



DEPARTMENT OF RADIOLOGY & IMAGING

NAME	MR Keshava murthy MS	STUDY DATE	30/08/2023 5:55PM
AGE / SEX	54 y / M	HOSPITAL NO.	MH011266623
ACCESSION NO.	R6031312	MODALITY	CT
REPORTED ON	30/08/2023 11:28PM	REFERRED BY	Emergency Doctor MHW

CT-POLYTRAUMA WHOLEBODY (BRAIN, C-SPINE, THROAX ABDOMEN, PELVIS WITH CONTRAST)

FINDINGS

1. CT SCAN BRAIN (NON CONTRAST STUDY)

Brain: Extra-axial crescent shaped hyperdensity seen in left cerebral convexity, maximum thickness up to 10 mm. - suggestive of Acute subdural haemorrhage.

Multiple foci of acute subarachnoid haemorrhages seen in bilateral cerebral sulci, sylvian fissures (left more than right).

Multiple intra-axial haemorrhagic contusions are seen in left temporal lobe.

Mild left cerebral edema noted. No significant midline shift.

No intraventricular hemorrhage

The brain stem is normal.

Posterior fossa structures are normal.

The ventricular system is normal.

Midline structures are normal.

Fractures

Mildly displaced fracture of squamous part of right temporal bone extending into petrous part noted.

Non displaced fracture of body of sphenoid noted.

Mildly displaced fracture of right zygomatic arch noted.

The right temporal bone fracture is extending to the mandibular fossa of right TM joint. The TM joints alignment is maintained.

Mild soft tissue emphysema noted in the temporal fossa, right retromaxillary space & in the parapharyngeal space.

Orbits: Linear fracture of lateral wall of right orbit noted, Few air foci seen in extraconal fat.

Mild preseptal edema seen in the right orbit. Right orbit mild proptosis noted.

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Both globes, extra ocular, retrocrural fat are unremarkable.

Bilateral optic nerves and optic canal are unremarkable.

The para-nasal sinuses appear normal.

Mastoids are normal.

2. CERVICAL SPINE

Posterior longitudinal ligament calcification at C5-C6 level causing thecal indentation. No significant central canal stenosis. No fracture or dislocation

Clivus is normal.

CV junction is normal.

Foramina magnum is normal

Normal alignment of the cervical spine.

Intervertebral disc spaces are maintained.

No obvious disc protrusion is seen in the CT scan.

The cervical bony canal is capacious.

The cervical cord looks normal on this scan, but intrinsic lesions of the cervical cord cannot be commented upon on the CT scan.

The trachea is normal.

Displaced fracture of mid third of right clavicle noted.

3. THORAX: (CONTRAST)

Mildly displaced fracture of lateral aspect of right 5th & non displaced fracture of 4th rib noted

Displaced fracture of mid third of right clavicle noted.

Mild amount of ground-glass opacities with multiple fibroatelectatic bands seen in basal segments of bilateral lower lobes.

Otherwise, Lungs are normal, No endoluminal mass.

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No pleural effusion.

The thyroid gland is normal.

The trachea and bronchus are normal.

The esophagus is normal.

No lymph node.

Normal supraclavicular region.

Neck and mediastinal vessels appear normal.

Aorta is normal.

The pulmonary artery is normal.

Subcutaneous tissues are normal.

4. ABDOMEN AND PELVIS: (CONTRAST)

Liver - Normal

Gallbladder and biliary tree. No calcified gallstones. Normal caliber wall. No intra- or extrahepatic biliary ductal dilation.

Pancreas - Normal.

Spleen -Normal.

Adrenals -Normal.

Kidneys and ureters - Normal

Bladder -Normal.

Reproductive organs -No pelvic masses

Bowel- Normal caliber.

Lymph nodes: No evidence of retroperitoneal or mesenteric lymphadenopathy.

Vessels -Normal.

Retroperitoneum -Normal.

Abdominal wall - Left inguinal hernia noted with herniation of intra-abdominal fat. No bowel herniation at the time of scan.

Bones -Incidental L5 spondylolysis noted. Rest of the bones are unremarkable.

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IMPRESSION:**CT BRAIN:**

- Acute subarachnoid and subdural haemorrhage as described.
- Acute haemorrhagic contusions of left temporal lobe.
- Skull fractures as described.
- The right temporal bone fracture is extending to the mandibular fossa of right TM joint. The TM joints alignment is maintained. Mild soft tissue emphysema noted in the temporal fossa, right retromaxillary space & in the parapharyngeal space.
- Linear fracture of lateral wall of right orbit noted, Few air foci seen in extraconal fat. Mild preseptal edema seen in the right orbit. Right orbit mild proptosis noted.

CT C SPINE

Degenerative changes in the cervical spine. No fracture or dislocation .

CT THORAX :

Fracture of right 4th and 5th ribs noted.No evidence of pneumothorax or pleural effusion.

Displaced fracture of mid shaft of right clavicle .

CT ABDOMEN AND PELVIS

No traumatic abnormality.
Incidental left inguinal hernia noted.

* Recommended clinical correlation.

Dr. RAGHU M MBBS, DMRD, DNB
CONSULTANT RADIOLOGIST

*****End Of Report*****

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Name : Mr KESHAHA MURTHY MS
 Reg No : MH011266623
 Episode No : I01000071599
 Age[year(s)] / Sex : 54 Yr(s) / Male
 Referred By : Dr Rajesh Mohan Shetty

[Print Results](#)

TEST	RESULT	UNITS	REFERENCE
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Collection Date/ Time : 31/08/2023 13:39

Authorised by Dr Bandi Rajha on 31/08/2023 at 14:50

Specimen: Serum

SERUM SODIUM (Indirect ISE)	143.0	mmol/l	[136.0-145.0]
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Collection Date/ Time : 31/08/2023 05:50

Authorised by Dr T Ramamurti on 31/08/2023 at 09:28

Specimen: Serum

SERUM SODIUM (Indirect ISE)	139.0	mmol/l	[136.0-145.0]
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Collection Date/ Time : 31/08/2023 01:05

Authorised by Dr T Ramamurti on 31/08/2023 at 09:23

Specimen: Serum

SERUM SODIUM (Indirect ISE)	137.0	mmol/l	[136.0-145.0]
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Collection Date/ Time : 30/08/2023 18:55

Authorised by Dr T Ramamurti on 31/08/2023 at 07:39

ACTIVATED PARTIAL THROMBOPLASTIN TIME Specimen-Citrate Venous Blood

APTT - Test :	23.9 #	sec	[25.0-32.0]
CONTROL	28.4	Sec	

Collection Date/ Time : 30/08/2023 18:55

Authorised by Dr T Ramamurti on 31/08/2023 at 07:39

PROTHROMBIN TIME (Automated/Clotting Assay) Specimen-Citrate Plasma

Prothrombin Time Test	12.0	sec	[11.6-14.2]
MNPT	12.3	Sec	
INR	0.98		

Name : Mr KESHAHA MURTHY MS Age[year(s)] / Sex : 54 Yr(s) / Male
 Reg No : MH011266623 Referred By : Dr Rajesh Mohan Shetty
 Episode No : I01000071599

TEST	RESULT	UNITS	REFERENCE
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Collection Date/ Time : 30/08/2023 18:55

Authorised by Dr T Ramamurti on 31/08/2023 at 09:22

RENAL PANEL - I

Specimen: Serum/ Plasma	289 #	mg/dl	[70-140]
Plasma GLUCOSE- Random (Hexokinase)	8.00	mg/dl	[6.00-20.00]
BUN (Urease/GLDH)	0.74 #	mg/dl	[0.90-1.30]
SERUM CREATININE (mod.Jaffe)	104.6	ml/min/1.73sq.m	[>60.0]
*eGFR(Calculated)	132.0 #	mmol/l	[136.0-145.0]
SERUM SODIUM (Indirect ISE)	3.90	mmol/l	[3.50-5.10]
SERUM POTASSIUM (Indirect ISE)	98.4	mmol/L	[98.0-107.0]
SERUM CHLORIDE (Indirect ISE)	23.4	mmol/l	[23.0-29.0]
SERUM BICARBONATE(Enzymatic PEP-MD)			

Disclaimer :
 eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

Collection Date/ Time : 30/08/2023 18:55

Authorised by Dr T Ramamurti on 31/08/2023 at 08:21

COMPLETE BLOOD COUNT (Automated)

WBC Count (TC) (Coulter principle)	11800 #	/cu.mm	[4400-11000]
RBC Count (Electrical impedance)	5.87 #	million/cu.mm	[4.50-5.50]
Haemoglobin (Photometric method)	14.2	g/dl	[13.0-17.0]
Haematocrit (Calculated)	44.6	%	[40.0-50.0]
MCV (Calculated)	76.1 #	fl	[83.0-101.0]
MCH (Calculated)	24.2 #	pg	[27.0-32.0]
MCHC (Calculated)	31.7	g/dl	[31.5-34.5]
Platelet Count (Electrical impedance)	233000	/ cu.mm	[150000-400000]
RDW (CV) (Calculated)	14.1 #	%	[11.6-14.0]

DIFFERENTIAL COUNT (VCS technology & Microscopy)

Neutrophils	72.9	%	[40.0-75.0]
Lymphocytes	21.4	%	[20.0-45.0]
Monocytes	4.4	%	[2.0-10.0]
Eosinophils	1.0	%	[0.0-7.0]
Basophils	0.3	%	[0.0-1.0]

DEPARTMENT OF CRITICAL CARE MEDICINE

MANIPAL HOSPITALS, WHITEFIELD

TRANSFER OUT SUMMARY

Name:	KESHAVA MURTHY MS	Hospital No.:	MH011266623
Age/Sex:	Male 54 Yrs	IP No.:	I01000071599
Hospital admission date:	30/08/23	Days of Ventilation:	0
CCM Admission Date:	30/08/23	APACHE score:	
Date of Transfer out:			
Consultant:	Dr. Rajesh Mohan Shetty/Dr.Manjunath T/Dr.Nithya, Dr.Alok/Dr.Shivangi		

Principal Diagnosis:

RTA-2 wheeler VS 3-wheeler

Traumatic SAH-B/L TEMPORAL LEFT FRONTO PARIETAL

SDH ON LEFT FRONTO PARIETO TEMPORAL--6.5MM

RT SIDE SUBCONJUCTIVAL HEMORRHAGE

Chief complaint:

A/H/O RTA--hit by auto while travelling in 2 wheeler (30/8/2023--4:30pm)

c/o nose bleed

History of presenting illness:

The Patient was brought to ER with A/H/O RTA--hit by auto while travelling in 2 wheeler on 30/8/2023--4:30pm

c/o nose bleed.

Patient first went to outside hospital and after initial treatment, came here for further evaluation

patient is restless and drowsy

no c/o LOC

Past History:

Diabetes Mellitus

Medications:

Tab Glimisave MV 3/0.3 BD

Tab Dapanorm trio OD

Tab Rosuvas 10mg OD

General Physical examination:

A - maintains

B - RR-17cpm, SPO2-93% on 5lt o2 on FM

C - HR-76 bpm, sinus rhythm BP -94/63mmhg, Peripheries warm, CRT < 2 seconds,

D - E2V4M5, Pupils-1.5mm, EQRL, restless, right periorbital echhymosis

E - Na-142, K-3.4, BE: -1.6

F - Foleys in situ

G-GRBS-122mg/dl on insulin infusion

H- Hb- 14.2, TLC:11800, PLT:2.33lak

I- Afebrile

Course of illness in CCM:

30/08/23-31/08/23: Patient was kept on oxygen support and Inj Levipil and 3% NaCl Infusion was started. Neurosurgery, Plastic surgery and Orthopedic review was sought. Repeat CT Brain was done. Patient was agitated and restless.

Patient family requested for summary and hence issued.

Date of admission to ICU: 30/08/2023

APACHE II score:

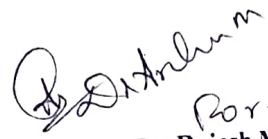
Treating Clinicians:

Dr. Rajesh Mohan Shetty/Dr.Manjunath T/Dr.Nithya/Dr.Alok/Dr.Shivangi

Consultants CCM

Dr. Harikishore Reddy orthopedic consultant

Dr.Sunil kumar Plastic surgery
Dr.Sharad S Rajamani consultant Neurosurgery


For.

Dr. Rajesh Mohan Shetty
Dr.Manjunath T/Dr. Nithya/Dr. Alok/Dr.Shivangi
Consultant, CCM
Manipal Hospitals, Whitefield