# Row 13175

Visit Number: 894ddc3d056d83da67e122b4950a6cafc2da488358594ea9a48acc6140673850

Masked\_PatientID: 13149

Order ID: 014c28bc9f91db0936179ad32f82f87f27e7666ec4fe7faef17bc3e185aac27c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/7/2017 10:46

Line Num: 1

Text: HISTORY persistent fever x 2 weeks/CRP >200 despite 1 week IV abx and blood cultures x 3 negative. S/b ID team; suggested for CTTAP to look for source TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: 68 ml Omnipaque 350. Positive oral contrast administered. FINDINGS The CT of 16/02/2017 was reviewed. A stable small right pleural effusion is noted with stable consolidation of the right lower lobe. There is interval development of mild rightpleural thickening. Trace left pleural effusion is also noted. Septal thickening suggesting interstitial oedema is seen, more prominent in the right upper lobe. A few calcified granulomas are seen in the middle lobe and consolidated right lower lobe. The central airways are patent. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is seen. Small volume mediastinal lymph nodes are probably reactive. The heart is enlarged. Evidence of previous CABG and mitral clips are noted. Triple-vessel coronary atherosclerosis is noted. Stable position of the AICD is seen with the tip in the right ventricle. Contrast reflux into the IVC and hepatic veins is noted. Heterogeneous delayed enhancement of the liver is compatible with hepatic congestion. Stable slight nodularity of the liver outline suggests cirrhosis. A stable 1.4 cm cyst is noted in segment 4b. A few other subcentimetre hypodensities are too small for accurate characterisation. Uncomplicated cholelithiasis is noted. The biliary tree is not dilated. The spleen, adrenal glands and pancreas are unremarkable. Both kidneys are small and scarred in keeping with chronic renal disease. Stable 0.3 cm left interpolar calculus is noted. No hydronephrosis is seen. The bladder is contracted. The prostate is not enlarged. Peritoneal dialysis catheter is noted with the tip in the pelvis. A small amount of fluid is noted in the pelvis. No peritoneal enhancement or loculated intra-abdominal collection is identified. The bowel loops are normal in calibre and distribution. The previously noted prominent inguinal lymph nodes are now smaller. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Small volume para-aortic lymph nodes are noted. Stable long segment abdominal aortic dissection is again noted. Small bilateral fat containing inguinal hernias are noted. No new destructive bone lesion is seen. CONCLUSION Since 16/02/2017: 1. Stable chronic right pleural effusion, with mild right pleural thickening suggesting an exudative process. Stable right lower lobe consolidation. 2. Cardiomegaly with mild interstitial pulmonary oedema. 3. No intra-abdominal abscess identified. Other stable / minor findings as described. May need further action Reported by: <DOCTOR>

Accession Number: e2cbe8a8f3be5b6f13f587dbdc4f695f1f023ab8bf4c4e79346eccaf9bad9b86

Updated Date Time: 20/7/2017 15:19