# Row 5779

Visit Number: a975e9743d94163cdc1d76357c083ffe4dd932daac2f3b049c27e30a7e877ab8

Masked\_PatientID: 5776

Order ID: 110400b0a10fd82332cbe43682d56755e6128d0b6c0cb11a22e65685de3bc3b0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/2/2019 9:59

Line Num: 1

Text: HISTORY Persistent Fever - on IV Antibiotics for 4 days - Procal flat, TW 20 TECHNIQUE Contrast enhanced CT thorax abdomen and pelvis was done. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made to prior CT dated 11 Jan 2019. CHEST Smaller left supraclavicular lymphadenopathy (eg Se5/3, 0.8cm Vs prior Se5/23, 1.3cm). Smaller mediastinal lymphadenopathy for example the right paratracheal node (Se5/34, 1.7cm Vs prior Se5/59, 2.0cm), left aortopulmonary window (Se5/33, 1.5cm Vs prior Se5/59, 2.0cm). Smaller right hilar node (Se5/49, 1.1cm Vs prior Se5/74, 1.8cm). No axillary lymphadenopathy. The dominant right lower lobe mass is slightly smaller (Se6/64, 3.8 x 3.7cm Vs prior Se4/87, 4.4 x 3.5cm). New small central cavitation is noted. Overall stable to slightly smaller nodularities along the right horizontal fissure (Se8/34 Vs prior Se300/44). The previously noted left upper lobe nodule is now indistinguishable from surrounding reticular and groundglass changes. No discrete new lung nodule is seen. The lungs show marginally increased subpleural reticulation with honeycombing, ground-glass opacities and traction bronchiectasis. Apical-basal gradient is demonstrated. Reduced lung volumes are again noted. Features are compatible with interstitial lung disease. No pleural effusion. The heart size is normal. Minimal fluid noted in the superior pericardial recess. ABDOMEN AND PELVIS The liver, biliary tree, gallbladder, pancreas, spleen and adrenals are unremarkable. New multiseptated rim enhancing hypodense lesion is noted at the upper pole of the left kidney, measuring 4.2 x 3.5 x 4.1cm (Se7/43, Se9/19). A new 1.0 x 0.7cm hypodense lesion is also noted at the anterior lower pole of the left kidney (Se7/64). These are likely to represent renal abscesses. The hypodense lesion in the posterior lower pole of the left kidney remains fairly stable (Se9/25, 1.8 x 1.6cm Vs prior Se301/46, 2.0 x 1.4cm), and is probably an abscess as well (not seen in the CT of 21 Nov 2018). Other existing tiny hypodense lesions in the right kidney are fairly stable and are probably cysts. No hydronephrosis. Increased left perinephricfat stranding is noted. The bowel loops are not dilated. The urinary bladder is unremarkable. The prostate is not enlarged. No abdominal or pelvis lymphadenopathy is seen. There is no ascites or pneumoperitoneum. No destructive bone lesion is seen. Degenerative changes are noted along the spine. CONCLUSION 1. Left pyelonephritis with new left renal abscesses. 2. Overall smaller supraclavicular, mediastinal and hilar lymphadenopathy. 3. Smaller right lower lobe dominant mass with central cavitation. 4. Background interstitial lung disease with slight worsening. (Dr Shariff Rizwan was notified of the left renal abscesses by Dr Chua Yi Xiu on 6 Feb 2019, 12.30pm) Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 89d7f92a495e09b6cb9f5b24ce8532fab5e6c9be34d06696cc2757360fce2e04

Updated Date Time: 06/2/2019 12:42

## Layman Explanation

This radiology report discusses HISTORY Persistent Fever - on IV Antibiotics for 4 days - Procal flat, TW 20 TECHNIQUE Contrast enhanced CT thorax abdomen and pelvis was done. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made to prior CT dated 11 Jan 2019. CHEST Smaller left supraclavicular lymphadenopathy (eg Se5/3, 0.8cm Vs prior Se5/23, 1.3cm). Smaller mediastinal lymphadenopathy for example the right paratracheal node (Se5/34, 1.7cm Vs prior Se5/59, 2.0cm), left aortopulmonary window (Se5/33, 1.5cm Vs prior Se5/59, 2.0cm). Smaller right hilar node (Se5/49, 1.1cm Vs prior Se5/74, 1.8cm). No axillary lymphadenopathy. The dominant right lower lobe mass is slightly smaller (Se6/64, 3.8 x 3.7cm Vs prior Se4/87, 4.4 x 3.5cm). New small central cavitation is noted. Overall stable to slightly smaller nodularities along the right horizontal fissure (Se8/34 Vs prior Se300/44). The previously noted left upper lobe nodule is now indistinguishable from surrounding reticular and groundglass changes. No discrete new lung nodule is seen. The lungs show marginally increased subpleural reticulation with honeycombing, ground-glass opacities and traction bronchiectasis. Apical-basal gradient is demonstrated. Reduced lung volumes are again noted. Features are compatible with interstitial lung disease. No pleural effusion. The heart size is normal. Minimal fluid noted in the superior pericardial recess. ABDOMEN AND PELVIS The liver, biliary tree, gallbladder, pancreas, spleen and adrenals are unremarkable. New multiseptated rim enhancing hypodense lesion is noted at the upper pole of the left kidney, measuring 4.2 x 3.5 x 4.1cm (Se7/43, Se9/19). A new 1.0 x 0.7cm hypodense lesion is also noted at the anterior lower pole of the left kidney (Se7/64). These are likely to represent renal abscesses. The hypodense lesion in the posterior lower pole of the left kidney remains fairly stable (Se9/25, 1.8 x 1.6cm Vs prior Se301/46, 2.0 x 1.4cm), and is probably an abscess as well (not seen in the CT of 21 Nov 2018). Other existing tiny hypodense lesions in the right kidney are fairly stable and are probably cysts. No hydronephrosis. Increased left perinephricfat stranding is noted. The bowel loops are not dilated. The urinary bladder is unremarkable. The prostate is not enlarged. No abdominal or pelvis lymphadenopathy is seen. There is no ascites or pneumoperitoneum. No destructive bone lesion is seen. Degenerative changes are noted along the spine. CONCLUSION 1. Left pyelonephritis with new left renal abscesses. 2. Overall smaller supraclavicular, mediastinal and hilar lymphadenopathy. 3. Smaller right lower lobe dominant mass with central cavitation. 4. Background interstitial lung disease with slight worsening. (Dr Shariff Rizwan was notified of the left renal abscesses by Dr Chua Yi Xiu on 6 Feb 2019, 12.30pm) Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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