# Row 4877

Visit Number: d89805a1475956d9a2d7c784720d7e9238f077afcc78a0d2a41df6fe69179e41

Masked\_PatientID: 4865

Order ID: 68c70f8376872e72d9e8aa6cc5bbe49b15be370eecf185f424f99438e6d5940a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 11/9/2015 18:35

Line Num: 1

Text: HISTORY trauma TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 75 FINDINGS No prior scans available for comparison. Dense ascites noted mainly at the perisplenic / left subphrenic spaces and extending along the left paracolic gutter into the pelvis is in keeping with haemoperitoneum. Non-enhancing areas within the spleen are in keeping with splenic lacerations and intrasplenic haematoma. The splenic vascular pedicle appears intact with no active contrast extravasation. Surrounding haematoma is also evident. There is normal enhancement of the liver and the hepatic arteries, portal veins and hepatic veins show normal opacification. Calcific densities in segments 7 and 8 of the liver likely represent granulomata. The gallbladder is incompletely compartmentalised. No cholelithiasis, wall thickening is seen, nor is there evident dilatation of the biliary tree.The pancreas and adrenal glands show normal features. The kidneys are largely unremarkable apart from a small well-defined hypodensity at the upper pole which is too small to characterise. No hydronephrosis is evident. The urinary bladder is not distended. The bowel loops are unremarkable except for uncomplicated caecal diverticula. The patient is catheterised but the tip appears to lie within the prostatic urethra. Readjustment is advised. The prostate and seminal vesicles are unremarkable. No significantly enlarged intra-abdominal or pelvic lymph node is seen. There is incidental aberrant origin of the right subclavian artery. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. No pulmonary nodule, consolidation or ground-glass opacity is detected. Minimal bilateral pleural effusions are present. There are multiple minimally displaced left rib fractures involving the left 4th-9th ribs and further non-displaced lateral fractures of the 4th-7th ribs. No destructive bone lesion. The findings were conveyed to Dr Hide Wee at 8PM on 11/09/2015 by Dr Poh Pei Ghim. CONCLUSION 1. Haemoperitoneum and splenic lacerations/perisplenic haematoma as described (AAST scale: 4). No gross active contrast extravasation is evident. 2. Fractures of the left 4th-9th ribs, with non-displaced second fractures involving the 4th-7th ribs. 3. Minimal pleural effusions. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: df65fb161faecd81d8e255c60fb95649c13fb61c0c760b0c51d6f7353d183f4b

Updated Date Time: 12/9/2015 0:10

## Layman Explanation

This radiology report discusses HISTORY trauma TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 75 FINDINGS No prior scans available for comparison. Dense ascites noted mainly at the perisplenic / left subphrenic spaces and extending along the left paracolic gutter into the pelvis is in keeping with haemoperitoneum. Non-enhancing areas within the spleen are in keeping with splenic lacerations and intrasplenic haematoma. The splenic vascular pedicle appears intact with no active contrast extravasation. Surrounding haematoma is also evident. There is normal enhancement of the liver and the hepatic arteries, portal veins and hepatic veins show normal opacification. Calcific densities in segments 7 and 8 of the liver likely represent granulomata. The gallbladder is incompletely compartmentalised. No cholelithiasis, wall thickening is seen, nor is there evident dilatation of the biliary tree.The pancreas and adrenal glands show normal features. The kidneys are largely unremarkable apart from a small well-defined hypodensity at the upper pole which is too small to characterise. No hydronephrosis is evident. The urinary bladder is not distended. The bowel loops are unremarkable except for uncomplicated caecal diverticula. The patient is catheterised but the tip appears to lie within the prostatic urethra. Readjustment is advised. The prostate and seminal vesicles are unremarkable. No significantly enlarged intra-abdominal or pelvic lymph node is seen. There is incidental aberrant origin of the right subclavian artery. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. No pulmonary nodule, consolidation or ground-glass opacity is detected. Minimal bilateral pleural effusions are present. There are multiple minimally displaced left rib fractures involving the left 4th-9th ribs and further non-displaced lateral fractures of the 4th-7th ribs. No destructive bone lesion. The findings were conveyed to Dr Hide Wee at 8PM on 11/09/2015 by Dr Poh Pei Ghim. CONCLUSION 1. Haemoperitoneum and splenic lacerations/perisplenic haematoma as described (AAST scale: 4). No gross active contrast extravasation is evident. 2. Fractures of the left 4th-9th ribs, with non-displaced second fractures involving the 4th-7th ribs. 3. Minimal pleural effusions. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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