Medical Imaging Department
Logan Hospital

PATIENT: LINDSAY TERRY
UR No: 100255 D.O.B: 14 JUN 57
Film Date: 21 JAN 00 Series No: 5
Results To: 2G Attend No: 146191
Referring Dr: DR B MCGOWAN

Exams Reported: CT UPPER ABDOMEN,CT ABDO PELVIS POST

CT ABDOMEN

HISTORY

Pancreatitis ?perforation.

REPORT

Spiral scans following IV contrast and 3% Gastrografin adminstered by the nasogastric tube.

There is swelling of the entire pancreas, more marked in the body and tail. There are oedematous changes in the retroperitoneal peripancreatic fat. Fluid is present tracking into the facia of Gerota and into the latero-conal ligament on the left. The appearances are typical of oedematous pancreatitis. No definite areas of pancreatic necrosis are visible at this stage.

There is a small hiatus hernia. A 1cm splenunculus is incidentally noted in the left upper quadrant. The liver, spleen, adrenals and kidneys appear unremarkable.

Lung windows show the nasogastric tube to lie within the lower lobe of the left lung. The oral Gastrografin has been administered into the left lung.

No pleural fluid is present.

IMPRESSION

Oedematous pancreatitis. No established pancreatic necrosis visible at this stage. No calcified gallstones are seen and the biliary tree is not dilated.

Inadvertent adminstration of oral 3% Gastrografin solution into the lower lobe of the left lung. ICU notified.

MM:7670 Dr Greg Slater

Department of Medical Imaging
Logan Hospital

PATIENT: LINDSAY TERRY
UR No: 100255 D.O.B: 14 JUN 57
Film Date: 21 JAN 00 Series No: 1
Results To: ED Attend No: 146134
Referring Dr: DR D LEWIS-DRIVER

Exams Reported: CHEST,ABDOMEN

CHEST

The lungs and mediastinal structure appear normal.

ABDOMEN

No evidence of GI obstruction or pneumoperitoneum.

No sign of calcification in the urinary tract or biliary tree.

MM:7663 A Professor P SCALLY

Department of Medical Imaging
Logan Hospital

PATIENT: LINDSAY TERRY
UR No: 100255 D.O.B: 14 JUN 57
Film Date: 21 JAN 00 Series No: 2
Results To: 2G Attend No: 146181
Referring Dr: DR B MCGOWAN

Exams Reported: CHEST

CHEST (1251hrs on 21.01.2000)

CLINICAL DETAILS

Severe pancreatitis.

FINDINGS

A nasogastric tube is present and it follows the course of the left main bronchus with its tip lying within the left lower lobe. There is rather ill defined opacification in the left lower zone thought to represent predominantly left lower lobe change with preservation of the left cardiac border and loss of the left hemidiaphragm. Some subsegmental atelectasis is seen in the right perihilar lung.

MM:11732 Dr Geraldine Walsh

Department of Medical Imaging
Logan Hospital

PATIENT: LINDSAY TERRY
UR No: 100255 D.O.B: 14 JUN 57
Film Date: 21 JAN 00 Series No: 4
Results To: 2G Attend No: 146186
Referring Dr: DR B MCGOWAN

Exams Reported: U/S ABDOMEN

ULTRASOUND OF ABDOMEN

REPORT

Limited study.

The gallbladder is sonographically normal. No gallstones are present within the gallbladder lumen.

The biliary tree did not appear dilated. No calculi were visible in the common bile duct.

MM:7670 Dr Greg Slater

Date of Report: 10 DEC 2002 Page: 1

Department of Medical Imaging
Logan Hospital

PATIENT: LINDSAY TERRY
UR No: 100255 D.O.B: 14 JUN 57
Film Date: 21 JAN 00 Series No: 5
Results To: 2G Attend No: 146191
Referring Dr: DR B MCGOWAN

Exams Reported: CT UPPER ABDOMEN,CT ABDO PELVIS POST

CT ABDOMEN

HISTORY

Pancreatitis ?perforation.

REPORT

Spiral scans following IV contrast and 3% Gastrografin adminstered by the nasogastric tube.

There is swelling of the entire pancreas, more marked in the body and tail. There are oedematous changes in the retroperitoneal peripancreatic fat. Fluid is present tracking into the facia of Gerota and into the latero-conal ligament on the left. The appearances are typical of oedematous pancreatitis. No definite areas of pancreatic necrosis are visible at this stage.

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Lung windows show the nasogastric tube to lie within the lower lobe of the left lung. The oral Gastrografin has been administered into the left lung.

No pleural fluid is present.

IMPRESSION

Oedematous pancreatitis. No established pancreatic necrosis visible at this stage. No calcified gallstones are seen and the biliary tree is not dilated.

Inadvertent adminstration of oral 3% Gastrografin solution into the lower lobe of the left lung. ICU notified.

MM:7670 Dr Greg Slater

Department of Medical Imaging
Logan Hospital

PATIENT: LINDSAY TERRY
UR No: 100255 D.O.B: 14 JUN 57
Film Date: 22 JAN 00 Series No: 6
Results To: 2G Attend No: 146250
Referring Dr: DR B MCGOWAN

Exams Reported: CHEST

CHEST (0519hrs 22.01.2000)

The NG tube has been withdrawn from the left lower lobe bronchus. It loops back on itself at the level of the gastro-oesophageal junction and extends superiorly with its tip lying in the lower cervical oesophagus. The left lower lobe change is again noted.

MM:11732 Dr Geraldine Walsh

Department of Medical Imaging
Logan Hospital

PATIENT: LINDSAY TERRY
UR No: 100255 D.O.B: 14 JUN 57
Film Date: 22 JAN 00 Series No: 7
Results To: 2G Attend No: 146254
Referring Dr: DR B MCGOWAN

Exams Reported: CHEST

CHEST

The NGT has coiled in the oesophagus.

JH:7679 A Professor P SCALLY

Date of Report: 10 DEC 2002 Page: 1

Department of Medical Imaging
Logan Hospital

PATIENT: LINDSAY TERRY
UR No: 100255 D.O.B: 14 JUN 57
Film Date: 22 JAN 00 Series No: 8
Results To: 2G Attend No: 146255
Referring Dr: DR B MCGOWAN

Exams Reported: CHEST

CHEST

Collapse/consolidation at the base of the left lung.

The tip of the NGT lies in the stomach.

JH:7679 A Professor P SCALLY

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