# Patient ID: 1800, Performed Date: 27/4/2019 11:13

## Raw Radiology Report Extracted

Visit Number: ed98ea8c5ae904f627564b6cd18dfa300c9bdf3227ff52866c06266c95f9cfd5

Masked\_PatientID: 1800

Order ID: ace798e69ce1a4a6f321e726b13eb924f0928b0e00436d265e2e63fb29bc4726

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 27/4/2019 11:13

Line Num: 1

Text: HISTORY POD 7 AVR, for IE cx by collapse on VA ECMO and IABP support severe sepsis, no heart contractility - to assess for pleural\mediastinal collections as causes for the above. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: OMnipaque 350 FINDINGS Bilateral chest tubes are in place with tip projected over the apex. Bilateral pleural effusions are present. Diffuse airspace shadowing and consolidation in both lungs with air bronchogram. Layeringof contrast is visualised in the aorta, representing cardiac failure. Small pericardial effusion is present. Dense fluid in the anterior mediastinum is probably due to mediastinal haematoma, measuring approximately 4.2 x 1.4 x 5.6 cm (402-47, 406-52). There are subcentimetre lymph nodes in the prevascular, paratracheal and aortopulmonary window region. In the visualised upper abdomen, there are wedge shape hypodensities in both kidneys which may represent bilateral renal infarcts. Partially imaged catheter is present in the IVC with the tip at the cavoatrial junction. No overt bony destruction. CONCLUSION Dense fluid in the anterior mediastinum, deep to the sternotomy and is most likely mediastinal haematoma. There is no significant loculation to suggest mediastinal abscess. There is layering of contrast in the aorta. There is diffuse airspace consolidation and ground-glass density in both lungs worse at the dependent aspect with bilateral pleural effusions, suggesting ARDS. Partially imaged kidney shows wedge shape hypodensity bilaterally, suspicious for renal infarcts. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 62f3ec15714e1b7a4ff30435fa318ae78f6f0b9b29f7f59a5da09c5a4779fcb1

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## Layman Explanation

The scan shows fluid in the chest cavity on both sides (pleural effusions). There is also fluid in the space around the heart (pericardial effusion) and a large amount of fluid in the chest area near the breastbone (mediastinum), which is likely a blood clot (mediastinal haematoma). The lungs show signs of inflammation and fluid buildup, which are likely due to a serious lung condition called Acute Respiratory Distress Syndrome (ARDS). The scan also shows possible damage to both kidneys.

## Summary

The text is extracted from a \*\*Chest CT scan\*\* report.  
  
\*\*1. Diseases:\*\*  
  
\* \*\*ARDS (Acute Respiratory Distress Syndrome):\*\* Diffuse airspace consolidation and ground-glass density in both lungs worse at the dependent aspect with bilateral pleural effusions.  
\* \*\*Renal infarcts:\*\* Wedge shape hypodensities in both kidneys.  
\* \*\*Mediastinal Haematoma:\*\* Dense fluid in the anterior mediastinum, deep to the sternotomy.  
\* \*\*Severe Sepsis:\*\* Mentioned in the history but not specifically assessed in the findings.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Lungs:\*\* Diffuse airspace shadowing and consolidation with air bronchogram, bilateral pleural effusions.  
\* \*\*Aorta:\*\* Layering of contrast, suggesting cardiac failure.  
\* \*\*Pericardium:\*\* Small pericardial effusion.  
\* \*\*Mediastinum:\*\* Dense fluid (likely mediastinal haematoma).  
\* \*\*Lymph nodes:\*\* Subcentimetre lymph nodes in the prevascular, paratracheal, and aortopulmonary window region.  
\* \*\*Kidneys:\*\* Wedge shape hypodensities, suspicious for renal infarcts.  
\* \*\*IVC:\*\* Partially imaged catheter with tip at the cavoatrial junction.  
  
\*\*3. Symptoms or Phenomena:\*\*  
  
\* \*\*Bilateral chest tubes:\*\* In place with tip projected over the apex.  
\* \*\*Layering of contrast in the aorta:\*\* Suggests cardiac failure.  
\* \*\*Dense fluid in the anterior mediastinum:\*\* Most likely mediastinal haematoma.  
\* \*\*Bilateral pleural effusions:\*\* Present.  
\* \*\*Wedge shape hypodensities in both kidneys:\*\* Suspicious for renal infarcts.  
  
\*\*Concerns:\*\*  
  
\* The patient has ARDS, a serious lung condition requiring immediate attention.  
\* The presence of mediastinal haematoma suggests possible bleeding after surgery.  
\* Suspicious renal infarcts raise concerns about blood flow to the kidneys.   
\* The report indicates "may need further action", implying the need for further investigation or treatment based on these findings.