# Row 12066

Visit Number: bead96d2c4df5bf1f00cab39ac90cc380ea8df227efa97bf7e7129639fad1932

Masked\_PatientID: 12061

Order ID: 3b943039daea57128c411252266cec6b7c6d974ed89e0ad1191d20af67e119f8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 08/1/2019 19:50

Line Num: 1

Text: HISTORY Bilateral LZ CAP in immunocompromised host cx by T1RF - TRO other sources of sepsis Background IHD, HOCM s/p ICD, APKD s/p renal transplant, DM/HTN/HLD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast FINDINGS CHEST The chest radiographs up to 5 January 2019 are reviewed. The endotracheal tube tip is at the carina, and its balloon mildly distends the trachea. Please consider repositioning/replacing the tube. The feeding tube is coiled back on itself with tip in the proximal stomach. Bilateral predominantly dependent consolidation is noted. No pneumothorax or pneumomediastinum is seen. Small bilateral pleural effusions are noted. No significantly enlarged thoracic node is seen. Dual lead AICD is noted with tips in the right atrial appendage and right ventricle. The heart is enlarged. Minimal pericardial effusion is seen. Triple-vessel coronary artery calcification is noted. Pericardial recess fluid is seen. The aorta is of normal calibre. ABDOMEN AND PELVIS Comparison made to the CT abdomen and pelvis dated 22 October 2016. Several hepatic hypodensities cannot be accurately characterised on this unenhanced study but are grossly stable, probably cysts. Gallbladder hyperdense material may represent sludge. There is no evidence of acute cholecystitis. The common duct is not dilated. Periampullary diverticulum is seen. The pancreas, spleen andadrenals are unremarkable. Bilateral native kidneys show multiple cysts in keeping with chronic renal disease. Some of the cysts are hyperdense (proteinaceous/haemorrhagic content) and few show calcification. There is no evidence of hydronephrosis. The urinary bladder is collapsed around an indwelling urinary catheter. Hyperdense small volume intraluminal content is of uncertain significance; please correlate clinically. The prostate is enlarged. Partially imaged right hydrocele is nonspecific. Mild perinephric fluid is seen at the transplant kidney in the right iliac fossa and there is possible mild upper pole scarring. It is otherwise unremarkable without evidence of hydronephrosis. Uncomplicated colonic terminal ileal diverticula are seen. The appendix is normal. The bowel loops show normal calibre. Hiatus hernia is seen. No significantly enlarged abdominal or pelvic node is seen. There is no free intra-abdominal gas or significant ascites seen. No destructive bone lesion is seen. CONCLUSION The endotracheal tube tip is at the carina, and its balloon mildly distends the trachea. Please consider repositioning/replacing the tube. The feeding tube is coiled back on itself with tip in the proximal stomach. This was relayed to Dr Kristy Tian by Dr Keefe Lai on 8 Jan 2019, 843PM. Readback was performed. Bilateral predominantly dependent consolidation. This may be infective in the given context. No intra-abdominal abscess is seen. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: dd3165899899bd845254c4019b1b101a443d22fde7aa18d60f58b13a78380733

Updated Date Time: 08/1/2019 20:50