



Name : PHUA QING HONG, BYRAN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996
Exams Ordered : XR, Ankle, Right;
XR, Ankle, Right, Mortise View; XR,
Foot, Right; XR, Foot, Right, AP
and Lat Wt Bearing

Ordering MD : NG WAN YI

Case – Visit No : 1220754137I
Exam No : 10002017427

Discipline : GENERAL SURGERY
Study Date / Time : 05-FEB-2021 08:01
PM; 05-FEB-2021 08:03 PM;
05-FEB-2021 08:02 PM

XR, Ankle, Right of 05-FEB-2021:
XR, Ankle, Right, Mortise Views of 05-FEB-2021:

XR, Foot, Right, AP and Lateral Weight Bearing of 05-FEB-2021:
XR, Foot, Right of 05-FEB-2021:

Comparison is made with prior study of 2 Feb 2021. The CT performed 3 Feb 2021 was reviewed as well.

Overlying cast obscures fine bony details.

No definite ankle fracture or dislocation is identified. The ankle mortise appears intact.
Multiple midfoot fractures are again noted, involving the navicular, medial cuneiform, lateral cuneiform, and the
2nd to 4th metatarsal bases, with resultant divergent Lisfranc injury. Alignment is for your review.

Soft tissue swelling around the right foot is noted.

Report Entered By : Dr Chong Jingli on 06-FEB-2021 08:36 AM
Report Coread By : Dr Chong Jingli on 06-FEB-2021 08:36 AM
Report Approved By : Dr Chong Jingli on 06-FEB-2021 08:36 AM



Name : PHUA QING HONG, BYRAN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996
Exams Ordered : CT, Lower
Extremity, Right

Ordering MD : SUNDER S/O
BALASUBRAMANIAM
Case – Visit No : 12207541371
Exam No : 10002009116

Discipline : GENERAL SURGERY
Study Date / Time : 03-FEB-2021 12:22
PM

CT, Lower Extremity, Right of 03-FEB-2021:

A non-contrast CT scan of the right foot was performed with multi-planar and 3D reconstruction.

Multiple fractures are noted:

- Oblique fracture across the 2nd metatarsal bone
- Bases of 2nd, 3rd and 4th metatarsal bones
- Intra-articular fracture of the lateral cuneiform
- Comminuted fracture at the medial aspect navicular bone

There is increased distance between the medial and intermediate cuneiform. A bone fragment between the medial and middle cuneiform bones is likely an avulsed fragment from the medial cuneiform (Se 4/50).

There is lateral displacement of the 2nd to 5th metatarsal bones. The 1st metatarsophalangeal joint remains congruent.

COMMENTS:

Lisfranc fracture dislocation injury with multiple mid foot fractures, as described.

Report Entered By : Dr Renuka Nair on 03-FEB-2021 12:57 PM
Report Coread By : Dr Renuka Nair on 03-FEB-2021 12:57 PM
Report Approved By : Dr Renuka Nair on 03-FEB-2021 12:57 PM

Name : PHUA QING HONG, BYRAN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996
Exams Ordered : XR, Foot, Right

Ordering MD : SUNDER S/O
BALASUBRAMANIAM
Case – Visit No : 12207541371
Exam No : 10002009187

Discipline : GENERAL SURGERY
Study Date / Time : 02-FEB-2021 03:51
PM

XR, Foot, Right of 02-FEB-2021:

Comparison was made with the previous study dated 2 Feb 2021 12.34 pm.

Overlying cast obscures fine bony details.
Manipulation and reduction performed. The bony alignment of the tarsometatarsal joints shows improvement.
Widening of the Lisfranc joint is noted.

Fractures of the 2nd metatarsal shaft and navicular are noted.

Report Entered By : Dr Khoo Hau Wei on 02-FEB-2021 04:37 PM
Report Coread By : Dr Khoo Hau Wei on 02-FEB-2021 04:37 PM
Report Approved By : Dr Khoo Hau Wei on 02-FEB-2021 04:37 PM



Name : PHUA QING HONG, BYRAN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996
Exams Ordered : XR, Chest, PA/AP

Ordering MD : SIM GUAN
CHUA
Case – Visit No : 12207541371
Exam No : 10002008356

Discipline : GENERAL SURGERY
Study Date / Time : 02-FEB-2021 03:24
PM

XR, Chest, PA/AP of 02-FEB-2021:

Comparison to the study performed earlier on the same day.
Suboptimal inspiration and AP view limits assessment of heart size and lung bases.
Background pulmonary congestion and mild interval worsening of the right lower zone haziness is noted.
Suggestion of a small right pleural effusion.
Rest of the imaged findings remain unchanged from prior study.

Report Entered By : Dr Darren Chan Yak Leong on 03-FEB-2021 10:53 AM
Report Coread By : Dr Darren Chan Yak Leong on 03-FEB-2021 10:53 AM
Report Approved By : Dr Darren Chan Yak Leong on 03-FEB-2021 10:53 AM



Name : PHUA QING HONG, BYRAN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996
Exams Ordered : CT, 3D
Reconstruction

Ordering MD : LOH WEI SIONG,
AARON
Case – Visit No : 1220754137I
Exam No : 10002008849

Discipline : **GENERAL SURGERY**
Study Date / Time : 02-FEB-2021 02:33
PM

CT – 3D Reconstruction of 02-FEB-2021:

3-dimensional reconstruction of the pelvic bones, from source data from CT done earlier on 2 Feb 2021 (accession number 10002007416). Known undisplaced fracture along the posterior left acetabulum. Please refer to that CT for the complete report.

Report Entered By : Dr Choo Zhi Qing Peter on 02-FEB-2021 03:06 PM
Report Coread By : Dr Choo Zhi Qing Peter on 02-FEB-2021 03:06 PM
Report Approved By : Dr Choo Zhi Qing Peter on 02-FEB-2021 03:06 PM



Name : PHUA QING HONG, BYRAN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996
Exams Ordered : XR, Hand, Right;
XR, Wrist, Right

Ordering MD : LUM YI RONG

Case – Visit No : 1220754137I
Exam No : 10002008598

Discipline : GENERAL SURGERY
Study Date / Time : 02-FEB-2021 12:47
PM

XR, Wrist, Right of 02-FEB-2021:
XR, Hand, Right of 02-FEB-2021:

The first carpometacarpal joint appears mildly subluxed.
No fracture is detected.

Report Entered By : Dr Yung Wai Heng on 03-FEB-2021 09:05 AM
Report Coread By : Dr Yung Wai Heng on 03-FEB-2021 09:05 AM
Report Approved By : Dr Yung Wai Heng on 03-FEB-2021 09:05 AM



Name : PHUA QING HONG, BYRAN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996
Exams Ordered : XR, Ankle, Right;
XR, Ankle, Right, Mortise View; XR,
Foot, Right

Ordering MD : LUM YI RONG

Case – Visit No : 1220754137I
Exam No : 10002008776

Discipline : GENERAL SURGERY
Study Date / Time : 02-FEB-2021 12:47
PM

XR, Ankle, Right of 02-FEB-2021:
XR, Foot, Right of 02-FEB-2021:
XR, Ankle, Right, Mortise Views of 02-FEB-2021:

Backslab obscures detail.

The bony alignment of known Lisfranc injuries of the right foot is largely unchanged from prior radiographs done earlier on the same day.

No definite ankle fracture or ankle dislocation is identified. Ankle mortise appears intact.

Report Entered By : Dr Choo Zhi Qing Peter on 02-FEB-2021 01:09 PM
Report Coread By : Dr Choo Zhi Qing Peter on 02-FEB-2021 01:09 PM
Report Approved By : Dr Choo Zhi Qing Peter on 02-FEB-2021 01:09 PM

Name : **PHUA QING HONG, BYRAN**
NRIC/FIN No : **S9613536Z**
DOB : **12-APR-1996**

Ordering MD : **SHARMAINE**
WONG CHUN HUI
Case – Visit No : **1220754131Z**

Exams Ordered : **XR, Ankle, Right;**
XR, Foot, Right

Exam No : **10002007402**

XR, Foot, Right of 02-FEB-2021:
XR, Ankle, Right of 02-FEB-2021:

Views are in suboptimal angulation in this emergency/acute setting.

Splint in situ.

Divergent Lisfranc injury. Navicular fracture, with attached medial cuneiform and rest of 1st ray displaced medially. Fracture-dislocation at the rest of the metatarsal bases/tarsometatarsal joints, with 2nd to 5th rays displaced laterally. Exact bony configuration at the midfoot injuries is difficult to clearly visualized with radiograph, CT is recommended.

Report Entered By : Dr Choo Zhi Qing Peter on 02-FEB-2021 09:17 AM
Report Coread By : Dr Choo Zhi Qing Peter on 02-FEB-2021 09:17 AM
Report Approved By : Dr Choo Zhi Qing Peter on 02-FEB-2021 09:17 AM



Name : PHUA QING HONG, BYRAN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996
Exams Ordered : CT, Head; CT,
Cervical Spine

Ordering MD : LIU HUIMIN

Case – Visit No : 1220754137I
Exam No : 10002007414

Discipline : GENERAL SURGERY
Study Date / Time : 02-FEB-2021 08:47
AM

CT, Cervical Spine of 02-FEB-2021:
CT, Head of 02-FEB-2021:

REASON FOR EXAM: road traffic accident

REPORT:
Unenhanced CT images of the brain and spine were obtained. Comparison was made with the previous study dated 24 December 2020 (CT brain).

BRAIN:
No acute intracranial hemorrhage or large territorial infarct is demonstrated.

No mass effect, midline shift or hydrocephalus is seen. There is no effacement of the basal cisterns.

Minimal mucosal thickening in the left maxillary sinus. Small amounts of fluid also noted in the left ethmoid air cells. The rest of the visualized paranasal sinuses and mastoid air cells are clear.
No skull vault fracture is detected.

CERVICAL SPINE:
The vertebral alignment is preserved. No acute fracture or facet dislocation is seen. Vertebral and intervertebral disc heights are preserved.

The spinal canal is patent. The prevertebral soft tissue is not thickened.

Mildly prominent bilateral cervical lymph nodes noted, largest in the right level II region measuring 0.6 cm (series two image 82).

The visualized lung apices are unremarkable save for pleural thickening and small biapical blebs.

COMMENTS:
No acute intracranial hemorrhage or skull fracture.
No acute cervical spine fracture or facet dislocation.

Report Entered By : Dr Yap Jiawei Alexander on 02-FEB-2021 08:58 AM
Report Coread By : Dr Yap Jiawei Alexander on 02-FEB-2021 08:58 AM
Report Approved By : Dr Yap Jiawei Alexander on 02-FEB-2021 08:58 AM



Name : PHUA QING HONG, BYRAN Ordering MD : LIU HUIMIN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996 Case – Visit No : 1220754137I
Exams Ordered : CT, Abdomen and Exam No : 10002007416
Pelvis

Discipline : GENERAL SURGERY
Study Date / Time : 02-FEB-2021 08:47
AM

CT, Abdomen and Pelvis of 02-FEB-2021:

Clinical note: road traffic accident
Technique: Contrast enhanced CT images of the abdomen and pelvis were performed. 100 ml intravenous Omnipaque 350 was administered.
Comparison/Previous study (studies): Comparison was made with the previous study dated 24 December 2020.

REPORT:

There is a stable long transverse metallic implant seen in the upper anterior abdominal wall (? Prior pes cavus reconstruction). This causes significant metallic streak artefacts, limiting evaluation.

There is a minimally displaced fracture of the right ninth anterior-lateral rib (series three image 34). Minimal right pneumothorax is seen.
Associated consolidative and ground-glass opacities are seen in the lung bases bilaterally, worst in the right lower lobe.

There is heterogeneous hypodensity in segment 7/8 of the liver, predominantly adjacent to the dome of the liver, extending to the subcapsular regions. This measures approximately 6.3 cm in length, sparing the major branches of hepatic vessels, with no involvement of the left hilum.

The rest of the liver has a smooth surface and normal attenuation. No suspicious hepatic lesion is seen.
The gallbladder is normal; and the biliary tree is not dilated.

Subtle hypodensity in the spleen measuring 2.2 in depth (Se 3 IM 34), is probably artefactual, less likely splenic laceration (not well seen on coronal plane).

The pancreas, adrenal glands and kidneys are normal.
The bladder is catheterised and collapsed.

The retrocecal appendix is unremarkable. Rest of the bowel loops are normal. No significant mesenteric fat stranding or fluid detected.

No ascites, haemoperitoneum or pneumoperitoneum is seen. There is no enlarged abdominopelvic lymph node, peritoneal nodule.

The aorta also has a normal calibre without evidence of mural calcification or thrombus formation. The major branches of the mesenteric vessels show normal opacification

No destructive bone lesion is detected.

Undisplaced fracture of the left posterior acetabular wall noted (series three image 147).
Subtle linear lucency noted in the sagittal plane of the lower sacrum, probably a vessel rather than an undisplaced fracture (series three image 127).

COMMENTS:

Limited evaluation due to streak artefacts
-Liver parenchymal laceration (AAST grade II).

This is an electronically generated report. No signature required.



Name : PHUA QING HONG, BYRAN Ordering MD : LIU HUIMIN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996 Case – Visit No : 1220754137I
Exams Ordered : CT, Abdomen and Exam No : 10002007416
Pelvis

Discipline : **GENERAL SURGERY**
Study Date / Time : 02-FEB-2021 08:47
AM

-Right 9th rib fracture and minimal right sided pneumothorax, with bilateral lung contusional changes.
-Left posterior acetabular fracture (undisplaced)

Report Entered By : Dr Yap Jiawei Alexander on 02-FEB-2021 09:29 AM
Report Coread By : Dr Yap Jiawei Alexander on 02-FEB-2021 09:29 AM
Report Approved By : Dr Yap Jiawei Alexander on 02-FEB-2021 09:29 AM



Name : **PHUA QING HONG, BYRAN**
NRIC/FIN No : **S9613536Z**
DOB : **12-APR-1996**

Ordering MD : **ANG HOU**

Case – Visit No : **1220754131Z**

Exams Ordered : **XR, Chest, PA/AP**

Exam No : **10002007384**

XR, Chest, PA/AP of 02-FEB-2021:

Haziness seen in the right lower zone may represent contusional changes. No pneumothorax or pleural effusion is seen.

Heart size cannot be accurately assessed but is likely within normal limits.

Right 8th and 9th rib fractures are seen.

Report Entered By : Dr Jaclyn Lau Yee Cheun on 02-FEB-2021 08:09 AM
Report Coread By : Dr Jaclyn Lau Yee Cheun on 02-FEB-2021 08:09 AM
Report Approved By : Dr Jaclyn Lau Yee Cheun on 02-FEB-2021 08:09 AM



Name : PHUA QING HONG, BYRAN
NRIC/FIN No : S9613536Z
DOB : 12-APR-1996

Ordering MD : ANG HOU

Case – Visit No : 1220754131Z

Exams Ordered : XR, Pelvis, AP

Exam No : 10002007385

Ward/Clinic : EMERGENCY

DEPARTMENT

Discipline : DEPT OF EMERGENCY
MEDICINE

Study Date / Time : 02-FEB-2021 07:57
AM

XR, Pelvis, AP of 02-FEB-2021:

Suggestion of a left superior pubic ramus fracture. No femoral fracture seen.

Report Entered By : Dr Jaclyn Lau Yee Cheun on 02-FEB-2021 08:10 AM
Report Coread By : Dr Jaclyn Lau Yee Cheun on 02-FEB-2021 08:10 AM
Report Approved By : Dr Jaclyn Lau Yee Cheun on 02-FEB-2021 08:10 AM