

Supplementary Report on the Imaging of Adam Strain Date of Birth 4th August 1991

I have been asked by The Inquiry into Hyponatraemic-related Deaths to provide a supplementary report on the imaging of Adam Strain date of birth 4th August 1991 following my initial report dated 27th October 2011.

In preparing this report I have reviewed the following imaging:

Chest x-ray dated 27th November 1995

The imaging was viewed in a digital format on the Picture Archiving and Communication System at Alder Hey Children's NHS Foundation Trust.

I have also been provided with a letter of instruction dated 16th November 2011.

Specific Instructions

1. Please report on the chest x-ray taken at 9.30pm on 27th November 1995 (10 hours after the end of the operation).
2. In particular please report on:
 - a) The state of the lungs
 - b) The position of the CVP catheter
 - c) Whether there is any evidence of subcutaneous oedema
3. Please describe any differences between the first xray you reported on and this xray and explain the significance of any such differences.

Imaging Findings

Chest x-ray dated 27th November 1995 - Portable x-ray performed on the Intensive Care Unit. AP view taken in expiration.

There is an endotracheal tube in situ with the tip in a satisfactory position.
There is a right sided central venous catheter in situ. The tip of the catheter is not visible on the radiograph, but the catheter is seen in the neck, directed towards the head.
The heart is normal in size and the mediastinal contour is normal.
The lungs are clear.
The visualised soft tissues appear normal with a defined fat/muscle interface. There is no radiological evidence of soft tissue swelling.
The visualised bony skeleton appears normal.

When compared with the previous film taken at 1.20pm 27th November 1995, which is a hard copy film (rather than a digital image) there has been no interval change.

Conclusion

There has been no interval change between the two chest x-rays dated 27th November 1995. Both radiographs show the central venous catheter in an unsatisfactory position in the neck. Both x-rays are taken in expiration, but the lungs are clear on both radiographs. The interface between the subcutaneous fat and the deeper muscles is preserved on both radiographs and there is no radiological evidence of soft tissue swelling on either film.



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29.11.11