# Row 12949

Visit Number: 682b5581e4aa51a40f5a4a88f4642e1f1008f68218c446722e8ad1d501e171a9

Masked\_PatientID: 12930

Order ID: 46bdc78d286d2c380ae4c505c3b061ed9131e1b2b01387f7a73b519a561ffeb2

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/11/2020 15:41

Line Num: 1

Text: HISTORY PD pt with recurrent PD peritonitis currently on HD via IJ PC - now blocked TK catheter TRO EPS/masses to hemoperitoneum also have fever with no localising to look for source of infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 70 FINDINGS Previous CT abdomen and pelvis dated 16 October 2018 was reviewed. No suspicious pulmonary nodule, mass or consolidation. Scattered areas of mild atelectasis in both lungs. There are small pleural effusions with compressive atelectasis in the lower lobes. Trachea and central airways are patent. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Imaged thyroid gland is not enlarged. Aortic and mitral valve replacements. There is cardiomegaly and coronary arterial disease. Tip of the right central line is in the right atrium. The pulmonary trunk and main bilateral pulmonary arteries are dilated, and there is straightening of the interventricular septum and reflux of contrast into the intrahepatic IVC and hepatic veins suggesting a degree of right heart strain. Mediastinal structures otherwise opacify satisfactorily. No pericardial effusion. Tip of the Tenckhoff catheter is coiled in the right hemipelvis. Previous subcutaneous haematomas along the catheter tract in the left anterior abdominal wall have almost resolved, there is now remnant slightly irregular nodularity with calcifications in this region probably due to chronic changes (501/86). Previous haematoma/thickening of the left rectus abdominous is also no longer seen. Increased moderate volume ascites with diffuse peritoneal thickening and irregular intraperitoneal fluid stranding/nodularity. Several small free intraperitoneal gas pockets are mainly scattered in the anterior abdomen, presumably related to peritoneal dialysis. There is gastric distension and mild dilatation of the small bowel loops, with an apparent change in calibre of a small bowel loop in the left flank (series 501, image 88). No grossobstructing mass in this region. The distal small and large bowel are generally collapsed. The liver demonstrates heterogeneous enhancement and has a rounded slightly irregular contour. No suspicious focal hepatic lesion. Small well-circumscribed hypodensity in the left lobe is probably a cyst (501/36). An ill-defined hypodensity in segment IV adjacent to the falciform ligament may be related to focal fatty infiltration (503/61). Portal veins opacify satisfactorily. No radiodense gallstone or biliary dilatation. Pancreas is atrophic. Spleen and adrenals are unreremarkable. Kidneys enhance symmetrically. No hydronephrosis. The partially distended urinary bladder cannot be accurately assessed. Prostate gland is not enlarged. Stable prominent to mildly enlarged retroperitoneal, bilateral external iliac and inguinal nodes are nonspecific and possibly reactive. Extensive atherosclerotic disease. Diffuse subcutaneous oedema. Old right sided rib fractures. Mildly displaced left 9th to 12th rib fractures with evidence of callus formation, likely recent. No suspicious bony destruction. CONCLUSION Since CT dated 16 Oct 2018: 1. Moderate volume ascites, increased from before. There is diffuse mild peritoneal thickening and intraperitoneal nodular stranding, which can be related to peritonitis. Small free intraperitoneal gas pockets are presumed to be related to peritoneal dialysis. 2. Mild small bowel dilatation with apparent change in calibre of a small bowel loop in the left flank. No gross obstructing mass is seen. This could be related to adhesions. No overt CT evidence of bowel ischaemia. 3. Liver appears cirrhotic. Please correlate for risk factors. No suspicious hepatic mass. 4. Recent left lower rib fractures. 5. Other findings as described above. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: a158089499adee3a3a2cb9e0305c6c26587582a8df6408e15f2b08e477e01779

Updated Date Time: 18/11/2020 17:06