# Row 13177

Visit Number: ea964ea8656ef07a71a4c59ba6dba2d6fd56899c40961f81729a167d8b160f25

Masked\_PatientID: 13149

Order ID: 6076eedc86ecbb830807cbed7cfedb82d96ecef5312691ef76e338781912ed14

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 17/11/2017 0:39

Line Num: 1

Text: HISTORY Persistent right pleural effusion with persistent intrmittent fever with night sweats and weight loss over last few months. ? TB vs hematological malignancy TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75. FINDINGS Comparison was made with the CT scan of 20 July 2017. CHEST The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Cardiomegaly. No pericardial effusion is seen. Tip of the single chamber cardiac pacemaker lead is noted in the right ventricle. Sternotomy sutures, mitral valve prosthesis are noted. Chronic moderate right pleural effusion with adjacent right lower lobe consolidation is stable as before. Mild smooth right pleural thickening is noted. Mild interval progression of small left pleural effusion is noted. There is mild interval improvement of the previously demonstrated interstitial thickening. Few small calcified granulomas are noted in the middle lobe and consolidated right lower lobe. No pulmonary nodule is detected. ABDOMEN AND PELVIS Cirrhotic liver. Heterogeneous enhancement of the liver represents congestion. Stable 1.4 cm cyst is noted in segment IVb. Few other tiny subcentimetre hypodensities are too small to characterise. Multiple uncomplicated gallstones are noted. The spleen, pancreas, adrenal glands appear unremarkable. Both kidneys are atrophic with cortical thinning consistent with known chronic renal parenchymal disease. Tiny 2 mm nonobstructing left renal interpolar region calculus is stable. Urinary bladder is empty. The prostate gland, seminal vesicles show normal features. Chronic dissection of the abdominal aorta is again noted. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Moderate low attenuation free intraperitoneal fluid is detected. Peritoneal dialysis catheter tip is noted in the pelvis. The bones appear unremarkable. CONCLUSION -No definite evidence of tuberculosis or malignancy in the chest, abdomen and pelvis. -Chronic moderate right pleural effusion with adjacent right lower lobe consolidation is stable. Mild interval progression of small left pleural effusion. -Other known or minor findings. May need further action Finalised by: <DOCTOR>

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