# Row 10261

Visit Number: 896834c5f8d2d140ee47628e1b7d44afa160ee6521c0d7bbcc93e190e3118963

Masked\_PatientID: 10220

Order ID: 19109659244fc8138140dac9f68a1aa02a6291633ef399e573351e312d544498

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 17/8/2018 15:08

Line Num: 1

Text: HISTORY sepsis? source TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Patchy consolidation is present in both lungs, worse in both upper lobes but also involving the middle and lower lobes, suspicious for chest infection. There are small bilateral pleural effusions. No pericardial effusion. No significantly enlarged axillary lymph node. There are several small volume mediastinal lymph nodes which are likely reactive. Gynecomastia is present. The liver parenchyma has irregular outline keeping with cirrhosis. The spleen is top normal in size measuring 12.1 cm. A splenunculus is present adjacent to the medial aspect of the spleen. There is small amount of ascites in the abdomen and pelvis. Tiny gallstones are seen. Biliary tree is not overtly dilated. No contour deforming mass in the spleen, pancreas or adrenal glands. No hydronephrosis or contour deforming renal mass. No significantly enlarged lymph node in the abdomen or pelvis. There is no bowel dilatation. Urinary bladder is collapsed. Degenerative bony changes are present. No aggressive bony lesion. CONCLUSION Patchy airspace changes in both lungs worse in both upper lobes suspicious for chest infection. There are small bilateral pleural effusions. Congestion of the pulmonary vessels are also present, suggesting concomitant pulmonary venous congestion. Liver cirrhosis. Tiny gallstones. Small amount of ascites. May need further action Finalised by: <DOCTOR>

Accession Number: ba43ad2923e7df32d4a3ebce80d16ed344470ad6abbddeaddd2e3dd0cf1deaa7

Updated Date Time: 17/8/2018 15:38