# Row 4678

Visit Number: c7dfb2a097cd1122dfa51140b0e834dd353779a5568b2681f64cad5c5b954f9f

Masked\_PatientID: 4673

Order ID: 5551b821d59e8670b866cfd34aec9ba101c3257b308e18578b8540355864721a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 31/12/2020 18:52

Line Num: 1

Text: HISTORY renal patient on peritoneal dialysis with recurrent fevers and desaturation despite prolonged broad spectrum antibiotics, to rule out sources of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Oral Contrast FINDINGS Comparison is made with the previous CT of 23 Dec 2020 and August 2018. The liver is fatty. No suspicious focal liver mass. Spleen is not enlarged. The pancreas, adrenals, gallbladder show no significant abnormality. The biliary tracts are not dilated. Small kidneys bilaterally with cysts consistent with end-stage parenchymal disease. No overtly suspicious renal mass. Tiny calcifications in the right renal midpole andleft lower pole probably vascular calcification. No hydronephrosis. The bladder is unremarkable. Dialysis catheter is coiled in the pelvic cavity. Only small amounts of ascites with no discrete intraperitoneal or retroperitoneal fluid collection. The pneumoperitoneum has resolved. Status post bilateral hernia repair. No obvious recurrent hernia. The bowel is not dilated or thickened. Uncomplicated predominantly ascending colonic diverticula. No enlarged pelvic or para-aortic lymph nodes are detected. A small calcified granuloma in the right lung upper lobe. No sinister pulmonary lesion. Bilateral basal lower lobe minor atelectasis in the dependent areas. No enlarged hilar or mediastinal lymph nodes, pleural or pericardial effusion. Heart is mildly enlarged. Aortoiliac atherosclerotic disease No destructive bone lesion. CONCLUSION Minor findings with no discrete source of sepsis. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: b01a423a9b5eab6fc0763520ca4b9aa7fc1ef83406a24fc40b6ae78d8e04b24d

Updated Date Time: 31/12/2020 19:36

## Layman Explanation

This radiology report discusses HISTORY renal patient on peritoneal dialysis with recurrent fevers and desaturation despite prolonged broad spectrum antibiotics, to rule out sources of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Oral Contrast FINDINGS Comparison is made with the previous CT of 23 Dec 2020 and August 2018. The liver is fatty. No suspicious focal liver mass. Spleen is not enlarged. The pancreas, adrenals, gallbladder show no significant abnormality. The biliary tracts are not dilated. Small kidneys bilaterally with cysts consistent with end-stage parenchymal disease. No overtly suspicious renal mass. Tiny calcifications in the right renal midpole andleft lower pole probably vascular calcification. No hydronephrosis. The bladder is unremarkable. Dialysis catheter is coiled in the pelvic cavity. Only small amounts of ascites with no discrete intraperitoneal or retroperitoneal fluid collection. The pneumoperitoneum has resolved. Status post bilateral hernia repair. No obvious recurrent hernia. The bowel is not dilated or thickened. Uncomplicated predominantly ascending colonic diverticula. No enlarged pelvic or para-aortic lymph nodes are detected. A small calcified granuloma in the right lung upper lobe. No sinister pulmonary lesion. Bilateral basal lower lobe minor atelectasis in the dependent areas. No enlarged hilar or mediastinal lymph nodes, pleural or pericardial effusion. Heart is mildly enlarged. Aortoiliac atherosclerotic disease No destructive bone lesion. CONCLUSION Minor findings with no discrete source of sepsis. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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