# Row 2724

Visit Number: e2e34f7d250e4badbba1e1f4d47d1c83cfb264ac8acb37261d7edefc56bef996

Masked\_PatientID: 2694

Order ID: f1c2237ef6d1a92d5a9521dab2fd3dee52f0a3157496dcfc4d6e9f16f9de93a3

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/6/2016 14:30

Line Num: 1

Text: HISTORY RIF mass? on physical exam with persistent T2RF with decrease BS at right base with dullness to percussion. To assess if there is effusion. Possible TB gut TECHNIQUE Non-contrast CT due to renal impairment reduces sensitivity of the study. FINDINGS Previous CT of 1 May 2016 and MRI of 13 May 2016 were reviewed. Tracheostomy tube is in situ. Tip of the right central venous catheter is in the cavoatrial junction. Tip of the feeding tube is in the gastric pylorus. Persistent small to moderate bilateral pleural effusions are present, larger on the right with compressive atelectasis of the lower lobes. The patchy consolidation and ground-glass opacification in the right upper lobe has improved butthere is new patchy consolidation and ground-glass opacification in the left upper lobe. No enlarged hilar or mediastinal lymph nodes. There is cardiomegaly. No pericardial effusion. Irregular outline of the liver is in keeping with cirrhosis. A stable large 6.2 x 7.0 x 5.8 cm mass in segment 5/8 is noted. The spleen is not enlarged. Bulky bilateral adrenal glands are again noted. A stable 1.8 x 1.5 cm hypodense cystic lesion in the pancreatic head is seen (image 2/98). Tiny 1-2 mm non-obstructive caliceal calculi are observed. Small kidneys are in keeping with chronic renal parenchymal disease. No hydronephrosis. The urinary bladder is catheterised and collapsed. The prostate is not enlarged. The visualised bowel loops are unremarkable in particular the terminal ileum and caecum, with no overt wall thickening or pericolic stranding seen. No enlarged or necrotic abdominopelvic lymph nodes are detected. No ascites or free intraperitoneal air. Streak artefact emanating from the right hip prostheses obscures structures of the pelvis. There is a new large fairly well-defined mass in the right iliopsoas muscle measuring 5.7 x 6.9 x 4.5 cm which may represent abscess or haematoma (image 2/173).Mild sclerosis of the L3 and L4 vertebral bodies with endplate irregularity due to known osteomyelitis and discitis is noted. The study was reviewed with Dr Low Choon Seng Adrian Shoen. CONCLUSION 1. Largely stable size of the bilateral small to moderate pleural effusions. Mild improvement of the consolidation in the right upper lobe but there is new consolidation and ground-glass opacification in the left upper lobe, likely infective. 2. Stable size of the large mass in the right lobe of liver. Liver cirrhosis. 3. No CT evidence of gastrointestinal tuberculosis manifestation. 4. New large fairly well-defined mass in the right iliopsoas muscle which may represent abscess or haematoma. Clinical correlation is suggested. 5. Mild sclerosis of the L3 and L4 vertebral bodies with endplate irregularity due to known osteomyelitis and discitis. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 85eef0aba0181b2b6b8755dfb2c817144ef806948c4ff685a5e545514fa5c143

Updated Date Time: 14/6/2016 16:14

## Layman Explanation

This radiology report discusses HISTORY RIF mass? on physical exam with persistent T2RF with decrease BS at right base with dullness to percussion. To assess if there is effusion. Possible TB gut TECHNIQUE Non-contrast CT due to renal impairment reduces sensitivity of the study. FINDINGS Previous CT of 1 May 2016 and MRI of 13 May 2016 were reviewed. Tracheostomy tube is in situ. Tip of the right central venous catheter is in the cavoatrial junction. Tip of the feeding tube is in the gastric pylorus. Persistent small to moderate bilateral pleural effusions are present, larger on the right with compressive atelectasis of the lower lobes. The patchy consolidation and ground-glass opacification in the right upper lobe has improved butthere is new patchy consolidation and ground-glass opacification in the left upper lobe. No enlarged hilar or mediastinal lymph nodes. There is cardiomegaly. No pericardial effusion. Irregular outline of the liver is in keeping with cirrhosis. A stable large 6.2 x 7.0 x 5.8 cm mass in segment 5/8 is noted. The spleen is not enlarged. Bulky bilateral adrenal glands are again noted. A stable 1.8 x 1.5 cm hypodense cystic lesion in the pancreatic head is seen (image 2/98). Tiny 1-2 mm non-obstructive caliceal calculi are observed. Small kidneys are in keeping with chronic renal parenchymal disease. No hydronephrosis. The urinary bladder is catheterised and collapsed. The prostate is not enlarged. The visualised bowel loops are unremarkable in particular the terminal ileum and caecum, with no overt wall thickening or pericolic stranding seen. No enlarged or necrotic abdominopelvic lymph nodes are detected. No ascites or free intraperitoneal air. Streak artefact emanating from the right hip prostheses obscures structures of the pelvis. There is a new large fairly well-defined mass in the right iliopsoas muscle measuring 5.7 x 6.9 x 4.5 cm which may represent abscess or haematoma (image 2/173).Mild sclerosis of the L3 and L4 vertebral bodies with endplate irregularity due to known osteomyelitis and discitis is noted. The study was reviewed with Dr Low Choon Seng Adrian Shoen. CONCLUSION 1. Largely stable size of the bilateral small to moderate pleural effusions. Mild improvement of the consolidation in the right upper lobe but there is new consolidation and ground-glass opacification in the left upper lobe, likely infective. 2. Stable size of the large mass in the right lobe of liver. Liver cirrhosis. 3. No CT evidence of gastrointestinal tuberculosis manifestation. 4. New large fairly well-defined mass in the right iliopsoas muscle which may represent abscess or haematoma. Clinical correlation is suggested. 5. Mild sclerosis of the L3 and L4 vertebral bodies with endplate irregularity due to known osteomyelitis and discitis. 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.