# Row 12774

Visit Number: b22cdd2bfbbc438756f025ccff9b72ad165599a68d0393a943b6bfd850505835

Masked\_PatientID: 12765

Order ID: 55980fa266a14e10d882268652766bfdd21fd016ee33a26c46740c8515847c8c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 31/3/2017 15:09

Line Num: 1

Text: HISTORY non neutropenic fever in patient with recent autoSCT for multiple myeloma unclear source but ALP/GGT much higher than before recent hx of candidemia TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after theadministration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the CT scan of 7 jan 2017 THORAX There is interval development of right supraclavicular, mediastinal (prevascular, right paratracheal, aortopulmonary, subcarinal, right hilar adenopathy. The largest is a prevascular node measuring 2.5 cm short axis (402-25). Previously seen left upper lobe inflammatory nodules show significant improvement. No new consolidation orsuspicious nodularity is evident. There are new bilateral small low density pleural effusions. There is also a new small pericardial effusion. Heart is not enlarged. ABDOMEN PELVIS Grossly stable splenomegaly measuring 14 cm in length.mild diffuse thickening of the gallbladder wall is nonspecific. The biliary tree is not dilated. No focal lesion is seen in the liver, pancreas, adrenal glands or the right kidney. The hepatic and portal veins are patent. Stable left renal upper pole cyst. Bilateral mild perinephric fluid is nonspecific. There is no dilated bowel loop or overt bowel wall thickening. There is small amount of ascites. Stable nodule arising from the central prostate gland could represent benign prostatic hypertrophy. Urinary bladder is partially distended. BONES Previously seen lucent lesions in the spine are stable or demonstrate interval sclerotic rim. New sclerotic foci are seen in the visualised axial and appendicular skeleton.This could represent flare response. . CONCLUSION 1. Interval development of right supraclavicular, mediastinal and right hilar adenopathy. In the context of recent stem cell transplant and neutropaenia. An infective cause such as fromTB is favoured. Less likely recurrent disease or lymphoma. Clinical correlation is suggested. 2. Previously seen lucent lesions in the skeleton generally demonstrate increased peripheral sclerosis with some new sclerotic lesions. These changes likely represent flare response. 3. New small bilateral pleural effusions, small pericardial effusion and small volume ascites could represent third spacing. May need further action Finalised by: <DOCTOR>

Accession Number: 95231c10a9bab84ec6f3eae904dcf8ac6a03f938cf45507e0d6560ef1cea4e19

Updated Date Time: 31/3/2017 16:07