# Row 13232

Visit Number: 3ddb00fea6f2df85737aad8a534a835560af10b5cb48b288b3958c1aa7a41492

Masked\_PatientID: 13231

Order ID: 3c225daf15c635b52f11634562d23f4abd29433c9f4de2c2bbd1d6ae92f708e9

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/3/2016 15:33

Line Num: 1

Text: HISTORY Hepatobiliary sepsis TECHNIQUE CT thorax, abdomen and pelvis employing 75 ml iohexol 350 was procured and read in conjunction with the last CT PNS, chest and abdomen of 8/11/12 from NCC. FINDINGS There are no pathologically enlarged supraclavicular, mediastinal or hilar lymph nodes nor is there ominous pleuro-pericardial effusion. The aerated lungs reveal widespread ground-glass opacities in the right upper lobe, lateral segment of the middle lobeand apical and posterior basal segments of the right lower lobe, in keeping with pneumonitis. A 1 cm nodular lesion in the posterior basal segment of the left lower lobe (series 9, image 78) may represent a metastasis. A few smaller nodulesare visualised in the posterior aspect of the apico-posterior segment of the left upper lobe (series 9, images 32, 38, 40 and 52), possibly metastatic. The depicted oesophagus is unremarkable. The liver, again, reveals bilobar water-density lesions (cysts), most of them being slightly larger than on the previous scan. No ominous suppurative lesion or solid lesion is detected. The hepatic veins, portal vein branches and spleno-portal venous axis are patent. The gall bladder is well distended and reveals no overt stones or wall thickening or inflammation nor is there biliary dilatation or inflammation. A 2.2 x 1.6 cm air-outlined diverticulum is visualised in descending duodenum (series 7, image 48). The spleen, pancreas and adrenal glands are unremarkable. The kidneys reveal bilateral cortical cysts as well as tiny calyceal stones in the lower pole of both kidneys, albeit no ureteric stone or steinstrasse is detected on either side. There is no peritoneal nodularity or omental caking. No significant retroperitoneal, mesenteric or pelvic nodal enlargement is detected. No overt colo-rectal or small bowel lesion is detected. There are scattered uncomplicated diverticula in theascending, transverse and descending colon. The terminal ileum and vermiform appendix are unremarkable. There is a soupcon of non-specific, low-density, pelvic fluid in the recto-vesical space. The well-distended urinary bladder and prostate are grossly unremarkable. There is no destructive bony lesion. CONCLUSION 1. Patchy ground-glass opacities in the right upper lobe, middle lobe and right lower lobe are in keeping with pneumonitis. 2. Several nodules in the left lung are visualised (? metastasis). 3. Bilobar water-density lesions (cysts). No hepatic abscess or metastasis is detected. 4. There is no on-going cholecystitis or cholangitis. No gall stones or ductal stones are detected. 5. Tiny calyceal stones in the lower pole of both kidneys as well as small bilateral renal cysts. 6. Uncomplicated diverticula in the colon. 7. A small amount of nondescript pelvic fluid is visualised. May need further action Reported by: <DOCTOR>

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