# Row 4151

Visit Number: 20756bf9e46d171a52b068e4d0a20d30655ab21a9dfe0fc61fb59daff3025554

Masked\_PatientID: 4147

Order ID: bc5a2770cae59bcbd4dab199d4f2fb84fd5bf494c8b4849a85d6d3b4e1aa4e93

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/9/2020 11:22

Line Num: 1

Text: HISTORY s/p LVAD insertion in 2016 recurrent LVAD driveline infections, last time was in 2019 with swabs done - was on cloxacillin suppression now lethargy, poor appetite, febrile, pus from sternal wound + driveline TECHNIQUE Scans acquiredas per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison to CT chest of 5 March 2019. Streak artefact from LVAD significantly limits evaluation. Status post HVAD LVAD implant and tricuspid annuloplasty (28 Feb 2014), followed by drainage of pericardial effusion (10 Mar 2014) and I&D of driveline abscess (5 Aug 2017). CRT/AICD is noted. Small volume fluid is seen at the lower sternotomy wound and inferior paracardial fat along the path of the driveline (e.g. Se 5/92). Full extent and rim-enhancement are difficult to accurate assess due to streak artefact. Findings are concerning for recurrent driveline infection. Stable mild anterior pericardial thickening (series 5/79) and hypodensity around the outflow graft, likely postsurgical . No pericardial effusion. Heart is enlarged. Thoracic aorta is normal in calibre. Background emphysema. No suspicious pulmonary nodule in the aerated lung. Mild subpleural ground-glass opacity in the right upper lobe possibly infective/inflammatory or related to atelectasis (series 6/54). Central airways are patent. Moderate left pleural effusion. No significantly enlarged thoracic node. Visualised thyroid and oesophagus are grossly unremarkable. Bilateral gynecomastia. Gallstones. Periampullary diverticulum. New wedge-shaped hypodensity in the inferior pole spleen suggestive of infarct (series 5/104). No destructive bone lesion. T7 compression fracture CONCLUSION Small volume fluid is seen at the lower sternotomy wound and inferior paracardial fat along the path of the driveline. Full extent and rim-enhancement are difficult to accurate assess due to streak artefact. Findings are concerning for recurrent driveline infection. New wedge-shaped hypodensity in the inferior pole spleen suggestive of infarct. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: dc5692e90ef2b653957847060619321c7dddc809c68ee72707e938809452fc2d

Updated Date Time: 19/9/2020 12:01

## Layman Explanation

This radiology report discusses HISTORY s/p LVAD insertion in 2016 recurrent LVAD driveline infections, last time was in 2019 with swabs done - was on cloxacillin suppression now lethargy, poor appetite, febrile, pus from sternal wound + driveline TECHNIQUE Scans acquiredas per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison to CT chest of 5 March 2019. Streak artefact from LVAD significantly limits evaluation. Status post HVAD LVAD implant and tricuspid annuloplasty (28 Feb 2014), followed by drainage of pericardial effusion (10 Mar 2014) and I&D of driveline abscess (5 Aug 2017). CRT/AICD is noted. Small volume fluid is seen at the lower sternotomy wound and inferior paracardial fat along the path of the driveline (e.g. Se 5/92). Full extent and rim-enhancement are difficult to accurate assess due to streak artefact. Findings are concerning for recurrent driveline infection. Stable mild anterior pericardial thickening (series 5/79) and hypodensity around the outflow graft, likely postsurgical . No pericardial effusion. Heart is enlarged. Thoracic aorta is normal in calibre. Background emphysema. No suspicious pulmonary nodule in the aerated lung. Mild subpleural ground-glass opacity in the right upper lobe possibly infective/inflammatory or related to atelectasis (series 6/54). Central airways are patent. Moderate left pleural effusion. No significantly enlarged thoracic node. Visualised thyroid and oesophagus are grossly unremarkable. Bilateral gynecomastia. Gallstones. Periampullary diverticulum. New wedge-shaped hypodensity in the inferior pole spleen suggestive of infarct (series 5/104). No destructive bone lesion. T7 compression fracture CONCLUSION Small volume fluid is seen at the lower sternotomy wound and inferior paracardial fat along the path of the driveline. Full extent and rim-enhancement are difficult to accurate assess due to streak artefact. Findings are concerning for recurrent driveline infection. New wedge-shaped hypodensity in the inferior pole spleen suggestive of infarct. 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.