



Your HEALTH is our MISSION

Naval Medical Center San Diego
34800 Bob Wilson Drive, San Diego, CA, 92134



Name: BRIAN KUDRNA **DOB:** 9/21/1956 **MRN:** 1163448080

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Bronchoscopy Procedure Report

PATIENT NAME: BRIAN KUDRNA
DATE OF BIRTH: 9/21/1956
DOD NUMBER: 1163448080
DATE/TIME OF PROCEDURE: 5/29/2019 / 01:53:03 PM
ENDOSCOPIST: CDR Russell Miller, M.D.
FELLOW/RESIDENT: Monson Michael
ADDITIONAL FELLOW(S): Partain, Neil
TECHNICIAN: O'Neal Asia
ADDITIONAL TECHNICIAN(S): Garcia, Nuna



PROCEDURE PERFORMED: Directional ultrasound with TBNA , Bronchoscopy, Flexible

INDICATIONS FOR EXAMINATION: Mediastinal adenopathy

MEDICATIONS: General anesthesia

INSTRUMENTS: #1 2401195 Q190

#9 7621262 UC180F

TECHNICAL DIFFICULTY: No

LIMITATIONS: None, **TOLERANCE:** Good

PROCEDURE TECHNIQUE:

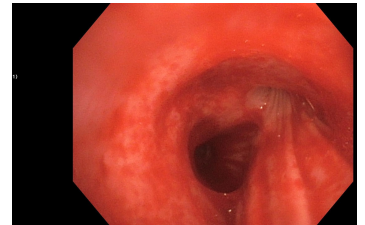
Procedure, risks, benefits, and alternatives were explained to the patient. All questions were answered and informed consent was documented as per institutional protocol. A history and physical were performed and updated in the pre-procedure assessment record. Laboratory studies and radiographs were reviewed. A time-out was performed prior to the intervention.

Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree, the Q190 video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The laryngeal mask airway was in good position.

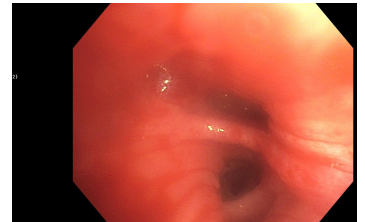
VISUALIZATION: Good

FINDINGS: The vocal cords appeared normal. The subglottic space was normal. The trachea was of normal caliber however there was significant exhalational collapse indicative of EDAC vs TBM which extended into the proximal mainstem bronchi. . The carina was sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy were normal; there are no endobronchial lesions, and no secretions. The video bronchoscope was then removed and the UC180F convex probe EBUS bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. Radiographically abnormal mediastinal lymph nodes were evaluated and decision was made to sample the station 7 lymph node which was 9 mm in short axis diameter and station 11L which was 7mm in short axis diameter. Sampling by transbronchial needle aspiration was performed with the Olympus EBUSTBNA 22 gauge needle beginning with the station 7 Lymph node, followed by the station 11L lymph node a total of 5 biopsies were performed in each station. ROSE evaluation yielded benign appearing lymphocytes. All samples were sent for routine cytology and flow cytometry. Following completion of EBUS bronchoscopy, the Q190 video bronchoscope was then re-inserted and BAL was performed in the RML with 120 cc of saline instilled and 35cc return. After suctioning blood and secretions

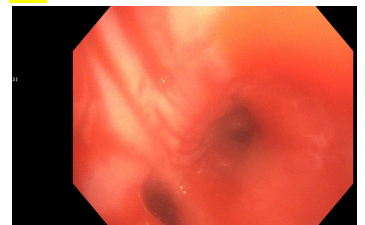
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there was no evidence of active bleeding and the bronchoscope was subsequently removed.

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ESTIMATED BLOOD LOSS: 2

COMPLICATIONS: None

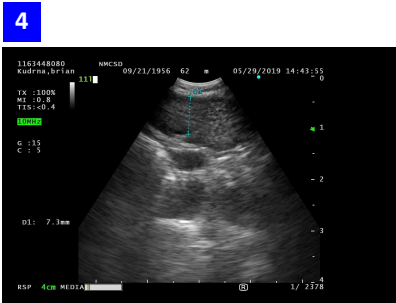
IMPRESSION: Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies and bronchioalveolar lavage.

RECOMMENDATIONS

- Will await final pathology results

CPT CODE: 31652 bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling / **ICD CODE:**

This electronic signature authenticates all electronic and/or handwritten documentation, including orders, generated by the signer during the episode of care contained in this record.
5/29/2019 05:27:46 PM By Miller Russell CDR



Patient Name: BRIAN KUDRNA

MRN: 1163448080



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EBUS-Dx, <3 stages Procedure Report

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