# Row 3863

Visit Number: bcfd17dcbe44483f79594a1f8abb71c79b29bc57227646b9cba552a0d4b770b1

Masked\_PatientID: 3859

Order ID: bfaa48035924c7a6b938eae07e6630638d8b89c8fdaa6d0536320b2ac951d86f

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/4/2019 17:39

Line Num: 1

Text: HISTORY CAP cx ARDS s\p ECMO with persistent fevers. elevated CK TRO underlying ILD ?vasculitis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS CT CHEST ABDOMEN PELVIS Previous radiograph of 21 April 2019 reviewed. Images severely degraded by motion artefacts, limiting diagnostic interpretation. The patient is intubated with tip of the ETT within the thoracic trachea. Tip of the central venous catheter located within the superior vena cava. Tip of the feeding tube is located in the stomach. Cardiac size is enlarged. No pericardial effusion detected. The great vessels opacify normally. Within limits of non dedicated study, no pulmonary artery embolus is detected. Small volume mediastinal lymph nodes are nonspecific. No hilar or supraclavicular lymphadenopathy detected. Thyroid is normal in attenuation. Patchy to ground glass airspace opacification in both lungs, with confluent consolidation in both lower zones. There is also small bilateral pleural effusions, worse on the left. Airways are otherwise patent with no intraluminal mass lesion detected. Several mural thrombus noted in the inferior vena cava and bilateral external iliac veins. The largest thrombus in the inferior vena cava just distal to renal vein origin measures 0.7 x 1.0 x 2.3 cm (img 501\53, 503\44), occupying less than 50% of the cross-sectional area. The abdominal aorta and its branches opacify normally. No retroperitoneal or pelvic lymphadenopathy detected. No intraperitoneal free fluid or gas detected. The liver is normal and attenuation. Hepatic vessels opacify normally. No biliary tree dilatation detected and gallbladder is normal. The spleen, pancreas, adrenal glands and kidneys are normal. Indwelling urinary catheter in situ with under distended urinary bladder. No renal stone detected. Uterus is normal with no adnexal mass detected. Stomach is under distended. Bowel loops are normal in calibre. No gross intraluminal mass detected. Chronic superior endplate compression fracture of T11 vertebral body. No destructive bony lesion detected. CONCLUSION 1. Partial mural thrombi within the inferior vena cava and external iliac veins. No pulmonary artery emboli or evidence of right heart strain detected, within limits of a non-dedicated study. Underlying lower limb deep vein thrombosis should be considered. 2. Extensive consolidation in both lungs, most confluent in the lower lobes. Small bilateral pleural effusions, left worse than right. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: de8b7a30a1d7df671618476a1c6aefc5e533dba240c5db0fa5d2f5ab7cb41f67

Updated Date Time: 22/4/2019 19:26

## Layman Explanation

This radiology report discusses HISTORY CAP cx ARDS s\p ECMO with persistent fevers. elevated CK TRO underlying ILD ?vasculitis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS CT CHEST ABDOMEN PELVIS Previous radiograph of 21 April 2019 reviewed. Images severely degraded by motion artefacts, limiting diagnostic interpretation. The patient is intubated with tip of the ETT within the thoracic trachea. Tip of the central venous catheter located within the superior vena cava. Tip of the feeding tube is located in the stomach. Cardiac size is enlarged. No pericardial effusion detected. The great vessels opacify normally. Within limits of non dedicated study, no pulmonary artery embolus is detected. Small volume mediastinal lymph nodes are nonspecific. No hilar or supraclavicular lymphadenopathy detected. Thyroid is normal in attenuation. Patchy to ground glass airspace opacification in both lungs, with confluent consolidation in both lower zones. There is also small bilateral pleural effusions, worse on the left. Airways are otherwise patent with no intraluminal mass lesion detected. Several mural thrombus noted in the inferior vena cava and bilateral external iliac veins. The largest thrombus in the inferior vena cava just distal to renal vein origin measures 0.7 x 1.0 x 2.3 cm (img 501\53, 503\44), occupying less than 50% of the cross-sectional area. The abdominal aorta and its branches opacify normally. No retroperitoneal or pelvic lymphadenopathy detected. No intraperitoneal free fluid or gas detected. The liver is normal and attenuation. Hepatic vessels opacify normally. No biliary tree dilatation detected and gallbladder is normal. The spleen, pancreas, adrenal glands and kidneys are normal. Indwelling urinary catheter in situ with under distended urinary bladder. No renal stone detected. Uterus is normal with no adnexal mass detected. Stomach is under distended. Bowel loops are normal in calibre. No gross intraluminal mass detected. Chronic superior endplate compression fracture of T11 vertebral body. No destructive bony lesion detected. CONCLUSION 1. Partial mural thrombi within the inferior vena cava and external iliac veins. No pulmonary artery emboli or evidence of right heart strain detected, within limits of a non-dedicated study. Underlying lower limb deep vein thrombosis should be considered. 2. Extensive consolidation in both lungs, most confluent in the lower lobes. Small bilateral pleural effusions, left worse than right. 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.