# Row 2939

Visit Number: aeeef4878f70b67fe01c78f230a81af44e9a46a6d7b0cf172a6f1126f9452b9d

Masked\_PatientID: 2938

Order ID: 4f236298d70a70d84a6be14b9af513d3d2c97d02857bd258fe7c777366267166

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 11/4/2018 15:36

Line Num: 1

Text: HISTORY septic shock with localised epigastric pain for localisation of source TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There are no prior relevant scans available for comparison. CHEST Bilateral pleural effusions, moderate on the right and small on the left, are seen. Associated consolidation-collapse of the adjacent dependent sections of the lower lobes is noted. Smooth thickening of interlobar septa bilaterally. Small foci of clustered nodularities in the posterior/apicoposterior segments of the upper lobes (6-30 and 6-20) and ground-glass opacities in the superior segment of the both lower lobes (6-33 and 6-41) may represent part of oedema or infection. No pulmonary embolus is seen in the pulmonary arteries and their lobar and segmental branches. No significantly enlarged mediastinal, hilar, supraclavicular lymph nodeis detected. . There are borderline prominent bilateral axillary nodes. The heart is normal in size. No pericardial effusion is seen. Reflux (during the arterial phase) and layering of contrast (on the venous phase) within the distended IVC is likely related to shock. Small amount of gas seen in the right neck and some of major thoracic veins (e.g. the left brachiocephalic vein, se:5-22), likely due to inadvertent injection of air during IV contrast (pressure injector). ABODMEN-PELVIS Moderate amount of ascites along with periportal oedema and subcutaneous anasarca seen. The liver, gallbladder, spleen, pancreas, adrenal glands, kidneys, uterus appear unremarkable. Catheterised urinary bladder is collapsed. Focal density (9-30) along the right pelvic side wall is contiguous with the collapsed bladder, likely contrast within a collapsed urinary bladder. Ovaries are not enlarged. Oedematous gallbladder. Bowel is normal in calibre and distribution. Mildbowel wall oedema, particularly of colon is noted, nonspecific, may be due to generalised fluid overload state Appendix is seen and appears normal. There is no free intraperitoneal gas. Small volume to borderline prominent nodes in retroperitoneum and along iliac regions bilaterally. The bones appear unremarkable. CONCLUSION 1. Significant 3rd spacing with bilateral pleural effusions, ascites, anasarca and associated periportal oedema. 2. Small areas of nodularities and ground-glass opacities in the posterior/apicoposterior segments of the upper lobes and superior segments of the lower lobes may be part of oedema or may represent infection, clinical correlation will be required. 3. No pneumoperitoneum or suspicious intra-abdominal collection. 4. Small volume to borderline prominent nodes in bilateral axillary regions, retroperitoneum and iliac regions, of uncertain significance.? Reactive. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: ad4d70519fa48239ba8f53eef3bda956be31699cb5738d9291ebbd5c80898522

Updated Date Time: 11/4/2018 20:19

## Layman Explanation

This radiology report discusses HISTORY septic shock with localised epigastric pain for localisation of source TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There are no prior relevant scans available for comparison. CHEST Bilateral pleural effusions, moderate on the right and small on the left, are seen. Associated consolidation-collapse of the adjacent dependent sections of the lower lobes is noted. Smooth thickening of interlobar septa bilaterally. Small foci of clustered nodularities in the posterior/apicoposterior segments of the upper lobes (6-30 and 6-20) and ground-glass opacities in the superior segment of the both lower lobes (6-33 and 6-41) may represent part of oedema or infection. No pulmonary embolus is seen in the pulmonary arteries and their lobar and segmental branches. No significantly enlarged mediastinal, hilar, supraclavicular lymph nodeis detected. . There are borderline prominent bilateral axillary nodes. The heart is normal in size. No pericardial effusion is seen. Reflux (during the arterial phase) and layering of contrast (on the venous phase) within the distended IVC is likely related to shock. Small amount of gas seen in the right neck and some of major thoracic veins (e.g. the left brachiocephalic vein, se:5-22), likely due to inadvertent injection of air during IV contrast (pressure injector). ABODMEN-PELVIS Moderate amount of ascites along with periportal oedema and subcutaneous anasarca seen. The liver, gallbladder, spleen, pancreas, adrenal glands, kidneys, uterus appear unremarkable. Catheterised urinary bladder is collapsed. Focal density (9-30) along the right pelvic side wall is contiguous with the collapsed bladder, likely contrast within a collapsed urinary bladder. Ovaries are not enlarged. Oedematous gallbladder. Bowel is normal in calibre and distribution. Mildbowel wall oedema, particularly of colon is noted, nonspecific, may be due to generalised fluid overload state Appendix is seen and appears normal. There is no free intraperitoneal gas. Small volume to borderline prominent nodes in retroperitoneum and along iliac regions bilaterally. The bones appear unremarkable. CONCLUSION 1. Significant 3rd spacing with bilateral pleural effusions, ascites, anasarca and associated periportal oedema. 2. Small areas of nodularities and ground-glass opacities in the posterior/apicoposterior segments of the upper lobes and superior segments of the lower lobes may be part of oedema or may represent infection, clinical correlation will be required. 3. No pneumoperitoneum or suspicious intra-abdominal collection. 4. Small volume to borderline prominent nodes in bilateral axillary regions, retroperitoneum and iliac regions, of uncertain significance.? Reactive. 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.