenteric root and right iliac fossa. No haemoperitoneum or pneumoperitoneum. No convincing hepatic, pancreatic, splenic or renal laceration. Adrenals are unremarkable. No radiodense gallstone or biliary dilatation. Urinary bladder is contracted around a Foley catheter. Prostate gland is not enlarged. Diffuse submucosal fatty infiltration of the large bowel could be related to chronic inflammation. There is no convincing bowel intramural or mesenteric haematoma. No suspicious pericolonic fat stranding. Prominent retroperitoneal nodes are nonspecific. No CT evidence of acute bony injury in the imaged spine or pelvis. CONCLUSION 1. Status post left anterior thoracotomy, median sternotomy, cardiopulmonary bypass and repair of left ventricle laceration, with post-surgical changes described above. 2. Overall pulmonary findings can be related to contusional changes or infection. These appear worse in the left lung. No large pneumatocele. Tiny pneumothorax at the left costophrenic angle. 3. Multiple bilateral rib fractures, more numerous on the left. Associated chest wall haematoma/intramuscular air pockets. 4. No convincing CT evidence of solid organ injury or hollow viscus perforation in the abdomen or pelvis. Minimal low density ascites. 5.No CT evidence of acute bony injury in the imaged spine or pelvis. 6. Other findings as decribed above. 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.