# Row 12429

Visit Number: f99844b7cd1ab91c3998935b54a412cf9e708cf916dc4a0391d339a7ea5db4f4

Masked\_PatientID: 12429

Order ID: 475cc55e5ac9792066b77cd87416757a54a237d07eac8116508a0284529d3665

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 19/3/2015 15:45

Line Num: 1

Text: HISTORY Persistent fever x 3/52 associated with multiple joint pain and transaminitis . To rule out abscesses TECHNIQUE Contrast enhanced CT chest, abdomen and pelvis including arterial phase imaging of the liver. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS There is no mediastinal, hilar or axillary lymphadenopathy. The heart size is at the upper limit of normal. There is no pericardial effusion. There is a trace of left pleural fluid. There is mild atelectasis of the lingula and left lower lobe. A tiny 2 mm nodule is seen in the right upper lobe (series seven image 27) which is nonspecific and is of doubtful significance. The lungs are otherwise clear. No pulmonary consolidation or cavitation is detected. The airways are patent. The liver shows normal size and contour. There is a well-defined lobulated cyst in segment II measuring 3.6 x 3.3 cm (series nine image 28) with thin internal septations. It has thin imperceptible wall, without evidence of hyperaemia or enhancement. A few smaller hypodense foci are also seen elsewhere in the liver, which are likely cysts as well. No hypervascular lesion is detected. The hepatic artery, portal and hepatic veins are patent. There is no biliary dilatation. The gallbladder, pancreas, spleen and both adrenal glands are within normal limits. Both kidneys show normal size, without mass lesion, calculus or hydronephrosis. Both ureters are normal in calibre. The urinary bladder is suboptimally distended but is otherwise unremarkable. The uterus and both ovaries are also unremarkable. The stomach and bowel loops are within normal limits. No abnormal dilatation, mural thickening ormass lesion is seen, within the limits of this study. There is a trace of free fluid in the pouch of Douglas. No free intraperitoneal gas or focal fluid collection is detected in the abdomen or pelvis. No lymphadenopathy is seen. No significant bony abnormality is detected. CONCLUSION 1. Hepatic cysts are noted. The largest is in segment II measuring up to 3.6 cm with thin internal septations. There is no evidence of mural thickening or rim enhancement to support infection or abscess. 2. The trace of free fluid in the pouch of Douglas may be physiological in a premenopausal patient. 3. No focal fluid collection or source of sepsis is detected elsewhere in the chest, abdomen or pelvis. Known / Minor Finalised by: <DOCTOR>

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