# Row 5725

Visit Number: 89e5a147286a62f967635f11e4ba9e72bdccb86ecd6346bd0a14e08af66c24cc

Masked\_PatientID: 5711

Order ID: a8d810e3ee99ad62cb2cb2eed552ac951a98c52db36e2d4582566fc8769a39c3

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 17/9/2019 15:45

Line Num: 1

Text: HISTORY klebsiella pneumoniae bacteremia and recurrent joint infections, looking for etiology of infection causing the recurrent klebsiella pneumonia, as klebsiella pneumonia does not occur de-novo in joint. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Previous CT dated 22 November 2017 was reviewed. No suspicious pulmonary abnormality. Mild diffuse septal thickening and patchy ground-glass changes may reflect a degree of pulmonary venous congestion. Trachea and central airways are generally patent. Slivers of bilateral pleural effusions. Stable prominent but subcentimetre mediastinal nodes. Bilateral axillary nodes have increased in prominence and measure up to 1.5 cm on the right (402/17) - of indeterminate significane. No supraclavicular or hilar lymphadenopathy. Imaged thyroid gland is unremarkable. Left PICC with its tip at the caval atrial junction. Mediastinal structures opacifysatisfactorily. No pericardial effusion. No suspicious focal hepatic lesion. Stable calcified granuloma in segment 8 (501/25). Gallbladder, biliary tree, pancreas, spleen and adrenals are unremarkable. Kidneys enhance symmetrically. No hydronephrosis. There is a left duplex collecting system. Partially distended urinary bladder is unremarkable. Prostate gland is not enlarged. Bowel loops show normal calibre and distribution. Appendix is not inflamed. No pneumoperitoneum or ascites. No suspicious pelvic mass. There is swelling of the imaged left lower limb extending to the left hip and gluteal region. There are intramuscular air pockets within one of the left anterior thigh muscles (501/140). A partially imaged rim-enhancing subcutaneous fluid collection is also seen in the left anterolateral thigh (501/154). A partially imaged bony fragment is noted adjacent to the left femoral shaft. Several enlarged bilateral inguinal and external iliac lymph nodes maybe related to lower limb infection. Prominence of retroperitoneal nodes are nonspecific. Degenerative changes in the imaged spine. No suspicious bony destruction in the spine or sacrum. CONCLUSION Since CT dated 22 Nov 2017: 1. No convincing CT evidence of inflammation/infection in the thorax, abdomen or pelvis. 2. Imaged left hip joint/left thigh are better evaluated on the dedicated CT left femur done on the same day. Overall findings are concerning for subcutaneous/intramuscular infection. 3. Several enlarged inguinal and external iliac nodes are presumed to be reactive. 4. Other findings as described above. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 425e5173b381421c7687a8f9a6a7a07e43eafa3024efc9a5c6889955f6918ac8

Updated Date Time: 17/9/2019 16:38

## Layman Explanation

This radiology report discusses HISTORY klebsiella pneumoniae bacteremia and recurrent joint infections, looking for etiology of infection causing the recurrent klebsiella pneumonia, as klebsiella pneumonia does not occur de-novo in joint. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Previous CT dated 22 November 2017 was reviewed. No suspicious pulmonary abnormality. Mild diffuse septal thickening and patchy ground-glass changes may reflect a degree of pulmonary venous congestion. Trachea and central airways are generally patent. Slivers of bilateral pleural effusions. Stable prominent but subcentimetre mediastinal nodes. Bilateral axillary nodes have increased in prominence and measure up to 1.5 cm on the right (402/17) - of indeterminate significane. No supraclavicular or hilar lymphadenopathy. Imaged thyroid gland is unremarkable. Left PICC with its tip at the caval atrial junction. Mediastinal structures opacifysatisfactorily. No pericardial effusion. No suspicious focal hepatic lesion. Stable calcified granuloma in segment 8 (501/25). Gallbladder, biliary tree, pancreas, spleen and adrenals are unremarkable. Kidneys enhance symmetrically. No hydronephrosis. There is a left duplex collecting system. Partially distended urinary bladder is unremarkable. Prostate gland is not enlarged. Bowel loops show normal calibre and distribution. Appendix is not inflamed. No pneumoperitoneum or ascites. No suspicious pelvic mass. There is swelling of the imaged left lower limb extending to the left hip and gluteal region. There are intramuscular air pockets within one of the left anterior thigh muscles (501/140). A partially imaged rim-enhancing subcutaneous fluid collection is also seen in the left anterolateral thigh (501/154). A partially imaged bony fragment is noted adjacent to the left femoral shaft. Several enlarged bilateral inguinal and external iliac lymph nodes maybe related to lower limb infection. Prominence of retroperitoneal nodes are nonspecific. Degenerative changes in the imaged spine. No suspicious bony destruction in the spine or sacrum. CONCLUSION Since CT dated 22 Nov 2017: 1. No convincing CT evidence of inflammation/infection in the thorax, abdomen or pelvis. 2. Imaged left hip joint/left thigh are better evaluated on the dedicated CT left femur done on the same day. Overall findings are concerning for subcutaneous/intramuscular infection. 3. Several enlarged inguinal and external iliac nodes are presumed to be reactive. 4. Other findings as described above. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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