# Row 3104

Visit Number: 061ffb6103c228069df9afdde23b77a0e482d12f9642efc54cd684bf81f1c3c0

Masked\_PatientID: 3103

Order ID: ac99ab3e8203c4c31c5c9f09eedb6ae3e4711e80b7287ca6db30944c4a7b8165

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/7/2016 11:53

Line Num: 1

Text: HISTORY fever ?acute prostatitis TECHNIQUE Unenhanced CT chest, abdomen and pelvis following oral contrast Intravenous contrast was not administered due to renal impairment. FINDINGS There is no mediastinal, hilar or axillarylymphadenopathy. The heart size is mildly enlarged. There is no pericardial effusion. Previous coronary artery bypass surgery and sternotomy wires are noted. There is trace of pleural fluid bilaterally with mild adjacent atelectasis. The lungs are otherwise clear. There is no pulmonary nodule or consolidation. The airways are patent. The unenhanced liver has a 1.6 cm cyst in the segment III. Several subcentimetre hypodense foci are also present which are too small to characterise the gallbladder is contracted. No calcified calculus is seen. The spleen, pancreas and both adrenal glands are within normal limits. The right kidney shows normal size and contour. The left kidney is slightly small with cortical thinning, particularly at the lower pole, likely due to scarring. There also caliceal calculi. There is urothelial thickening of the left renal pelvis (series two image 121) which is nonspecific. There is no hydronephrosis or hydroureter. Theurinary bladder is suboptimally distended with a Foley catheter in situ. The prostate gland is mildly enlarged indenting the urinary bladder neck. No prostatic abscess is seen but the sensitivity is limited on this unenhanced study. The seminalvesicles are unremarkable. The stomach and bowel loops are also unremarkable. There is no abnormal dilatation or mural thickening or mass lesion. There is no free intraperitoneal gas, free fluid or focal fluid collection. There are multiple non-specific small lucent foci in the axial skeleton without cortical involvement or destruction. There are also lucent foci at the left ilium left superior pubic ramus and right proximal femur in the trabeculae and cortices which are unchanged from the prior radiograph dated 16/01/2014. These are therefore likely longstanding and are of doubtful clinical significance. CONCLUSION 1. The left kidney shows cortical scarring with caliceal calculi. There is urothelial thickening of the left renal pelvis which may be inflammatory / infectious. There is no evidence of renal tract obstruction. 2. The prostate gland is mildly enlarged, indenting the urinary bladder neck. However, prostatitis or prostatic abscess is. But assessment for prostatitis and prostatic abscess is limited on this unenhanced CT study. 3. No fluid collection or abscess is seen in the abdomen or pelvis. Known / Minor Finalised by: <DOCTOR>

Accession Number: bce5ec63bf6cd86a4ef7d19203fbd502545cf4f3ec900f469b7aa4d952c5fa7d

Updated Date Time: 09/7/2016 13:06

## Layman Explanation

This radiology report discusses HISTORY fever ?acute prostatitis TECHNIQUE Unenhanced CT chest, abdomen and pelvis following oral contrast Intravenous contrast was not administered due to renal impairment. FINDINGS There is no mediastinal, hilar or axillarylymphadenopathy. The heart size is mildly enlarged. There is no pericardial effusion. Previous coronary artery bypass surgery and sternotomy wires are noted. There is trace of pleural fluid bilaterally with mild adjacent atelectasis. The lungs are otherwise clear. There is no pulmonary nodule or consolidation. The airways are patent. The unenhanced liver has a 1.6 cm cyst in the segment III. Several subcentimetre hypodense foci are also present which are too small to characterise the gallbladder is contracted. No calcified calculus is seen. The spleen, pancreas and both adrenal glands are within normal limits. The right kidney shows normal size and contour. The left kidney is slightly small with cortical thinning, particularly at the lower pole, likely due to scarring. There also caliceal calculi. There is urothelial thickening of the left renal pelvis (series two image 121) which is nonspecific. There is no hydronephrosis or hydroureter. Theurinary bladder is suboptimally distended with a Foley catheter in situ. The prostate gland is mildly enlarged indenting the urinary bladder neck. No prostatic abscess is seen but the sensitivity is limited on this unenhanced study. The seminalvesicles are unremarkable. The stomach and bowel loops are also unremarkable. There is no abnormal dilatation or mural thickening or mass lesion. There is no free intraperitoneal gas, free fluid or focal fluid collection. There are multiple non-specific small lucent foci in the axial skeleton without cortical involvement or destruction. There are also lucent foci at the left ilium left superior pubic ramus and right proximal femur in the trabeculae and cortices which are unchanged from the prior radiograph dated 16/01/2014. These are therefore likely longstanding and are of doubtful clinical significance. CONCLUSION 1. The left kidney shows cortical scarring with caliceal calculi. There is urothelial thickening of the left renal pelvis which may be inflammatory / infectious. There is no evidence of renal tract obstruction. 2. The prostate gland is mildly enlarged, indenting the urinary bladder neck. However, prostatitis or prostatic abscess is. But assessment for prostatitis and prostatic abscess is limited on this unenhanced CT study. 3. No fluid collection or abscess is seen in the abdomen or pelvis. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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