**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** TG054362 **EXAM DATE : 30/04/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr ER CONSULTING

## X-RAY CHEST

The patient is intubated with the endotracheal tube approximately 5 cm from the carina. The cardiomediastinal silhouette is normal. There is hazy opacification in the right perihilar region, possibly from pulmonary contusions. A small catheter is seen at the C5-C6 intercostal space on the left. A left-sided pneumothorax is present measuring a depth of approximately 8 mm. No obvious fractures noted.

Thank you for this referral.

**DR ODWA SHENXANE**

/ 13/19/13

Checked for Syntax & Grammar by: ODWA SHENXANE on 2016/05/01 1:19 PM

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**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** TC003389 **EXAM DATE :** 2016/04/30
**PATIENT NAME :** MR ERNEST LOVELAND
**MEDICAL AID NAME :** GENESIS MEDICAL AID
**MED/AID NUMBER:** 00477736
**DATE OF BIRTH :** 1991/03/07 **WARD:** STG CASUALTIES

**REFERRING DR :** DR DG STEENKAMP

## CT SKULL BASE TO SYMPHYSIS PUBIS

**Technique:** Axial volumetric scans were performed from the brain to the pubic symphysis with multiplanar reconstructions.
**Clinical History:** 25-year-old male with history of trauma.

## CT BRAIN

There is a tiny 18mm depth acute left hemispheric subdural haematoma. A subarachnoid haemorrhage is present with blood along the surface sulci. There is suggestion of intraventricular extension with a tiny blood CSF level in the dependent portion of the occipital horn of the right lateral ventricle. There are punctate haemorrhagic foci in both cerebral cortices suggestive of diffuse axonal injury. There is brain oedema with effacement of the surface sulci, basal cisterns and ventricles. There is fullness in the foramen magnum and imminent cerebellar tonsillar herniation is considered. A 2.2mm left-to-right midline shift is noted. No craniofacial fractures were evident. Patchy opacification of the paranasal sinuses in keeping with chronic sinus disease. A slight fragmentation of the right inferior nasal turbinate is noted. There is deviation of the bony nasal septum towards the right. The orbits were intact.

## CT CERVICAL SPINE

The cranio-cervical junction is normal. The atlanto-dens interval is within normal limits. The physiological curvature of the cervical spine is maintained. No fractures or dislocations noted. The intervertebral disc spaces are of normal appearance. The spinal canal is intact and the posterior elements were unremarkable. The patient is intubated with a nasogastric tube in place.

## CT CHEST

The airway is central and patent with an endotracheal tube in place. The heart is normal with no pericardial fluid collections. No mediastinal haematomas. The great vessels were unremarkable. The thyroid gland is normal.

**Page 2/.....**

There is a large left-sided pneumothorax with no significant mediastinal shift to suggest a tension. Pulmonary contusions are noted in the right upper and lower lobes. There is surgical emphysema in the anterior chest wall, largely on the left. No fractures were identified.

## CT ABDOMEN AND PELVIS

The liver enhances homogeneously with contrast with no lacerations. The gallbladder is thin-walled and contains no radiopaque calculi. The spleen, pancreas, kidneys and adrenal glands have normal appearances. There are signs of extraperitoneal bladder rupture extravasated with fluid in the perivesical soft tissues. The fluid appears to have dissected to the prepubic soft tissues. No obvious intraperitoneal extension. Comminuted fractures of the pubic bones, the superior pubic rami and the right inferior pubic ramus. There is a fracture of the right iliac bone extending into the sacroiliac joint. No diastasis of the sacroiliac joints or pubic symphysis.

## COMMENT

1. ***Small left hemispheric subdural haematoma, subarachnoid haemorrhage with signs of severe raised intracranial pressure.***
2. ***Cervical spine was normal without fracture or dislocation evident.***
3. ***Am there is a large left-sided pneumothorax with right pulmonary contusions and basal airspace changes.***
4. ***No obvious intra-abdominal solid organ injury, free intraperitoneal air or fluid.***
5. ***There is a complex extraperitoneal bladder rupture.***
6. ***There are bilateral pubic bone and rami fractures as well as right hip bone and right iliac bone extending into the sacroiliac joints.***

Thank you for this referral.

**DR ODWA SHENXANE**
/DB-GA 10:24:47 AM

VERIFIED BY: ODWA SHENXANE on 2016/05/01 11:53 AM

**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** TG054363 **EXAM DATE : 30/04/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr ER CONSULTING

## X-RAY RIGHT HAND

*Bones:* No fracture, dislocation or osseous lesions.

*Joints:* The joint spaces are normal

*Soft tissues:* Significant soft tissue swelling on the dorsum of the hand. A vascular cannula is seen in the region of the radial artery on the right.

Thank you for this referral.

**DR ODWA SHENXANE**

/ 13/23/23

Checked for Syntax & Grammar by: ODWA SHENXANE on 2016/05/01 1:23 PM

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# Bayradiology

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248


**PATIENT NO :** TG054367 **EXAM DATE : 01/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr ER CONSULTING

## X-RAY CHEST

A nasogastric tube is inserted with its tip below the left hemidiaphragm. The endotracheal tube is unchanged in its position. A left underwater chest drain has been inserted with no obvious extrapleural line to suggest large residual pneumothorax. Right perihilar opacification unchanged compared to previous imaging.

Thank you for this referral.

**DR ODWA SHENXANE**

/ 13/27/43

Checked for Syntax & Grammar by: ODWA SHENXANE on 2016/05/01 1:27 PM


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**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** TG054375 **EXAM DATE : 01/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr SH ANSARI

**X-RAY HUMERUS - PORTABLE UNIT**

There is no fracture seen.

Visualised adjacent joints are normal.

Soft tissues are normal.

**COMMENT**

***No fractures or dislocations.***

Thank you for this referral.

**DR ODWA SHENXANE**

/ 13/37/34

Checked for Syntax & Grammar by: ODWA SHENXANE on 2016/05/01 1:38 PM

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# Bayradiology

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248


**PATIENT NO :** TG054393 **EXAM DATE : 02/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr PT POHL

## X-RAY CHEST - PORTABLE UNIT

Comparison is made to previous day's x-ray.
The patient remains intubated. The left-sided intercostal drain is also noted in situ.
No significant interval change with regards to the appearance of the lung fields.
No increased consolidation or atelectasis seen
There are no effusions.
No pneumothorax present.
The cardiomediastinal contour is normal

Thank you for this referral.

**DR. AADIL AHMED**

/ 10/10/16

Checked for Syntax & Grammar by: DR AADIL AHMED on 2016/05/03 10:10 AM


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**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** TU001404 **EXAM DATE : 02/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr PT POHL

The liver architecture is normal. There is no evidence of intrahepatic or subphrenic pathology.

There is no distension of the biliary tree. The gallbladder is contracted and contains no calculi. There is no evidence of cholecystitis.

The pancreas, kidneys, spleen and aorta all appear normal.

There is no intra-abdominal fluid collection, lymphadenopathy or mass lesion evident.

**COMMENT**

***The upper abdominal organs appear normal.***

Thank you for this referral.

**DR. MICHAEL MARAIS**

/ 09/49/25

Checked for Syntax & Grammar by: DR MICHAEL MARAIS on 2016/05/02 9:49 AM

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# Bayradiology

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248


**PATIENT NO :** SG182793 **EXAM DATE : 03/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr JF ENSLIN

**CYSTOGRAM,PORTABLE UNIT,**

The patient has an indwelling Foley catheter.
Contrast was run into the bladder. A portable x-ray was done in ICU..
Contrast is seen leaking out of the bladder, in keeping with an extra peritoneal bladder rupture.

The multiple bladder fractures are noted.

Thank you for this referral.

**DR. AADIL AHMED**

/ 09/29/27

Checked for Syntax & Grammar by: DR AADIL AHMED on 2016/05/03 9:29 AM


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**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** TG054444 **EXAM DATE : 03/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
**MEDICAL AID NAME :** GENESIS MEDICAL AID
**MED/AID NUMBER:** 00477736
**DATE OF BIRTH :** 07/03/1991 **WARD:**

**REFERRING DR :** Dr C AUDLEY

## X-RAY CHEST - PORTABLE UNIT

The patient is intubated. The end of the ET tube is seen at the T4 level.
The end of the right-sided CVP line is seen within the SVC.
The patient also has a left side intercostal drain in situ.
No appreciable effusion seen.
No obvious pneumothorax present.
There is no mediastinal widening or shift. Cardiothoracic ratio is normal.

Thank you for this referral.

**DR. AADIL AHMED**

/ 08/32/07

Checked for Syntax & Grammar by: DR AADIL AHMED on 2016/05/04 8:32 AM

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# Bayradiology

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248


**PATIENT NO :** SC027908 **EXAM DATE : 2016/05/05**

**PATIENT NAME :** MR ERNEST LOVELAND
**MEDICAL AID NAME :** GENESIS MEDICAL AID
**MED/AID NUMBER:** 00477736
**DATE OF BIRTH :** 1991/03/07 **WARD:** STG ICU/HICARE

**REFERRING DR :** DR GP GREEFF

## CT BRAIN (UNCONTRASTED)

**Technique:** Volumetric acquisitions of the brain with multiplanar reconstructions in bone and soft tissue filters.
**Clinical History:** A 25 year old polytrauma patient presenting for a follow-up CT of the brain. Comparison with the study done on the 30 April 2016.

## FINDINGS

The brain swelling previously seen has improved with less effacement of the subarachnoid spaces. The ventricular size has increased slightly compared to previous imaging. The punctate haemorrhages previously seen are unchanged. The subarachnoid haemorrhage is somewhat less conspicuous and the subdural haematoma is not visualised. The midline is centred. No obvious areas of ischaemia or infarction. The right hemosinus is partially improved with resorption of most of the previously seen left maxillary sinus fluid. Partial opacification of the left sphenoid sinus, this was not previously present and appears inflammatory in nature. No other interval changes have occurred compared to previous imaging..

Thank you for this referral.

**DR ODWA SHENXANE**

/SH-GA 12:29:50 PM

VERIFIED BY: ODWA SHENXANE on 2016/05/05 2:02 PM


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**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** SG183046 **EXAM DATE : 05/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr PT POHL

## X-RAY CHEST - PORTABLE UNIT

- Endotracheal tube noted, with tip seen lying at the level of T4, well above the carina.
- A catheter is seen passing on the right side of the neck with the tip in region of the distal superior vena cava, with mild kinking at the thoracic inlet at the level of the first rib.
- Tip of a nasogastric tube seen left upper quadrant of abdomen.
- Right perihilar airspace opacification is present.
- The left lung field appears clear.
- No pneumothorax can be seen with subcutaneous surgical emphysema seen overlying the left chest wall.
- When compared to the previous chest x-ray dated 03/05/2016, the left intercostal drain has been removed. Little other significant interval change seen in the lung fields.

Thank you for this referral.

**DR MIKE ELS**

/ 14/59/36

Checked for Syntax & Grammar by: DR MIKE ELS on 2016/05/05 2:59 PM

# Bayradiology

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248


**PATIENT NO :** SG183190 **EXAM DATE : 07/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr M LANGENHOVEN

## X-RAY CHEST - PORTABLE UNIT (SUPINE)

- A right internal jugular central venous line is present.
- The tip of the ET tube lies at the T4-5 level. A nasogastric tube is also in position and the tip projects over the left upper quadrant.
- The vague shadowing which was previously demonstrated in the right perihilar region and medially right lower zone has improved in appearance and no definite consolidation is visible.
- The left lung field appears clear.
- No pleural effusion.
- The mediastinum is central.
- There is prominence of both hilar shadows which is probably due to the supine projection. Hilar lymphadenopathy appears less likely but cannot be completely excluded.
- There are no other significant interval changes.

Thank you for this referral.

**DR. ETIENNE RABE**

/ 11/18/36

Checked for Syntax & Grammar by: DR ETIENNE RABE on 2016/05/07 11:18 AM


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**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** SG183222 **EXAM DATE : 09/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr M LANGENHOVEN

## CR MULTIPLE EXAMS

Clinical: Motor vehicle accident with polytrauma

## X-RAY CHEST - PORTABLE UNIT

Compared to previous study from 7 May 2016

Right internal jugular central venous catheter with the tip overlying the SVC atrial junction.
Endotracheal tube tip opposite the T4 level
Nasogastric tube tip below level of the left hemidiaphragm
Am for fields clear with no confluent air space opacification or atelectasis.
No mediastinal shift.
Mild vague opacification in the perihilar regions remained unchanged compared to previous study.

## COMMENT

***Lines and tubes are well sited. No significant interval change compared to previous study***

## X-RAY PELVIS - PORTABLE UNIT

External fixating device noted in position. Comminuted fractures of bilateral os pubi
No significant diastasis of the sacroiliac joints or pubic symphysis
Both hips are located with no intra or periarticular calcifications or loose bodies
Right iliac bone fracture.

## COMMENT

***External fixator with no significant diastasis of the pubic symphysis or***

sacroiliac joints

# Bayradiology

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

Thank you for this referral.

## DR. HENDRIK PRINSLOO

/ 09/22/17

Checked for Syntax & Grammar by: DR. HENDRIK PRINSLOO on 2016/05/09 9:22 AM

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**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** SC027994 **EXAM DATE : 12/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
MEDICAL AID NAME : GENESIS MEDICAL AID
MED/AID NUMBER: 00477736
DATE OF BIRTH : 07/03/1991 WARD:

**REFERRING DR :** Dr GP GREEFF

## CT BRAIN UNCONTRASTED,

**Technique:** And contrasted CT brain performed on a multi slice scanner.
**Clinical History:** Head injury follow-up with comparison made to previous CT brain performed on the 5 May 2016.

## Findings:

Basal cisterna appear normal. There is no midline shift present. The ventricular system appears central and unchanged.

There is a small punctate, intracerebral haemorrhages that was evident in the right temporal and right frontal zones is noted clearly evident on today's investigation. The subarachnoid haemorrhage noted on the tentorium cerebellum on the left-hand side has cleared significantly.

The right frontal subdural fluid collection is still visible and presents with a maximum diameter of 0.55 cm.

There is no midline abnormalities or evidence of significant brain oedema. No evidence of infarctions noted. There is still opacification of the right maxillary sinus with air fluid level visible.

## *Summary:*

***No significant evidence of subarachnoid haemorrhage or haemorrhagic contusions. A small right frontoparietal subdural fluid collection is still evident with a maximum diameter of 0.55 cm.***

Thank you for this referral.

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**Bayradiology**

Drs. Erasmus, Vawda, Rabe & Partners

**DR. MICHAEL MARAIS** PR 3802248

/ 11/49/31

Checked for Syntax & Grammar by: DR MICHAEL MARAIS on 2016/05/12 11:50 AM

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# Bayradiology

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

**PATIENT NO :** SG184188 **EXAM DATE : 21/05/2016**

**PATIENT NAME :** MR ERNEST LOVELAND
**MEDICAL AID NAME :** GENESIS MEDICAL AID
**MED/AID NUMBER:** 00477736
**DATE OF BIRTH :** 07/03/1991 **WARD:**

**REFERRING DR :** Dr C AUDLEY

## X-RAY PELVIS

An external fixator is seen in the pelvis for a few comminuted fractures of the pubic rami. Compared to a previous x-ray done on 9 May there is no interval change. A urinary catheter is in the bladder.

Thank you for this referral.

**DR. JACO PARSONS**

/ 09/17/51

Checked for Syntax & Grammar by: DR JACO PARSONS on 2016/05/21 9:17 AM

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# DR COLIN AUDLEY

ORTHOPAEDIC SURGEON

MBChB (Cape Town) · M.Med (Orth)(Pretoria) · FCS (Orth)(SA)


## MEDICAL REPORT

C2305.16(2197)
23 May 2016

**TO WHOM IT MAY CONCERN**

**PATIENT: ERNEST LOVELAND (D.O.B. 07/03/1991)**
**OUR REFERENCE: 13687**

Mr. Loveland was admitted to the St. George's Hospital on 1 May 2016. He suffered multiple injuries in a motor vehicle accident. Amongst other things, he suffered an extraperitoneal bladder rupture, left-sided haemo-pneumothorax requiring intercostal drainage, blunt trauma to abdomen, significant blunt trauma to his head with extended coma as well as bilateral superior inferior pubic rami fractures of the pelvis as well as right ilium fracture.

I treated the right ilium fracture and pubic rami fractures with application of an external fixator frame.The reduction is adequate The frame has now been in situ for slightly less than 3 weeks. Mr. Loveland is stable from an orthopaedic viewpoint. He is extubated and is receiving neurorehabilitation in the Orthopaedic and Neurosurgical Ward.He can sit with assistance and stand on both legs for transfers. I would recommend mobilizing him in a wheelchair for another 6 weeks and then allow him to mobilize with 2 crutches.

He needs transfer to a rehabilitation unit closer to his home in Randpark Ridge. It is unlikely that he will return to University this year. He is unable to perform any activities of self-care. As far as the pelvis is concerned, he will need pin tract care of his external fixator. I would usually remove the external fixator at 10 to 12 weeks if there is adequate callus formation on x-ray. His bladder care should be discussed with Dr. Jan Enslin and his neurological rehabilitation should be discussed with his neurosurgeon, Dr. Giepie Greeff (both of St. George's Hospital).

ICD10 codes for orthopaedic injury: S32.30, S32.50, V49.11.

Please consider this gentleman for funding for transfer and rehabilitation.

Kind regards.

**DR COLIN AUDLEY**
**(dictated and read)**




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DR COLIN AUDLEY
• ORTHOPAEDIC SURGEON •
MBChB (Cape Town) • M MED (ORTH) (Pretoria) • FCS (ORTH) (SA)

# THEATRE REPORT

C1005.16(2119)
03 May 2016

| | |
|---|---|
| **REFERRING DR.** | **: DR. JAN ENSLIN** |
| **COPY TO** | **: DR. PIET POHL, DR. S. ANSARI AND DR. G. STEENKAMP** |
| **PATIENT** | **: MR. ERNEST LOVELAND (D.O.B. 03/03/1991)** |
| **REFERENCE NR.** | **: 13687** |
| **SURGEON** | **: C. AUDLEY** |
| **ASSISTANT** | **: C. STRYDOM** |
| **ANAESTHETIST** | **: A. WENTZEL** |
| **SCRUB SISTER** | **: S. SIYO** |

**Anaesthetic Technique** – Routine.

**Patient Position** – Supine and radiolucent table.

**Antibiotics** – Patient on Augmentin.

**Cleaning Solution** – Hibitane and Alcohol.

**Surgical approach** – Short oblique incisions extending distally from anterior superior iliac spines left and right.

**Surgical procedure** – Deepen incision down through deep fascia. Identify, release and protect lateral cutaneous nerves of the thigh. Expose bony ridge from anterior inferior iliac spines superiorly. Insert 2 Orthofix fixation pins into the supra-acetabular bone under x-ray control. Apply external fixator frame under x-ray control for best alignment, angled to allow full exposure of the abdomen should this be necessary. Closure of wounds without tension.

**Surgical Implants** – Orthofix fixator pelvic frame.

**Suture Material** – 2.0 Vicryl, 3.0 Vicryl rapid interrupted skin sutures.

**Cast/Splint** – Compression dressings to pin tract sites and wounds.

**Patient Transfer to either Ward, High Care or ICU** – To Intensive Care.

**Post-Operative Plan for Mobilization/Physiotherapy** – For reapplication of frame in 3 to 4 days' time in a more dorsal position once abdomen has settled. Then allow patient to sit as tolerated. No flexion of hips >25° in the interim to avoid any pressure problems in the upper thighs from external fixator frame.

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