# Row 2547

Visit Number: 9ef0cf5846d3603bf970ca124ff3125c03dc124242bb309dc7f9c51175bb6d67

Masked\_PatientID: 2541

Order ID: 623fcca796a2e8c334b0de861a54809ea72e34cd7208aeadbdd50369b1d033c0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/4/2015 0:08

Line Num: 1

Text: HISTORY Post R hemicolectomy, post operatively complicated by sepsis and clinical deterioration requiring re-intubation and sicu admission x 2 Currently clinically stable Please do urgent CT TAP for strong suspicion of intra-abdominal source of sepsis TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Optiray 350 Contrast volume (ml): 75 FINDINGS Prior CT dated 01/04/2015 was reviewed. Tip of the right central venous line is seen within the SVC. Tip of the NG tube is seen within the stomach and tip of the abdominal drain is noted within the lower abdomen. Chest: Interval moderate to gross bilateral pleural effusions noted causing atelectatic changes of theboth lower lobes. Patchy areas of ground-glass attenuation in both upper lobes and right middle lobe of may represent infective changes. Linear atelectasis noted in right upper lobe and left lingular segment. Filling defects noted within theright lower lobar and segmental pulmonary arteries (80885-36) and left upper lobe segmental arteries (80885 - 44) suggestive of pulmonary thromboembolism. Few small enlarged mediastinal nodes noted, nonspecific by CT size criteria. Cardiac size appears grossly normal. Minimal pericardial effusion noted. Abdomen: The liver appears normal in size is and shows multiple grossly stable hypodense lesions in both lobes likely represent metastatic lesions. The lesion in segment IV measures 2.9 x 1.8 cm (81048 - 21). Another lesion in segment V measures 2.1 x 2.0 cm (81048 - 38). No evidence of intrahepatic biliary duct dilatation. Portal and hepatic veins opacify normally. Bilateral adrenal lesions are again noted, largest on left side measuring 2.1 x 1.7 cm suggestive of metastasis. Both kidneys are normal in size and show multiple hypodensities the larger ones may represent cysts, and the smaller ones are too small to characterise. Bilateral perinephric fatstranding noted. Scarring noted in right kidney with tiny calculi in the interpolar region. Gallbladder is partially distended. No obvious radiodense calculus noted within. Spleen shows small hypodensity in the superior medial aspect suspicious for small infarct. Pancreas shows tiny hypodensities in the distal body and tail region suspicious likely represent cysts. Minimal free fluid noted within the abdomen, no convincing rim enhancing collection noted. Colonic anastomotic site appears grossly unremarkable. Aorta shows atheromatous wall calcification. Small retroperitoneal nodes noted. Left inguinal region hernia noted containing distal descending colon and fluid as contents. No convincing proximal bowel obstruction noted. Diffuse anasarca noted. Wedge compression fracture of the L1 vertebral body noted. Dr. Michelle was and dated about the findings on 22/04/2015 at 12:15 a.m. CONCLUSION 1. Moderate to gross bilateral pleural effusions causing lower lobe subsegmental atelectasis. Patchy areas of ground-glass attenuation in upper lobes may represent infective changes. 2. Filling defects within the right lower lobar, segmental and left upper lobar pulmonary arteries suggestive of pulmonary thromboembolism. 3. Multiple hypodense lesions in liver may represent metastasis. 4. Bilateral adrenal lesions may represent metastasis. 5. Minimal free fluid within the pelvis. 6. Left inguinal region hernia showing distal colon and fluid as contents. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 1e7909539a18c53931ba8efa068fab7014e48823828840ede0629bc66ba74593

Updated Date Time: 22/4/2015 1:23

## Layman Explanation

This radiology report discusses HISTORY Post R hemicolectomy, post operatively complicated by sepsis and clinical deterioration requiring re-intubation and sicu admission x 2 Currently clinically stable Please do urgent CT TAP for strong suspicion of intra-abdominal source of sepsis TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Optiray 350 Contrast volume (ml): 75 FINDINGS Prior CT dated 01/04/2015 was reviewed. Tip of the right central venous line is seen within the SVC. Tip of the NG tube is seen within the stomach and tip of the abdominal drain is noted within the lower abdomen. Chest: Interval moderate to gross bilateral pleural effusions noted causing atelectatic changes of theboth lower lobes. Patchy areas of ground-glass attenuation in both upper lobes and right middle lobe of may represent infective changes. Linear atelectasis noted in right upper lobe and left lingular segment. Filling defects noted within theright lower lobar and segmental pulmonary arteries (80885-36) and left upper lobe segmental arteries (80885 - 44) suggestive of pulmonary thromboembolism. Few small enlarged mediastinal nodes noted, nonspecific by CT size criteria. Cardiac size appears grossly normal. Minimal pericardial effusion noted. Abdomen: The liver appears normal in size is and shows multiple grossly stable hypodense lesions in both lobes likely represent metastatic lesions. The lesion in segment IV measures 2.9 x 1.8 cm (81048 - 21). Another lesion in segment V measures 2.1 x 2.0 cm (81048 - 38). No evidence of intrahepatic biliary duct dilatation. Portal and hepatic veins opacify normally. Bilateral adrenal lesions are again noted, largest on left side measuring 2.1 x 1.7 cm suggestive of metastasis. Both kidneys are normal in size and show multiple hypodensities the larger ones may represent cysts, and the smaller ones are too small to characterise. Bilateral perinephric fatstranding noted. Scarring noted in right kidney with tiny calculi in the interpolar region. Gallbladder is partially distended. No obvious radiodense calculus noted within. Spleen shows small hypodensity in the superior medial aspect suspicious for small infarct. Pancreas shows tiny hypodensities in the distal body and tail region suspicious likely represent cysts. Minimal free fluid noted within the abdomen, no convincing rim enhancing collection noted. Colonic anastomotic site appears grossly unremarkable. Aorta shows atheromatous wall calcification. Small retroperitoneal nodes noted. Left inguinal region hernia noted containing distal descending colon and fluid as contents. No convincing proximal bowel obstruction noted. Diffuse anasarca noted. Wedge compression fracture of the L1 vertebral body noted. Dr. Michelle was and dated about the findings on 22/04/2015 at 12:15 a.m. CONCLUSION 1. Moderate to gross bilateral pleural effusions causing lower lobe subsegmental atelectasis. Patchy areas of ground-glass attenuation in upper lobes may represent infective changes. 2. Filling defects within the right lower lobar, segmental and left upper lobar pulmonary arteries suggestive of pulmonary thromboembolism. 3. Multiple hypodense lesions in liver may represent metastasis. 4. Bilateral adrenal lesions may represent metastasis. 5. Minimal free fluid within the pelvis. 6. Left inguinal region hernia showing distal colon and fluid as contents. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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