# Row 10378

Visit Number: 2893627a925fbdcfc8274f87c0fccd4d421a1686e7b02d8a757ba51e7065bd7d

Masked\_PatientID: 10366

Order ID: ad2395d990932a0fe3ada36fa337bffd6cd77073d19660e942b5fa0797d448a8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 03/7/2018 15:00

Line Num: 1

Text: HISTORY as per ID request interval CT scan to look for resolution of intra-abdominal collections and to comment on abx duration TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison prior study dated 20 June 2018. New small bilateral pleural effusions with compressive atelectasis in both lower lobes. ETT tube is in satisfactory position. The tip of the NG tube is within the first part of the duodenum. No significantly enlarged axillary or mediastinal lymph node. Visualised mediastinal vasculature is patent. No consolidation or discrete mass in the lungs. There is no pericardial effusion. The loculated peripancreatic fluid collection has largely collapsed and drainage catheter is in situ in the left upper abdomen. No new peripancreatic fluid collection is seen. Pancreatic enhancement is satisfactory. Splenic vein is patent. No suspicious lesion in the liver. No biliary dilatation or obvious gallstone. There is a small locule fluid along the falciform ligament which measures approximately 1.4 x 1.4 cm which is smaller (7-37). The spleen is unremarkable. No adrenal mass. Native kidneys are small insize and cysts are present. No hydronephrosis. Stoma is noted in the left lower abdomen. Defect in the midline laparotomy anterior abdominal wound is present. There is no dilatation of the bowel loops. Small amount of ascites is present. There is inter-loop loculated fluid in the left lower abdomen (7-78) which is smaller. The transplant kidney which is severely scarred is present in the right iliac fossa. There is dilatation in the upper pole calix of the transplant kidney. The urinary bladder is not well distended. No aggressive bony lesion. Healing bilateral rib fractures are present. CONCLUSION Development of small bilateral pleural effusions with atelectasis in both lower lobes. No overt consolidation in both lungs. Interim drainage of the peripancreatic fluid collection which has largely collapsed. No new peripancreatic fluid collection is seen. Loculated fluid collection along falciform ligament is smaller in size. Small amount ascites is present in the abdomen and pelvis. Loculated fluid in the left lower abdomen among small bowel loops which represent an interloop fluid collection is smaller. May need further action Finalised by: <DOCTOR>

Accession Number: 79afa8e92de3c935e49b29b1a31a4ef6d1a4a537b7883cf9a4f8034266e4d4d8

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