# Row 6101

Visit Number: e08cd494a622de64468de432eec7aa6df26130289d2d61e5753adcb45ac9f829

Masked\_PatientID: 6095

Order ID: fb05946cd93dd406361b8f6134fe697040c8ad986ba71625a0340fe6b7197782

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/2/2016 12:58

Line Num: 1

Text: HISTORY perforated duodenal ulcer with retroperitoneal abscess s/p abscess drainage rising inflammatory markers tro intra-abdominal source of sepsis, worsening collection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison with previous studies dated 18 January 2016 and 12 January 2016. The right pleural effusion is significantly smaller and near completely resolved. There is atelectasis inthe right lower lobe. No consolidation is visualised in the lungs to suggest pneumonia. There are surgical drains in the right side of the abdomen and right retroperitoneal region. There is a rim enhancing properitoneal collection measuring approximately 2.2 cm thick and extending for a length of approximately 12 cm. There is gas within this collection, suspicious for infected collection. There is small amount of fluid and stranding along the right anterior pararenal fascia which is likely resolving inflammation. There is no significant hydronephrosis. There is slight decrease enhancement of the right kidney, especially at the upper pole, probably reactive to the adjacent inflammation. Enhancement of the left kidney is normal. Adrenal glands are normal. No focal lesion in the liver. No gallstone or biliary dilatation. The spleen and pancreas are unremarkable. There are multiple small volume para-aortic, aortocaval and retrocaval lymph nodes, not significantly enlarged, probably reactive. The visualised bowel loops are not dilated. At the midline laparotomy wound, there is small amount of gas and debris. Urinary bladder and prostate gland are grossly unremarkable. No bony destruction. CONCLUSION The right pleural effusion is near completely resolved. There is atelectasis in the right lower lobe. No significant consolidation in the lungs to suggest chest infection. There is a rim enhancing collection containing gas in the right properitoneal region, suspicious for abscess. There is fluid and fat stranding along the right anterior pararenal fascia which is related to resolving inflammation. The multiple upper retroperitoneal lymph nodes are not significantly enlarged and likely reactive. There is a decreased enhancement at the upper pole of the right kidney, most likely reactive to the adjacent inflammation. There is small amount of gas and debris at the midline laparotomy wound. Suggest clinical correlation to assess for any wound infection. May need further action Finalised by: <DOCTOR>

Accession Number: 43ffab712201f5eb85c45a0272734aa307ecb3a89c557175d6122db3bf40932c

Updated Date Time: 04/2/2016 14:38

## Layman Explanation

This radiology report discusses HISTORY perforated duodenal ulcer with retroperitoneal abscess s/p abscess drainage rising inflammatory markers tro intra-abdominal source of sepsis, worsening collection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison with previous studies dated 18 January 2016 and 12 January 2016. The right pleural effusion is significantly smaller and near completely resolved. There is atelectasis inthe right lower lobe. No consolidation is visualised in the lungs to suggest pneumonia. There are surgical drains in the right side of the abdomen and right retroperitoneal region. There is a rim enhancing properitoneal collection measuring approximately 2.2 cm thick and extending for a length of approximately 12 cm. There is gas within this collection, suspicious for infected collection. There is small amount of fluid and stranding along the right anterior pararenal fascia which is likely resolving inflammation. There is no significant hydronephrosis. There is slight decrease enhancement of the right kidney, especially at the upper pole, probably reactive to the adjacent inflammation. Enhancement of the left kidney is normal. Adrenal glands are normal. No focal lesion in the liver. No gallstone or biliary dilatation. The spleen and pancreas are unremarkable. There are multiple small volume para-aortic, aortocaval and retrocaval lymph nodes, not significantly enlarged, probably reactive. The visualised bowel loops are not dilated. At the midline laparotomy wound, there is small amount of gas and debris. Urinary bladder and prostate gland are grossly unremarkable. No bony destruction. CONCLUSION The right pleural effusion is near completely resolved. There is atelectasis in the right lower lobe. No significant consolidation in the lungs to suggest chest infection. There is a rim enhancing collection containing gas in the right properitoneal region, suspicious for abscess. There is fluid and fat stranding along the right anterior pararenal fascia which is related to resolving inflammation. The multiple upper retroperitoneal lymph nodes are not significantly enlarged and likely reactive. There is a decreased enhancement at the upper pole of the right kidney, most likely reactive to the adjacent inflammation. There is small amount of gas and debris at the midline laparotomy wound. Suggest clinical correlation to assess for any wound infection. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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