# Row 4425

Visit Number: 7f409e91f15713726079c6a6f1386a8dd96b2f3bd2908f5ec3bb86853ff2607c

Masked\_PatientID: 4401

Order ID: 0eb9933e65b3af19a9949195b1ef09f581d98c06528aab47f3e79569c8a85636

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/3/2020 15:10

Line Num: 1

Text: HISTORY assess for intra abdominal source of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS CT colonography dated 16 Apr 2018 and CT chest dated 13 Jun 2011 were reviewed. Chest: No pulmonary mass or consolidation is noted. Several nonspecific subcentimetre nodules are noted. For example, in the left upper lobe (6/29, 45), left lower lobe (9/34), middle lobe (6/71) and right lower lobe (6/48). Tiny perifissural nodules also seen along the right oblique (9/48) and horizontal fissures (9/60). There are patchy scarring and subpleural reticular changes, worse in the bilateral upper lobes. Subsegmental atelectasis is noted. Bilateral small pleural effusions. The central airways are patent. Enlarged and prevascular (0.9 cm, 05-34) is nonspecific. Mediastinal vessels show normal opacification. Cardiomegaly. Severe atherosclerotic calcification of the coronary arteries noted. No pericardial effusion is present. Abdomen and pelvis: No focal hepatic lesion is noted. The hepatic and portal veins are patent. The gallbladder contains calcified gallstones with no evidence of acute cholecystitis. Focal mural thickening of thegallbladder fundus may represent adenomyomatosis. The biliary tree is not dilated. The pancreas, spleen and right adrenal gland are unremarkable. A 1.5 cm left adrenal nodule is noted, stable in size since CT of Jun 2011 (7/28). Both kidneys enhance symmetrically. Bilateral renal hypodensities are seen, the larger ones are compatible with cysts whilst the subcentimetre ones are too small to characterise. There is no hydronephrosis. The catheterised urinary bladder is under distended. Mural thickening of the urinary bladder may be related to under distension. A pocket of intra-vesical gas is probably due to recent catheterisation. The prostate gland is enlarged. The bowel is normal in calibre and distribution. The appendix is normal. No intra-abdominal collection is seen. Minimal ascites is seen in the pelvis. No pneumoperitoneum or significantly enlarged abdominopelvic lymph node is noted. The aorta is of normal calibre with atherosclerotic calcifications. Prior right PFNA insertion. No bony destruction. CONCLUSION 1. No source of sepsis in the thorax, abdomen and pelvis. 2. Non-specific tiny pulmonary and perifissural nodules. 3. Stable left adrenal nodule, possibly an adenoma. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 9ca03ff959e406ee1fe99c880687d43c30c78ff153ef3ee6126a3f9cfce2598c

Updated Date Time: 26/3/2020 16:26

## Layman Explanation

This radiology report discusses HISTORY assess for intra abdominal source of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS CT colonography dated 16 Apr 2018 and CT chest dated 13 Jun 2011 were reviewed. Chest: No pulmonary mass or consolidation is noted. Several nonspecific subcentimetre nodules are noted. For example, in the left upper lobe (6/29, 45), left lower lobe (9/34), middle lobe (6/71) and right lower lobe (6/48). Tiny perifissural nodules also seen along the right oblique (9/48) and horizontal fissures (9/60). There are patchy scarring and subpleural reticular changes, worse in the bilateral upper lobes. Subsegmental atelectasis is noted. Bilateral small pleural effusions. The central airways are patent. Enlarged and prevascular (0.9 cm, 05-34) is nonspecific. Mediastinal vessels show normal opacification. Cardiomegaly. Severe atherosclerotic calcification of the coronary arteries noted. No pericardial effusion is present. Abdomen and pelvis: No focal hepatic lesion is noted. The hepatic and portal veins are patent. The gallbladder contains calcified gallstones with no evidence of acute cholecystitis. Focal mural thickening of thegallbladder fundus may represent adenomyomatosis. The biliary tree is not dilated. The pancreas, spleen and right adrenal gland are unremarkable. A 1.5 cm left adrenal nodule is noted, stable in size since CT of Jun 2011 (7/28). Both kidneys enhance symmetrically. Bilateral renal hypodensities are seen, the larger ones are compatible with cysts whilst the subcentimetre ones are too small to characterise. There is no hydronephrosis. The catheterised urinary bladder is under distended. Mural thickening of the urinary bladder may be related to under distension. A pocket of intra-vesical gas is probably due to recent catheterisation. The prostate gland is enlarged. The bowel is normal in calibre and distribution. The appendix is normal. No intra-abdominal collection is seen. Minimal ascites is seen in the pelvis. No pneumoperitoneum or significantly enlarged abdominopelvic lymph node is noted. The aorta is of normal calibre with atherosclerotic calcifications. Prior right PFNA insertion. No bony destruction. CONCLUSION 1. No source of sepsis in the thorax, abdomen and pelvis. 2. Non-specific tiny pulmonary and perifissural nodules. 3. Stable left adrenal nodule, possibly an adenoma. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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