# Row 1546

Visit Number: 17256198085a7c81ccd187d583a44be9c47e19dfe9e7296cf5e85bcf01409979

Masked\_PatientID: 1541

Order ID: 25727701709ebfb194e23b64e0125c482b05f24403793d5d6d9c08c7ede59bdf

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 03/11/2018 11:32

Line Num: 1

Text: HISTORY Group A strep bacteraemia, TTE negative, to localise source TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 1.70 FINDINGS Comparison was done with the previous study dated 7 February 2018. There are small bilateral pleural effusions. There is patchy consolidation in the right lung with bronchial wall thickening, worse in the upper lobe, representing pneumonia. Subcentimetre left supraclavicular, paratracheal anterior mediastinal, aortopulmonary window, precarinal, subcarinal and hilar lymph nodes are present, presumably reactive. Mild atelectasis is present in the left upper lobe. Visualised mediastinal vasculature is patent. Heart is enlarged and there is reflux of contrast into the IVC and hepatic veins due to right heart impairment. Scattered hepatic hypodense lesions are likely hepatic cysts, measuring up to 2.1 cm in segment III. There is mild dilatation of the proximal CBD measuring up to 1.3 cm in diameter with possible tiny hyperdensity in the proximal CBD which raises the possibility of CBD sludge/calculi. Mild distension of the proximal intrahepatic ducts is also present. The spleen and pancreas are unremarkable. No adrenal mass. No hydronephrosis. Bilateral renal hypodense lesions are likely cysts, measuring up to 1.5 cm at the left upper pole. No enlarged abdominal or pelvic lymph node. Ostomy is noted in the left side of the abdomen. Postsurgical changes in the pelvis. No gross abnormality in the prostate gland. Foley catheter is present in the urinary bladder and there is small amount of gas in the urinary bladder. The visualised bowel loops are normal calibre. Smallamount of ascites is present. No enlarged abdominal or pelvic lymph node. The bones are osteopenic and degenerative changes are present. CONCLUSION Patchy consolidation in the right lung, worse in the right upper lobe is in keeping with chest infection. Small bilateral pleural effusions are present. Subcentimetre mediastinal and hilar lymph nodes are presumably reactive. Mild dilatation of the proximal CBD with possible hyperdensity within, raising the possibility of CBD sludge/small calculi. Proximal intrahepatic ducts are mildly dilated. Suggest correlation with liver function test. Other stable findings in the abdomen and pelvis. May need further action Finalised by: <DOCTOR>

Accession Number: d293135c9e3f3f0a8bb9595836adbc630159d34d54e535557f6d0c6f51aa9e38

Updated Date Time: 03/11/2018 12:07

## Layman Explanation

This radiology report discusses HISTORY Group A strep bacteraemia, TTE negative, to localise source TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 1.70 FINDINGS Comparison was done with the previous study dated 7 February 2018. There are small bilateral pleural effusions. There is patchy consolidation in the right lung with bronchial wall thickening, worse in the upper lobe, representing pneumonia. Subcentimetre left supraclavicular, paratracheal anterior mediastinal, aortopulmonary window, precarinal, subcarinal and hilar lymph nodes are present, presumably reactive. Mild atelectasis is present in the left upper lobe. Visualised mediastinal vasculature is patent. Heart is enlarged and there is reflux of contrast into the IVC and hepatic veins due to right heart impairment. Scattered hepatic hypodense lesions are likely hepatic cysts, measuring up to 2.1 cm in segment III. There is mild dilatation of the proximal CBD measuring up to 1.3 cm in diameter with possible tiny hyperdensity in the proximal CBD which raises the possibility of CBD sludge/calculi. Mild distension of the proximal intrahepatic ducts is also present. The spleen and pancreas are unremarkable. No adrenal mass. No hydronephrosis. Bilateral renal hypodense lesions are likely cysts, measuring up to 1.5 cm at the left upper pole. No enlarged abdominal or pelvic lymph node. Ostomy is noted in the left side of the abdomen. Postsurgical changes in the pelvis. No gross abnormality in the prostate gland. Foley catheter is present in the urinary bladder and there is small amount of gas in the urinary bladder. The visualised bowel loops are normal calibre. Smallamount of ascites is present. No enlarged abdominal or pelvic lymph node. The bones are osteopenic and degenerative changes are present. CONCLUSION Patchy consolidation in the right lung, worse in the right upper lobe is in keeping with chest infection. Small bilateral pleural effusions are present. Subcentimetre mediastinal and hilar lymph nodes are presumably reactive. Mild dilatation of the proximal CBD with possible hyperdensity within, raising the possibility of CBD sludge/small calculi. Proximal intrahepatic ducts are mildly dilated. Suggest correlation with liver function test. Other stable findings in the abdomen and pelvis. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.