# Row 11097

Visit Number: a61378f002f3c6a1daddf38da797ab7d49e464c6daed57c5599e48de7a7dfbcc

Masked\_PatientID: 11095

Order ID: a139af3e83b08a56f070a840f8f07fc1befbf6444f7c0d7a5dae9f331310ddc8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/2/2016 14:19

Line Num: 1

Text: HISTORY b/g of HCC Childs B liver cirrhosis admitted Jan 2016 due to Luiver abscess came in due to fever TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Previous CT abdomen pelvis dated 13/01/2016 was reviewed. Thorax: No new suspicious focal lesion is seen in the lungs. There is compressive atelectasis in the right lower lobe. Moderate right-sided pleural effusion is also detected. No obvious enhancing pleural nodule. The central airways are clear. No evidence of pericardial effusion. The great vessels of the mediastinum opacify normally. No enlarged mediastinal lymph nodes. There is a PICC in situ with tip in the right atrium. A calcific nodule is noted in the right thyroid lobe. Abdomen: Liver: The gas locule containing abscess in the segment VIII of the liver is grossly stable or smaller by 1-2 mm compared to previous scan and currently measures at 3.0 X4.0 X 3.3 cm (AP x transverse x craniocaudal). Interval removal of the drainage catheter noted. The linear hypodensity in the extending from abscess cavity to the periphery is suggestive of drainage tract (501/22). In addition there is a new irregular hypodense area in the segment VII in the subdiaphragmatic region of the liver demonstrating further hypodense necrotic area in the centre. The central area has the attenuation value of about 15-25 HU in all phases of the scan. The lesion approximately measures about 5.2 X 6.6 X 4.1 cm (AP x transverse x craniocaudal). In the context of sepsis, this is highly suspicious for another focus of abscess. The medial and right hepatic veins are splayed by the first described abscess cavity. Normal opacification of the portal veins noted. There is hyperdensity in the segment four towards the liver hilum in all phases of the scan likely lipoidal deposition from prior procedure. The previous abscess in the caudate lobe isslightly smaller measures at 2.1 X 1.5 cm vs prior 2.5 X 2.1 cm. The intrahepatic ducts are prominent, slightly progressed compared to previous study. The gallbladder is not visualised suggesting prior surgery. Few collaterals noted in the anteroinferior aspect of the liver. Prominent lymph nodes are noted in the porta hepatis, peri celiac region measuring up to 0.7 cm in the short axis. Rest of the abdomen: The spleen, adrenal glands, pancreas are unremarkable. Small fatty focus noted in the bilateral kidneys as before. No new suspicious focal renal lesion, hydronephrosis. The ureters are not dilated. The bladder is partially distended. There is a bladder diverticulum / bladder ear in the right posterolateral wall (501/113). The bladder wall is also mildly thickened. The uterus appear normal. No obvious adnexal mass is seen. Focal calcification is noted in the left ovary. No suspicious bowel mass is seen. No drainable collection. Scattered calcific atherosclerotic plaques are noted in the aorta and its branches. No destructive bony lesion is seen. There is mild scoliosis to left. CONCLUSION Since the previous scan of 13/01/2016, New hypodense lesion noted in the subdiaphragmatic region of segment VII of the liver suspicious for abscess in the context of worsening sepsis. The previously noted abscess in the segment VIII and the caudate lobe are grossly stable or smaller by 1-2 mm. The right-sided moderate pleural effusion with accompanying atelectasis are increased compared to previous scan. Other chronic findings as noted above. Further action or early intervention required Finalised by: <DOCTOR>

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