# Row 12896

Visit Number: b1db95048050fb29565cd76215f623d41aa438eae1ddf9b59b1d79061e537268

Masked\_PatientID: 12893

Order ID: 38da9d6d68d760f825e279a91d27832c24490227ff3099091a2c54fdd6959392

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/5/2016 16:59

Line Num: 1

Text: HISTORY fever / source, delirium tremens TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil Positive Oral Contrast - Volume (ml):given FINDINGS Compared with prior ultrasound dated 20/10/2015. CHEST The mediastinal vasculature appears unremarkable on this noncontrast study. The trachea and main bronchi appear patent. Cardiomegaly is noted. No evidence of pericardial effusion. No evidence of significant mediastinal, hilar, axillary or supraclavicular lymphadenopathy detected. Bilateral small pleural effusions with adjacent atelectasis noted. There is a small less than 2 mm subpleural nodule noted in the left upper lobe. Atelectasis is noted in the lingula of the left lobe. ABDOMEN AND PELVIS There is a nonspecific irregular hypodense lesion in the spleen measuring up to 2.5 cm (4/75), also noted on the prior ultrasound study (measured upto 2cm). No focal hepatic lesions are noted in this non-contrast study. No evidence of intra or extrahepatic biliary ductal dilatation. The gallbladder is contracted. The pancreas, adrenals appear unremarkable. Bilateral nonspecific minimal perinephric fluid is noted. No evidence of obstructing renal calculi or contour altering renal masses noted. No evidence of hydronephrosis. The urinary bladder is well distended with a small focus of nondependent air foci, could be related to recent catheterisation. No obvious adnexal masses noted. The bowel calibre appears unremarkable. No evidence of ascites or peritoneal nodules. No evidence of significant intra-abdominal or pelvic lymphadenopathy. No evidence of pneumoperitoneum. There is compression deformity of the L3 vertebral body. No destructive bony lesions. Feeding tube is noted in situ. CONCLUSION -Nonspecific irregular hypodense lesion in the spleen which cannot be further characterised on this noncontrast study. This was also noted on the prior US study. Possibilities include splenic infarct versus inflammatory/ vascular lesion. -Bilateral small pleural effusions with adjacent atelectasis/ consolidation. May need further action Finalised by: <DOCTOR>

Accession Number: 5151ef93a7a70187fc969ee1832590c59d29531efb626e5cb3be1d72a3837e82

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