# Row 3222

Visit Number: e602565f5754ee5e050e27c20ad09d4fa574ce49317df738ca9303830abfcc60

Masked\_PatientID: 3222

Order ID: e1fba1cf7f7cd4dad1e9a462005a2dec5fdb689611bfc91216e61514ace45f5b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/11/2016 18:20

Line Num: 1

Text: HISTORY admitted for jerking movements ?myoclonic jerks a/w fever noted persistent fever despite 3 days IV roc and acyclovir currently no obv source of infx, for CT TAP to look for infective source TECHNIQUE Contrast enhanced CT chest, abdomen and pelvis study. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Chest radiograph dated 21 November 2016 was reviewed. Image quality is degraded by motion artefacts. Chest: No consolidation or pleural effusionis seen. There is atelectasis in the medial aspect of the left lower lobe. The tracheobronchial tree is patent. There is mild cardiomegaly with a small sliver of pericardial effusion. No enlarged supraclavicular, axillary, mediastinal or hilar lymph node is detected. Abdomen and pelvis: The tip of a right femoral vascular catheter is noted in the right common iliac vein. The liver outline is smooth; no focal lesion or biliary dilatation. Layering of small amounts of dense material in the gallbladder neck may represent biliary sludge. No evidence of acute cholecystitis. The kidneys are small and show bilateral low attenuating cysts, the largest in the left interpolar region measuring approximately 6.4 x 5.7 cm. There are thin cyst wall calcifications in the right upper pole and the left lower pole, consistent with Bosniak II renal cysts. No hydronephrosis. Minimal nonspecific perinephric fat stranding with no fluid collection is seen. The pancreas, spleen and adrenal glands are normal. The urinary bladder and prostate gland are unremarkable. Incidental finding of a small D2 diverticulum. There is minimal nonspecific fat stranding noted from the cecal region, with evidence of a few colonic diverticula. No gross evidence of perforation, overt inflammation or pericolic fluid collection. No enlarged abdominal or pelvic lymph node is detected. The iliopsoas muscles are unremarkable. Bony deformity of the left distal clavicle is likely from prior injury. Apparent step deformity noted in the lateral left 8th rib (Se 9-41) is likely due to motion artefacts rather than a fracture. Please correlate clinically. No destructive bony lesion. CONCLUSION 1. No significant pathology is detected in the chest, abdomen or pelvis. 2. Nonspecific fat stranding around the cecal region may be related to diverticular disease. No evidence of overt inflammation, perforation or pericolic fluid collection. 3. Other minor findings are as described. Known / Minor Reported by: <DOCTOR>

Accession Number: a9877255bf464052765f89c6b2f7c0c0f100e540f159f3d52a868acd4701473b

Updated Date Time: 22/11/2016 11:22

## Layman Explanation

This radiology report discusses HISTORY admitted for jerking movements ?myoclonic jerks a/w fever noted persistent fever despite 3 days IV roc and acyclovir currently no obv source of infx, for CT TAP to look for infective source TECHNIQUE Contrast enhanced CT chest, abdomen and pelvis study. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Chest radiograph dated 21 November 2016 was reviewed. Image quality is degraded by motion artefacts. Chest: No consolidation or pleural effusionis seen. There is atelectasis in the medial aspect of the left lower lobe. The tracheobronchial tree is patent. There is mild cardiomegaly with a small sliver of pericardial effusion. No enlarged supraclavicular, axillary, mediastinal or hilar lymph node is detected. Abdomen and pelvis: The tip of a right femoral vascular catheter is noted in the right common iliac vein. The liver outline is smooth; no focal lesion or biliary dilatation. Layering of small amounts of dense material in the gallbladder neck may represent biliary sludge. No evidence of acute cholecystitis. The kidneys are small and show bilateral low attenuating cysts, the largest in the left interpolar region measuring approximately 6.4 x 5.7 cm. There are thin cyst wall calcifications in the right upper pole and the left lower pole, consistent with Bosniak II renal cysts. No hydronephrosis. Minimal nonspecific perinephric fat stranding with no fluid collection is seen. The pancreas, spleen and adrenal glands are normal. The urinary bladder and prostate gland are unremarkable. Incidental finding of a small D2 diverticulum. There is minimal nonspecific fat stranding noted from the cecal region, with evidence of a few colonic diverticula. No gross evidence of perforation, overt inflammation or pericolic fluid collection. No enlarged abdominal or pelvic lymph node is detected. The iliopsoas muscles are unremarkable. Bony deformity of the left distal clavicle is likely from prior injury. Apparent step deformity noted in the lateral left 8th rib (Se 9-41) is likely due to motion artefacts rather than a fracture. Please correlate clinically. No destructive bony lesion. CONCLUSION 1. No significant pathology is detected in the chest, abdomen or pelvis. 2. Nonspecific fat stranding around the cecal region may be related to diverticular disease. No evidence of overt inflammation, perforation or pericolic fluid collection. 3. Other minor findings are as described. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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