# Row 11953

Visit Number: 5088652f2f5a7361474cb8efda160dfdcccf10b904ea4ff6d6e3cbf880989843

Masked\_PatientID: 11953

Order ID: c4e73dfb0a18d7698a7d56ddc3917e1dfe8fac1ec75c5d6733a05a0f9d7b9eb5

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/6/2016 13:28

Line Num: 1

Text: HISTORY nephrotic range proteinuria TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of oral contrast. No intravenous contrast was given due to poor renal function. FINDINGS The US abdomen dated 12/10/2015 was reviewed. The CT report dated 17/02/2011 is noted. Its images are not available at time of reporting. It is noted that the renal biopsy has been performed prior to this scan. THORAX No significantly enlarged mediastinal or hilar lymph node is detected within the limits of this non contrast study. The heart is mildly enlarged. Triple vessel coronary calcifications are noted. No pericardial effusion is seen. Minor secretions are present in the trachea. The lungs show bronchiectasis in the lingula and left lower lobe. This is associated with mucus plugging. No pulmonary nodule, consolidation or pleural effusion is detected. ABDOMEN AND PELVIS Bilateral kidneys are atrophic, which are in keeping with chronic kidney disease. There is stranding in the left perinephric and posterior pararenal space, likely to represent mild haemorrhage from the recent biopsy. No subcapsular haematoma is detected. The hilar fat is preserved. The urinary bladder is unremarkable. The liver, gallbladder, spleen and adrenal glands appear unremarkable. Tiny calcifications in the pancreas are non specific and may be vascular in nature. No pancreatic atrophy or ductal dilatation is detected. The prostate is mildly enlarged. The bowel is of normal calibre. No enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. There is no destructive bone lesion. CONCLUSION 1. The atrophic kidneys are suggestive of chronic renal parenchymal disease. Status post left renal biopsy and mild perinephric and posterior para-renal haemorrhage. 2. Bronchiectasis in the left lung with mild mucus plugging, likely inflammatory / infectious in nature. May need further action Reported by: <DOCTOR>

Accession Number: 10aab5691875795e4b7f71177e649eef33809a4115d7de4d508248e465029a82

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