# Row 12913

Visit Number: 8c93bdba24a7f7ee2ac7e61d505a105cd0457c8f1d80a7ab06132f2b41b1fc94

Masked\_PatientID: 12893

Order ID: b28007af1b7f06eac97106dcb26788d10fa9e6e0f1e6bd7d714f640cf204c93c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/12/2020 14:48

Line Num: 1

Text: HISTORY pyrexia of unknown origin for investigation ? from permcath; b/g ESRF on HD 2/6 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 70 FINDINGS CT abdomen and pelvis dated 13 Nov2020 was reviewed. Chest: No suspicious pulmonary nodule, mass or consolidation is noted. Patchy scarring and subsegmental atelectasis is seen. No pleural effusion is present. The central airways are patent. The mediastinal vessels opacify satisfactorily. No significantly enlarged intrathoracic lymph node is noted. The heart is enlarged. Coronary artery calcifications present. No significant pericardial effusion is seen. The tip of the left central venous catheter is at thecavoatrial junction. Abdomen and Pelvis: No suspicious hepatic lesion is noted. The hepatic and portal veins are patent. The gallbladder is contracted. The biliary tree is not dilated. The pancreas and both adrenal glands are unremarkable. There is again an ill-defined hypodensity in the spleen (2.2 cm x 1.8 cm) (series 501, image 24), largely stable since CT of May 2016; non-specific. There is symmetrical renal enhancement. Both kidneys are slightly small in size, suggestive of chronic renal disease. No hydronephrosis. Bilateral subcentimetre hypodensities are too small to characterise. The urinary bladder shows a smooth outline. The uterus is not enlarged. No large adnexal mass is seen. The acquired images of the pelvis is degraded by streak and beam hardening artefact arising from the left hip implant. The bowel is normal in calibre and distribution. The appendix is normal. Scattered uncomplicated colonic diverticula. No intra-abdominal collection is seen. No ascites or pneumoperitoneum is noted. Small volume retroperitoneal lymph nodes are seen. No significantly enlarged abdominopelvic lymph node is detected. The aorta is of normal calibre with mild atherosclerotic calcifications. Left hipbipolar hemiarthroplasty. No overt destructive bony lesion. Old healed left pubic ramus and bilateral rib fractures seen. Chronic T7, T12 and L3 compression fractures noted. CONCLUSION No source of sepsis is identified in the thorax, abdomen and pelvis. Rest of findings as above. Report Indicator: Known / Minor Finalised by: <DOCTOR>

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