# Row 12104

Visit Number: 8ad59296221829a001a0c01961eefb4f7e721b40f9ca7bb279c9a612fdd6fd17

Masked\_PatientID: 12095

Order ID: 3de41101c1a9c6b6152f200e85c47878b4f1f74d23605ff8b38e00d026e6d256

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/7/2016 21:53

Line Num: 1

Text: HISTORY fever ? source. blood workup thus far is unremarkable. ID suggested for pan CT scan to look for source of sepsis background of failed renal graft, resumed on dialysis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The CT AP dated 15 May 2016 was reviewed. Patient is status post renal transplant. A right central line is seen, its tip projected at the superior vena cava. THORAX Patchy ground glass changes are seen in bilateral lungs, more numerous in upper lungs bilaterally. There is some interstitial thickening as well in these regions with minimal background fibrosis in upper lobes. No discrete pulmonary mass is seen. Thelarge airways are patent. New bilateral low density pleural effusions, worse on the right. Atelectasis is seen at the left lung base. The heart is not enlarged. The great branches of the aortic arch enhance normally. No pericardial effusion isseen. No significant hilar or mediastinal lymphadenopathy is present. No destructive bony lesion is seen. ABDOMEN/PELVIS The liver outline is smooth. No suspicious focal hepatic mass is seen. The portal vessels enhance normally. Thegallbladder, pancreas, spleen, adrenal glands, and bowel loops are unremarkable. Uncomplicated colonic diverticulosis. The urinary bladder is unremarkable. Bilateral native kidneys are atrophic, consistent with end stage renal failure. Scattered renal calculi are seen bilaterally. A few subcentimetre hypodensities in kidneys bilaterally, particularly at upper pole of the right kidney cannot be further characterised but stable. The transplant kidney seen at the right iliac fossa. It shows perinephric stranding and oedema, reduced from the previous study. no hydronephrosis or perinephric collection. No focal parenchymal abnormalities. There is no significant intra-abdominal lymphadenopathy. No intraperitoneal free air or fluid. L4 bilateral pars defect. Joint space narrowing and lateral translation is seen at the L4/L5 vertebral level. No destructive bony lesions. Effusion/ distended bursa are seen anterior shoulder joints bilaterally with some loose bodies on the left CONCLUSION There are patchy ground-glass opacities in upper lungs bilaterally with some interstitial thickening and minimal early fibrosis in upper lobes bilaterally. These could be inflammatory (? Drug-induced) or may be due to an atypical infection, clinical correlation and further workup is suggested. No consolidation or cavitary lesions. Bilateral small pleural effusions. Some perinephric fat stranding and oedema of the transplant kidney in right iliac fossa but without any hydronephrosis or focal parenchymal abnormalities. No suspicious collection seen in thorax or abdomen. Known / Minor Reported by: <DOCTOR>

Accession Number: 333a8ce6e09f09a69d2ee86d5d602de62c4673a4e582253430f47f0c88c02f71

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