# Row 3015

Visit Number: f65bd00a0ba175279376fb04bfacfa7999cf3e9b9964bfd3253b65b07e1d4567

Masked\_PatientID: 3002

Order ID: ff8523b09b31413e05d1ff3b1f4abcab72677907161ad413d6a70a1385afe0e9

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/10/2015 12:45

Line Num: 1

Text: HISTORY pt p/w fever. Acute Hb drop from 8 to 5. For CT TAP. Known to have a loculated left pleural effusion. On dialsis. Need CTTAP to ? localise source of bleed TRO retroperitoneal bleed. Last tap noted to be hemoserous was ? hemothorax at that time but CTVS reviewed not for op. TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of intravenous contrast. Multiphasic axial images of the abdomen and pelvis were also obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the CT thorax dated 6/10/2015. Stable loculated (L) hydropneumothorax with pleural thickening and enhancement and gas pockets in the left upper zone (6-20)as well as left lower zone (6-76). Compressive atelectasis of the (L) upper and lingula lobe and the collapse/consolidation of the left lower lobe is largely unchanged. The (R) lung is unremarkable apart from dependent atelectasis. The mediastinal vessels opacify normally. The heart is normal in size. Stable small low density(HU:17) pericardial effusion is present. A right dialysis catheter in situ and its tip is at the right ventricle/in the region of the triscuspid valve. Interval insertion of left subclavian line with its tip at the superior vena cava. Median sternotomy wires and surgical sutures of prior CABG noted. Several mildly enlarged mediastinal and bilateral lymph nodes are likely reactive in nature. Most of these are stable in size except for a subcarinal node which marginally larger. Small amount of low attenuation free fluid is noted in the pelvis. No retroperitoneal haematoma or haemoperitoneum is noted. No abnormal intra-abdominal collection is seen. No pneumoperitoneum is seen. No abnormal intraluminal contrast extravasation to suggest active haemorrhage in the abdomen and pelvis. Several tiny gallstones noted. Nonspecific gallbladder mural oedema is present. There is 7 mm hypodense focus in segment VII of the liver is deemed too small to characterise. Both kidneys are slightly small with presence of low density perinephric fluid. The latter is non-specific in nature as the underlying kidneys enhance normally. Subcentimetre hypodensities in both kidneys are too small be characterised but possibly cysts. No suspicious renal mass is seen. There is no hydronephrosis. The spleen, pancreas and adrenal glands appear unremarkable. The prostate gland is not enlarged. Urinary bladder is collapsed, limiting assessment. Multiple prominent with a few borderline enlarged retroperitoneal nodes measuring up to 1.2 cm for example the left para-aortic (5-59), aortocaval (5-54) as well as bilateral external iliac lymph nodes (5-112) are non specific and probably reactive in nature. The bowel is of normal calibre. Next is normal in appearance. There is old healed fracture of the right clavicle. No bony destruction is seen. CONCLUSION No retroperitoneal haematoma, haemoperitoneum or evidence of active haemorrhage in the abdomen and pelvis at time of scanning. Stable loculated (L) hydropneumothorax. Stable (L) lower lobe collapse/ consolidation Borderline enlarged axillary, mediastinal and retroperitoneal nodes are likely reactive in nature. Gallstones with non-specific gallbladder wall thickening. Minimal ascites. May need further action Chia Ghim Song , Resident , 17813F Finalised by: <DOCTOR>

Accession Number: c705733ec19aa91acea0a4a587095de43b7e58dc53337c22a63829d44d383a37

Updated Date Time: 26/10/2015 11:41

## Layman Explanation

This radiology report discusses HISTORY pt p/w fever. Acute Hb drop from 8 to 5. For CT TAP. Known to have a loculated left pleural effusion. On dialsis. Need CTTAP to ? localise source of bleed TRO retroperitoneal bleed. Last tap noted to be hemoserous was ? hemothorax at that time but CTVS reviewed not for op. TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of intravenous contrast. Multiphasic axial images of the abdomen and pelvis were also obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the CT thorax dated 6/10/2015. Stable loculated (L) hydropneumothorax with pleural thickening and enhancement and gas pockets in the left upper zone (6-20)as well as left lower zone (6-76). Compressive atelectasis of the (L) upper and lingula lobe and the collapse/consolidation of the left lower lobe is largely unchanged. The (R) lung is unremarkable apart from dependent atelectasis. The mediastinal vessels opacify normally. The heart is normal in size. Stable small low density(HU:17) pericardial effusion is present. A right dialysis catheter in situ and its tip is at the right ventricle/in the region of the triscuspid valve. Interval insertion of left subclavian line with its tip at the superior vena cava. Median sternotomy wires and surgical sutures of prior CABG noted. Several mildly enlarged mediastinal and bilateral lymph nodes are likely reactive in nature. Most of these are stable in size except for a subcarinal node which marginally larger. Small amount of low attenuation free fluid is noted in the pelvis. No retroperitoneal haematoma or haemoperitoneum is noted. No abnormal intra-abdominal collection is seen. No pneumoperitoneum is seen. No abnormal intraluminal contrast extravasation to suggest active haemorrhage in the abdomen and pelvis. Several tiny gallstones noted. Nonspecific gallbladder mural oedema is present. There is 7 mm hypodense focus in segment VII of the liver is deemed too small to characterise. Both kidneys are slightly small with presence of low density perinephric fluid. The latter is non-specific in nature as the underlying kidneys enhance normally. Subcentimetre hypodensities in both kidneys are too small be characterised but possibly cysts. No suspicious renal mass is seen. There is no hydronephrosis. The spleen, pancreas and adrenal glands appear unremarkable. The prostate gland is not enlarged. Urinary bladder is collapsed, limiting assessment. Multiple prominent with a few borderline enlarged retroperitoneal nodes measuring up to 1.2 cm for example the left para-aortic (5-59), aortocaval (5-54) as well as bilateral external iliac lymph nodes (5-112) are non specific and probably reactive in nature. The bowel is of normal calibre. Next is normal in appearance. There is old healed fracture of the right clavicle. No bony destruction is seen. CONCLUSION No retroperitoneal haematoma, haemoperitoneum or evidence of active haemorrhage in the abdomen and pelvis at time of scanning. Stable loculated (L) hydropneumothorax. Stable (L) lower lobe collapse/ consolidation Borderline enlarged axillary, mediastinal and retroperitoneal nodes are likely reactive in nature. Gallstones with non-specific gallbladder wall thickening. Minimal ascites. May need further action Chia Ghim Song , Resident , 17813F Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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