# Row 11906

Visit Number: 629eb527493ce78ff5b47c286c17a630989fb41c1616edee5e2fe70c20994d4f

Masked\_PatientID: 11904

Order ID: 9a88ba1998a4e5dc442a4900dd5e256928cb8fcb22b8d2a9f35426d79047b679

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/5/2016 18:07

Line Num: 1

Text: HISTORY Non-resolving fever and infection in a patient with recent ESBL E. Coli bacteremia - To rule out abdominal abscesses; B/G bladder ca s/p RT, parkinson disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast:Nil FINDINGS Comparison made with previous CT examinations dating back to 04/11/2013. There are motion artefacts degrading image quality. Dependent atelectatic changes are noted in both lungs. No suspicious pulmonary nodule or consolidation is seen. The major airways are patent. No enlarged mediastinal lymph node seen. No pleural or pericardial effusion. Heart size at the upper limit of normal. There are coronary arterial calcifications. The catheterised urinary bladder is only partially distended. There is interval worsening of posterior bladder wall thickening with presence of an irregular polypoidal soft tissue mass approximately measuring 3.1 x 2.6 cm (image 201-156). There is secondary involvement of the ureteric orifices bilaterally with interval mild worsening of mild right hydroureteronephrosis and moderate left hydroureteral nephrosis. Mild perinephric fat stranding is also seen, predominantly on the left side but no fluid collection is detected. No contour deforming renal lesion seen. There is no significantly enlarged abdominal or pelvic lymph node. The prostate is not enlarged. Calcified granuloma is noted at the hepatic dome. No contour deforming liver or pancreatic lesion is seen. The adrenal glands, gallbladder and spleen are unremarkable. Nasogastric tube is in situ with the tip in the gastric pylorus. The bowel loops are normal in calibre. No free fluid seen. There is generalised subcutaneous oedema which may be due to fluid overload or hypoproteinaemic state. Severe compression fracture of L4 vertebra is again noted. The bones in general appear mildly osteopenic. There are multiple healed left sided rib fractures anteriorly. There is focal sclerosis within right 9th rib (image 201-80) which is indeterminate for metastasis. CONCLUSION Interval worsening of posterior bladder wall thickening which now appears as irregular polypoidal mass probably involving the ureteric orifices bilaterally. There is interval worsening of mild right hydroureteronephrosis and moderate left hydroureteronephrosis. No enlarged loco-regional lymph node is seen. New sclerotic focus in the right 9th rib is indeterminate for metastasis. Healed left-sided rib fractures and stable severe compression fracture of L4 vertebra on background osteopenia noted. There is generalised subcutaneous fat stranding suggesting fluid overload or hypoproteinaemic state. May need further action Finalised by: <DOCTOR>

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