# Row 13006

Visit Number: 2e8d365510156a993ecfcfdc29f304ca285fc15760128110e270c91a6935ac97

Masked\_PatientID: 12988

Order ID: 380c044a6b2e4419edb34764596eb933b55deed3c751ec83135469196a94cb42

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/9/2016 1:04

Line Num: 1

Text: HISTORY bilateral ?parapneumonic effusions for evaluation TRO septic embolus; s/p LDLT, complicated by infected PV thrombus TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Previous CT abdomen dated 6 Sep 2016 and CT liver dated 19 Aug 2016 were reviewed. CHEST Patchy ground-glass changes are seen in the anterior and apico-posterior segments of the left upper lobe and the apical and anterior segments of the right upper lobe. Bilateral pleural effusions, right more than left are seen. Collapse –consolidation is seen in the basal segments of the right lower lobe with atelectasis in the middle lobe. A few subcentimeter mediastinal lymphnodes are not enlarged by CT size criterion. The heart is not enlarged in size and there is no pericardial effusion. Coronary atherosclerotic calcifications are present. The mediastinal vessels demonstrate normal opacification. ABDOMEN/PELVIS Post liver transplant (Jan 2016) and intrahepatic biliary stent placement with surgical clips and previous embolization coils seen. The biliary stent is unchanged in position since the prior scan. There is no associated biliary dilatationor adjacent collection (to suggest a biloma). The eccentrically located right posterior sectoral portal venous thrombus (current im 501-40) appears unchanged in size when compared to the 19 Aug 2016 scan (previous im 7-44), but slightly moreprominent when compared with the more recent 6 Sep 2016 scan (previous im 501-33). Stable linear branching hypodensities (current 503-58) extending from the right portal vein across segment 6 of the liver indicate thrombosed venules (also notedon the earlier CT liver dated 11 Aug 2016) and/or the recent biopsy tract. Distal to some of these hypodensities are wedge shaped hepatic hypodensities (e.g. current im 501-29, 33 vs previous im 7-32, 38), which appear better defined now and probably represent infarcted segments. There is no abnormal enhancement along the portal veins or within the liver parenchyma to suggest presence of an infected process. Tiny hypodensities in the liver are again noted, too small to be characterised and probably represent cysts. No new hepatic lesion is detected. The hepatic artery is patent. A sliver of fluid is seen in the perihepatic and periportal region. Status post partial nephrectomy in posterior left lower kidney with scarring and perinephric stranding in unchanged in appearance. There is no hydronephrosis or suspicious renal mass. No thrombus is noted in the renal veins and IVC. The spleen, pancreas, adrenals, and bowel are unremarkable. A splenunculus is noted. There is no enlarged abdominal or pelvic lymph node. The wall of the urinary bladder is not thickened. The prostate gland is slightly enlarged. T11 upper endplate again shows compression fracture. No destructive bony lesion is seen. CONCLUSION Patchy ground-glass changes in bilateral upper lobes indicate an infective/inflammatory process. Bilateral pleural effusions with right lower lobe collapse-consolidation Right portal vein (posterior sectoral branch) thrombus is unchanged since 19 Aug 2016. Linear branching segment 6 hypodensity with a few wedge shaped hypodensities appear slightly more discreet but stable in size and distributation, probably related to thrombosis with distal infarcts. May need further action Reported by: <DOCTOR>

Accession Number: 5b6e066d3fd9f298f1c34db1b9427a75b505e2959b646247eca8a78a1230a30f

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