# Row 5007

Visit Number: 56381090c37f73b8cfe3535c2ddd282889b19d3bc6721c74d3b04fe1cf5829bc

Masked\_PatientID: 4964

Order ID: 2fc359e4a7ac745bd0b017739d669729be34788d6416ce225065f9dccc2615db

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 14/3/2017 12:05

Line Num: 1

Text: HISTORY Haemothorax s/p traumatic chest drain insertion TECHNIQUE Contrast enhanced scans. Intravenous contrast: 50 ml Omnipaque 350 FINDINGS CT thorax of 20 Feb 2017 and chest radiograph of 14 Mar 2017 were noted. A right chest drain is in situ (entering via the right 3rd intercostal space] with the tip abutting the superior vena cava (SVC) (5-33). An endotracheal tube and nasogastric tube are also in situ. There is interval development of a large heterogeneous fluid collection in the right hemithorax, compatible with haemothorax, with resultant right lung atelectasis. There is focal contrast extravasation at the lateral aspect of the right lung (5-45), compatible with ongoing active haemorrhage (medial to the right 5th intercostal space). This focus of contrast extravasation may arise from a peripheral branch of the middle lobe pulmonary arteries (13-27 and 28). There is significant contralateral mediastinal shift and right hemidiaphragm depression, in keeping with a tension haemomothorax. The airways on the right lung are not seen, indicating that they are either compressed or filled with fluid. Diffuse ground glass opacities are seen in the left lung, with mild patchy consolidation in the lower lobe. There is a calcified left upper lobe granuloma. No left pleural effusion is seen. The upper abdominal sections reveal low density perihepatic fluid. Delayed right hepatic lobe enhancement is attributable to compression from the large right haemothorax. The bones appear unremarkable. CONCLUSION New large right haemothorax with significant mass effect (tension haemothorax). There is active contrast extravasation (on-going haemorrhage), possibly from a peripheral middle lobe pulmonary arterial branch. The right chest drain tip abuts the SVC. Critical result notification: Dr R Rajesh was informed of the above findings by Dr Lionel Cheng via telephone on 14 Mar 2017 at the time of reporting. Critical Abnormal Finalised by: <DOCTOR>

Accession Number: 459cad302644372e70276d1b03bc58e3e19efaa22255fc17783883ab1480998b

Updated Date Time: 14/3/2017 14:11

## Layman Explanation

This radiology report discusses HISTORY Haemothorax s/p traumatic chest drain insertion TECHNIQUE Contrast enhanced scans. Intravenous contrast: 50 ml Omnipaque 350 FINDINGS CT thorax of 20 Feb 2017 and chest radiograph of 14 Mar 2017 were noted. A right chest drain is in situ (entering via the right 3rd intercostal space] with the tip abutting the superior vena cava (SVC) (5-33). An endotracheal tube and nasogastric tube are also in situ. There is interval development of a large heterogeneous fluid collection in the right hemithorax, compatible with haemothorax, with resultant right lung atelectasis. There is focal contrast extravasation at the lateral aspect of the right lung (5-45), compatible with ongoing active haemorrhage (medial to the right 5th intercostal space). This focus of contrast extravasation may arise from a peripheral branch of the middle lobe pulmonary arteries (13-27 and 28). There is significant contralateral mediastinal shift and right hemidiaphragm depression, in keeping with a tension haemomothorax. The airways on the right lung are not seen, indicating that they are either compressed or filled with fluid. Diffuse ground glass opacities are seen in the left lung, with mild patchy consolidation in the lower lobe. There is a calcified left upper lobe granuloma. No left pleural effusion is seen. The upper abdominal sections reveal low density perihepatic fluid. Delayed right hepatic lobe enhancement is attributable to compression from the large right haemothorax. The bones appear unremarkable. CONCLUSION New large right haemothorax with significant mass effect (tension haemothorax). There is active contrast extravasation (on-going haemorrhage), possibly from a peripheral middle lobe pulmonary arterial branch. The right chest drain tip abuts the SVC. Critical result notification: Dr R Rajesh was informed of the above findings by Dr Lionel Cheng via telephone on 14 Mar 2017 at the time of reporting. Critical Abnormal Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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