# Row 10876

Visit Number: b89f5af5f30985bd13e70d9e4dcd471ea035e12c4cf4bfafef86ef17ebd7bbc3

Masked\_PatientID: 10867

Order ID: 26d58e18e3d5c7cfc9d1d58069a9eabade4ac3be7f04bf1661feebda732d3daf

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 11/12/2016 9:51

Line Num: 1

Text: HISTORY DLBCL.s/p chemo an auto hsct, for restaging TECHNIQUE Contrast enhanced axial CT scan of the chest, abdomen and pelvis was performed in the porto-venous phase. Coronal reconstruction was also obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison is made with the previous CT study dated 20.01.2016. CHEST No suspicious pulmonary mass or consolidation is detected. A stable tiny 2 mm nodule in the right upper lobe (Im 5-22) is nonspecific. Atelectatic changes are present in the left lung. The major airways are patent. No pleural effusion is present. No significantly enlarged intra-thoracic node is seen. The heart is not enlarged. No significant pericardial effusion. There is a filling defect in the left lower lobe pulmonary arteries suspicious for thromboembolism. No evidence of right heart strain. The visualized thyroid is unremarkable. ABDOMEN & PELVIS The liver is of normal size, outline and attenuation. A stable tiny calcific density in the liver dome is probably a calcified granuloma. The biliary tree, gallbladder, pancreas, spleen and adrenal glands are normal. The bowel loops are notdilated. Both kidneys demonstrate stable cortical scarring with focal parenchymal calcification in the left upper pole. A few bilateral renal caliceal calculi are present in the right upper and left lower poles, with the largest measuring 4 mm in the left lower pole. Multiple stable subcentimetre cortical hypodensities in both kidneys are too small to characterise but possibly represent cysts. The urinary bladder is unremarkable. The pelvic organs are normal with no pelvic massdetected. No significantly enlarged lymph nodes are present within the abdomen and pelvis. No free intraperitoneal fluid or gas is detected. The abdominal aorta is of normal calibre. Degenerative changes are present in the spine. No suspicious osseous lesion is detected. Stable sclerotic focus in the right iliac bone is likely a bone island. Critical result notification: Dr sahul was informed of the findings by Dr sandeep on 12/12/2016 at 9:10 am . CONCLUSION 1. No evidence of lymphadenopathy in the chest, abdomen and pelvis. 2. Left lower lobe pulmonary artery thromboembolism. Further action or early intervention required Saravana Kumar Swaminathan , Senior Resident , 16844J Finalised by: <DOCTOR>

Accession Number: a2c08c1232c340e46cde07060d4ef1e7b7d74dbbbd0cba06083fd45b733d6b91

Updated Date Time: 12/12/2016 9:19