# Row 12741

Visit Number: 35b2988a90875f37e9f00af738b6af2dc36b29376bab79a7e5c6619c696c5d71

Masked\_PatientID: 12711

Order ID: 8733e673be629e7f43b51a3d285e6253a3f6d68c69d79125b284b07a58376d80

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/9/2015 12:21

Line Num: 1

Text: HISTORY s/p CABG, tracheostomy, laparotomy, prev RUQ collection s/p drainage, left sided effusion. Interval CT scan fro re-assess TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume(ml): 80 FINDINGS The previous CT study of 26 August 2015 was reviewed. Recent CABG and prior right hemicolectomy are noted. A tracheostomy is noted in good position. The left-sided pacemaker is noted. No supraclavicular, axillary, mediastinal or hilar lymphadenopathy is seen. Homogeneously dense material in the anterior mediastinum space (se 7-34) may represent blood clot, related to the recent CABG. The bilateral pleural effusions remain and appears slightly larger than previously evident, with associated passive atelectasis. No overt pleural enhancement is evident. Left upper lobe parietal pleural calcification is noted. No overt suspicious pulmonary nodule is identified. The heart is enlarged. Extensivecoronary calcification is noted. A right-sided defunctioning loop ileostomy is noted. Midline skin staples have been removed. The previously seen fluid collection in the right flank shows contains a pigtail drain, and shows interval decrease in size since 28 August 2015. Again it is seen to extend from the subhepatic level into the right iliac fossa and appears loculated superiorly. It now measures approximately 8.5 x 20.0 cm maximally in the transverse plane (se 4-71), andapproximately 11.7 cm in CC dimension. It is almost collapsed where the pigtail catheter drain tip lies. Surrounding fat stranding and a small amount of free intraperitoneal fluid are again evident. The bowel loops are not dilated. Previously seen oedematous changes at the splenic flexure are no longer evident. The liver, spleen, pancreas, adrenal glands appear grossly unremarkable. No calcified gallstones. Again there is mild gallbladder wall mural oedema, a nonspecific finding. The kidneys are atrophic in keeping with the known chronic renal impairment. There are multiple focal hypodensities most of which are too small to characterise. The largest in the right mid-pole shows borderline cystic density (23 HU). Again, some of these lesions are exophytic and slightly dense such as the left interpolar 1.5 cm lesion (se 4-68) which are indeterminate. Multiple vascular calcifications are present, however there is also a right renal pelvic 7 mm calculus with no evidence of obstruction. The urinary bladder is collapsed. The prostate is not enlarged. Again bone windows show some lucent areas in T12 and L3 vertebral bodies and also around hip joints bilaterally. These may either changes of renal osteodystrophy (hyperparathyroidism related changes / amyloidosis). CONCLUSION Recent CABG and right hemicolectomy are noted. 1. Interval reduction in size of the right flank fluid collection. 2. Interval enlargement of the bilateral pleural effusions. 3. Bilaterally atrophic kidneys with stable hypodensities, some of which appear slightly dense. Interval follow up with ultrasound may be considered. May need further action Reported by: <DOCTOR>

Accession Number: a3c4ceca9fa68352f51872e61b12a30d31d6e08e7404f055eab8f31e4aece547

Updated Date Time: 14/9/2015 18:12