

~~Mohammad Al-Imad (MRN: 01218488) DOB: 28/05/1991~~

AUBMC Surgical Admission Form

- Name: ~~Mohammad Al-Imad Shami~~
- MRN: ~~01218488~~
- UHID:
- Age: 33 y.o. DOB: 28/5/1991 Sex: male
- Phone Number: ~~770056010010~~

There is no home phone number on file.

- Country Of Origin: LEBANON
- A.F Submission date: 13/09/2024 09:53 Am

Surgery Information (412413)

Surgery Date: 27/09/2024	Admission Date: 27/09/2024
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Thoracoscopy, Surgical: With Excision-Plication Of Bullae, Including Any Pleural Procedure, With Or Without Parietal Pleurectomy - [32655 (Cpt®)] - Right
Surgeon(s): Pierre Mansour Sfeir, MD

Service: Cardiac Surgery	Anesthesia Type: General
Patient Class Surgery Admit	
	Procedure Type: Surgical . Type of Surgery: Open

Diagnosis (ICD10):
Spontaneous pneumothorax
166617

*History: Smoker
Spontaneous recurrent pneumothorax
with multiple pigtails insertion*

Admission Information

Admission Source: Physician Clinic	Billing Class: 1A
Admission Service: Cardiac Surgery	
Expected Length of Stay: 3	Room and Bed Request: RF

Brief Description of Medical Condition: Right spontaneous pneumothorax with bullous emphysema

Admission Note: Consult N Kanj

*endogia: \$ 500
reloads: \$ 300 each*

High Dollar Supplies:

Are there any Prosthesis, Medical Supplies, Laparoscopic Instruments, Stent, Apparatus?: Yes

Description and Quatinity if Code not found:
endoGIA with 3 reloads

~~Dr. Amir, Mohammad, Al, Iraq, (MRN 50121856), DOB: 12/26/1961~~

Order and Preadmission Testing

Pau Needed: Yes
Medical Test/Images: EKG CBC Chem 9 Urine Analysis PTT INR Chest Xray
Transfusions: N/A

Exam Name

CT chest without contrast.08/07/2024

Clinical Indication

dyspnea, recent chest pig tail right lower.

Technique

Unenhanced axial images of the chest with multiplanar reformats.

Comparison

CT chest dated 29 June 2024.

Subsequent chest radiographs, the latest dated 3 July.

Findings

Status post removal of the right percutaneous pleural pigtail catheter. There has been near complete resolution of the large right hydropneumothorax with small residual right apical lucency representing known bulla and/or tiny associated apical pneumothorax. Smaller bulla on the left, unchanged since prior. A residual minimal right pleural effusion is also noted. The left lung is clear except for a linear band in the lung base, likely atelectatic. Re-expansion of the right lung which remains relatively mildly smaller in volume compared to the left with few linear opacities likely atelectatic.

The central airways are patent. No left pleural effusion. The heart is normal in size.

No enlarged thoracic lymph nodes.

The thyroid gland is unremarkable on CT.

The upper cuts of the abdomen show no acute abnormalities.

Note is made of upper abdominal mesenteric panniculitis. Prior sleeve gastrectomy.

No suspicious bone lesions.

Impression

Near complete resolution of the large right hydropneumothorax with a possible residual right apical component that may be related to a bulla and/or residual tiny pneumothorax. Residual minimal right pleural effusion.

Other findings

Is there a critical or an unexpected finding?

No