# Row 2921

Visit Number: ea2e821fb43803cf20ea5d41462adc3248556f316e4ecd9e6f80f51e0f134403

Masked\_PatientID: 2921

Order ID: d9b0346855df14a0ac4e5b35cb17c19bc32bfc7b260ab87025d0c03076877498

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 30/12/2016 16:16

Line Num: 1

Text: HISTORY Oligouric for the past 48hrs since admission, despite fluid boluses. TRO obstruction. Bedside US by, no enlarged bladder, likely prerenal causes underlying adv HCC on trial drug TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast FINDINGS New collapse consolidation of both lung lower lobes are noted with patchy consolidation in the left lung upper lobe. Small bilateral pleural effusions. No grossly enlarged hilar or mediastinal lymph nodes. A large tumour in the right liver lobe is seen measuring 13.7 x 10.4 cm largely stable. Adjacent smaller 2.3 cm tumour in segment 4 is also stable. The tumour abuts the IVC. The tumour extending to the IVC is better seen with contrast. Gallbladder is unremarkable. The biliary tracts are not grossly dilated. The spleen, pancreas and left adrenal and kidney are unremarkable. Right adrenal gland is not well seen. The right kidney remains displaced inferiorly and slightly compressed by the ® liver tumour. Urinary bladder is largely decompressed with a Foley catheter. There is no hydronephrosis. There is in the suprapubic region a large 15x14 cm new multilocular intraperitoneal collection of blood and fluid extending to the midline anterior abdominal wall rectus sheath. This is suspicious for new intraperitoneal haematoma that involves the rectus sheath. Some of the small bowel segments on the left and the ascending colon appear distended which is likely due to ileus. Diffuse stranding of the subcutaneous fat in keeping with a generalised edematous state. T7 mild compression fracture noted. Severe compression fracture of T8 associated with increased focal lucency that is indeterminate. Left 8th rib fracture is again noted. CONCLUSION No hydronephrosis. The bladder is decompressed with a Foley catheter. There is however a large suprapubic pelvic haematoma that extends into the midline anterior abdominal wall rectus sheath.. Underlying HCC. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: bf238ccbfdd21ea00398742497e64d77f48bd7ea2543376faf1f775f4917d4f6

Updated Date Time: 30/12/2016 16:56

## Layman Explanation

This radiology report discusses HISTORY Oligouric for the past 48hrs since admission, despite fluid boluses. TRO obstruction. Bedside US by, no enlarged bladder, likely prerenal causes underlying adv HCC on trial drug TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast FINDINGS New collapse consolidation of both lung lower lobes are noted with patchy consolidation in the left lung upper lobe. Small bilateral pleural effusions. No grossly enlarged hilar or mediastinal lymph nodes. A large tumour in the right liver lobe is seen measuring 13.7 x 10.4 cm largely stable. Adjacent smaller 2.3 cm tumour in segment 4 is also stable. The tumour abuts the IVC. The tumour extending to the IVC is better seen with contrast. Gallbladder is unremarkable. The biliary tracts are not grossly dilated. The spleen, pancreas and left adrenal and kidney are unremarkable. Right adrenal gland is not well seen. The right kidney remains displaced inferiorly and slightly compressed by the ® liver tumour. Urinary bladder is largely decompressed with a Foley catheter. There is no hydronephrosis. There is in the suprapubic region a large 15x14 cm new multilocular intraperitoneal collection of blood and fluid extending to the midline anterior abdominal wall rectus sheath. This is suspicious for new intraperitoneal haematoma that involves the rectus sheath. Some of the small bowel segments on the left and the ascending colon appear distended which is likely due to ileus. Diffuse stranding of the subcutaneous fat in keeping with a generalised edematous state. T7 mild compression fracture noted. Severe compression fracture of T8 associated with increased focal lucency that is indeterminate. Left 8th rib fracture is again noted. CONCLUSION No hydronephrosis. The bladder is decompressed with a Foley catheter. There is however a large suprapubic pelvic haematoma that extends into the midline anterior abdominal wall rectus sheath.. Underlying HCC. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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