# Row 11295

Visit Number: c1dc605b0896ab8a4499d1fa6dc0212b13d4d985c2b7671b99a7df1eef47560b

Masked\_PatientID: 11295

Order ID: fd108bff752aeb01e0c763922731b23ea5b137d40b7ab3c3dc190314c1a1cb94

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/3/2019 19:05

Line Num: 1

Text: HISTORY Persistent fever and rash - Concerned regarding occult bacteremia Pt with low GCS and seizures as well - current impression of meningoencephalitis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There are bilateral small low density pleural effusions with collapse consolidation in both lower lobes. Mild atelectasis also in the posterior upper lobes. The central airways are patent. There is no significantly enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Small calcified subcarinal node, heart is borderline enlarged. There is no pericardial effusion. No focal lesion is seen in the liver or spleen. The pancreas, gallbladder and both adrenal glands are unremarkable. There is no biliary dilatation. Focal scarring is seen in the left kidney lower pole. There is no hydronephrosis The uterus and both ovaries appear grossly normal. The urinary bladder is catheterised and collapsed. the bowels are normal in calibre and distribution. There is no enlarged abdominal or pelvic lymph node. There is no free intraperitoneal fluid. There is no destructive bony lesion. Bilateral L5 past defects CONCLUSION Bilateral small pleural effusions with collapse consolidation in both lower lobes. No abscess or collection is detected in the abdomen or pelvis. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 892fb7d9d0b320490bd42516f12d2f0e0b8089200758657d44d1ee1654c0786d

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