# Row 11073

Visit Number: 55ec7a4e1ab37dbb51ffbd8c562c53c51ea07f417bea550dbe05ad4c3fffe556

Masked\_PatientID: 11066

Order ID: a8809bd8557813bd9c0511b2829b1acdf129a3819175e1c84283ae4f6eebe00c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 23/5/2018 17:06

Line Num: 1

Text: HISTORY Heat stroke cx by severe liver dysfunction, AKI requiring dialysis. Now with new onsert fever, worsening LFTs, lactic acidosis. For hunting of source as per ID. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil Positive Oral Contrast was given FINDINGS The recent CT abdomen and pelvis of 05/05/2018 was reviewed. The patient is intubated. Tip of the right IJ catheter is within the right atrium. A nasogastric feeding tube is insitu with tip in the stomach. No gross intrathoracic lymphadenopathy or mediastinal collection, within the limits of a non-contrast study. Small bilateral pleural effusions are present, with mild atelectatic changes in the lung bases. Mild volume loss is seen bilateral lower lobes. A moderate amount of low density ascites is seen in the abdomen and pelvis. There is mild hypoattenuation of the liver ? due to steatosis Vs changes from ischaemic insult. No contour deforming hepaticmass is seen. No radiodense calculi within the collapsed gallbladder. The spleen, pancreas, adrenals and kidneys are grossly unremarkable, within the limits of a non-contrast study. The catheterised urinary bladder is collapsed. The bowel loops are normal in calibre. A left femoral venous catheter is insitu. No grossly enlarged para-aortic or pelvic lymph node is detected. There is some degree of muscular atrophy in the interim, with some of the muscle groups demonstrating calcification (not seen on the earlier CT) – for example, bilateral gluteal musculature, right adductor muscles, right quadratus lumborum, bilateral iliopsoas. These are likely changes resulting from recent rhabdomyolysis. No aggressive bony lesionis detected. CONCLUSION The assessment is partly limited by lack of intravenous contrast. 1. Moderate amount of low-density ascites and small bilateral pleural effusions. 2. There is some degree of muscular atrophy since the recent CT of 05/05/2018, with new calcifications involving some of the muscle groups (for example, bilateral gluteal musculature, right adductor muscles, right quadratus lumborum, bilateral iliopsoas) – these could indicate changes resulting from recent rhabdomyolysis. Please correlate with clinical details. May need further action Uppaluri Srinivas Anandswaroop , Consultant , 14247F Finalised by: <DOCTOR>

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