# Row 11605

Visit Number: 16075e3df1cfc40a2790cc4918852275150bef13a8c5440341370e95ec7e6637

Masked\_PatientID: 11602

Order ID: 4493cedffb3958862c7f4a4511e23e557ef8dc81992ed33adfed5ce06b7566fe

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/6/2019 14:03

Line Num: 1

Text: HISTORY persistent sinus tachycardia desaturation TRO intraabdominal sepsis B/g Child's C AIH cirrhosis cx ascites TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No comparison CT available. No filling defect is seen in the heart chambers, pulmonary trunk, right and left pulmonary arteries, as well as their lobar and segmental arteries. The heart is not enlarged and shows no features of right heart strain. Scanty aortic calcifications noted. A sliver of pericardial effusion is present. No pleural effusion is noted. No enlarged supraclavicular, axillary, hilar or mediastinal nodes seen. No enlarged thyroid or suspicious thyroid mass noted. There is prominence of the pulmonary vasculature, likely suggesting an element of pulmonary venous congestion. Bilateral basal consolidation in the lower lobes likely infective. Diffuse patchy ground-glass changes is likely of similar aetiology. No overt interlobular septal thickening is noted. There is no interstitial fibrosis, bronchiectasis or overt emphysema. The major airways are patent. The liver is small, with undulating surface, in keeping with cirrhosis. A few tiny cysts are noted in the liver segment 7. No suspicious focal hepatic lesion detected. The gallbladder is contracted, with outer wall oedema. No biliary obstruction discerned. Portal and hepatic veins enhance normally. No splenomegaly or enlarged portosystemic collateral identified. A 9 mm hypodensity in the inferior aspect of the pancreatic uncinate process (701-66, 703-43) with attenuation of 15-25 HU is probably a pancreatic cysts. The pancreas otherwise shows no pancreatic duct dilatation or overtperipancreatic stranding. No hydronephrosis noted. Two closely apposing cysts measuring up to 13 mm are noted at lateral aspect of the left mid kidney, noted anechoic on last ultrasound of 27/5/2019. The spleen, adrenals, collapsed urinary bladder with catheter, atrophic uterus and both adnexa are unremarkable. The rectum and sigmoid colon shows mild wall oedema and increased mucosal enhancement, likely due to proctitis. No focal mass is noted. Rest of the colon is distended with no obstructing mass, possibly due to ileus. There is also some oedema along the distal stomach and proximal small bowel loops, associated with moderate ascites and diffuse subcutaneous fat stranding, likely due to third space loss. The bowel wall enhancement is relatively preserved. No free air, pneumatosis or collection is noted. No destructive bony lesion is seen. CONCLUSION 1. No pulmonary embolism is detected. 2. The lungs show bilateral infective changes and pulmonary venous congestion. 3. Cirrhosis with prominent ascites. Oedema of the distal stomach, proximal small bowel and gallbladder, with diffuse anasarca likely due to third space loss. 4. Proctitis noted. Distension of the colon with no obstructing masspossibly due to ileus. No free air or collection is noted. 5. Other minor findings as described. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: dafa47c98b6a141dda5b469024acce99a2b86709c9d6df48a2c2b34a94a2dcfe

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