# Row 6119

Visit Number: 4d8cddcb2ea457290bafb1b005be4d40aa1b8cbbeb849feaf9823b9a65474c4c

Masked\_PatientID: 6107

Order ID: 9da1bcc8358f4dc60e9fc2a67ec184546ea8c3f6a8ba18b23517865e19ddd2b1

Order Name: CT Aortogram (Abdomen)

Result Item Code: CTANGAORA

Performed Date Time: 19/9/2018 14:50

Line Num: 1

Text: HISTORY Angiography:Evaluate left EIA pseudoaneurysm s/p stenting 10/9/18 Venous phase: Evaluate intra-abdominal collection; 1. Sepsis from intra-abdominal collection - s/p exploratory laparotomy, small bowel resection, hartmann's procedure 24/8/18 2. Endometrial ca s/p THBSO PLND on 14/8/18 cx Gram neg bactreaemia 3. Left EIA pseudoaneurysm s/p stenting 10/9/18 TECHNIQUE CT of the abdomen and pelvis in the pre-contrast, arterial (CT aortogram) and portal venous phases. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 10 September 2018. The stent in the left external iliac artery appears to have completely excluded the pseudo-aneurysm in the left hemipelvis. The pseudo-aneurysm has almost completely resolved. However, there are several rim-enhancing fluid collections in the pelvis, the largest measuring 5.3 x 1.9 cm and located in the extra-peritoneal space of Retziusanterior to the urinary bladder (series 7 image 110). Another 5.0 x 2.1 cm rim-enhancing fluid collection is seen in the left pelvic side-wall (series 604 image 34). A 3.1 x 1.3 cm fluid collection is identified in the anterior pelvic wall adjacent to the inferior aspect of the surgical wound (series 7 image 104). A residual 3.0 x 2.2 cm rim-enhancing fluid collection is seen in the vaginal vault (series 7 image 105). This appears smaller compared to before when it measured3.7 x 3.3 cm (series 6 image 102). A residual 2.0 x 1.2 cm rim-enhancing fluid collection is seen in the right pelvic side-wall (series 7 image 101). It is smaller than before, when it measured 3.4 x 2.1 cm (series 6 image 98). The small bowel anastomoses appear unremarkable. The liver shows no abnormality. The biliary tree is not dilated. The patient is post-cholecystectomy. The spleen, pancreas and adrenal glands are unremarkable. The kidneys show no abnormality. There is no hydronephrosis. There are two surgical drains, one traversing the right anterior pelvic wall with its tip in the left side of the pelvis. The other traverses the left anterior pelvic wall and also has its tip in the left side of thepelvis. No enlarged lymph node is detected in the retroperitoneum and pelvis. A filling defect in the right ovarian vein is consistent with a thrombus. Limited sections of the lung base show no significant abnormality. There is generalised osteopenia. There is scoliosis. A small lucent lesion in the T12 vertebra is of uncertain aetiology. It is unchanged from the last CT. Degenerative changes are seen in the spine. CONCLUSION The pseudo-aneurysm appears to have been completely excluded by the stent in the left external iliac artery. The pseudo-aneurysm has almost completely resolved. However, there are several rim-enhancing fluid collections in the pelvis. These are suspicious for abscesses. May need further action Finalised by: <DOCTOR>

Accession Number: dcd7fc8cf0e2cbccac35349d16b812ce5770c31fd02710a1af9761bbbcf1c714

Updated Date Time: 19/9/2018 15:25

## Layman Explanation

This radiology report discusses HISTORY Angiography:Evaluate left EIA pseudoaneurysm s/p stenting 10/9/18 Venous phase: Evaluate intra-abdominal collection; 1. Sepsis from intra-abdominal collection - s/p exploratory laparotomy, small bowel resection, hartmann's procedure 24/8/18 2. Endometrial ca s/p THBSO PLND on 14/8/18 cx Gram neg bactreaemia 3. Left EIA pseudoaneurysm s/p stenting 10/9/18 TECHNIQUE CT of the abdomen and pelvis in the pre-contrast, arterial (CT aortogram) and portal venous phases. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 10 September 2018. The stent in the left external iliac artery appears to have completely excluded the pseudo-aneurysm in the left hemipelvis. The pseudo-aneurysm has almost completely resolved. However, there are several rim-enhancing fluid collections in the pelvis, the largest measuring 5.3 x 1.9 cm and located in the extra-peritoneal space of Retziusanterior to the urinary bladder (series 7 image 110). Another 5.0 x 2.1 cm rim-enhancing fluid collection is seen in the left pelvic side-wall (series 604 image 34). A 3.1 x 1.3 cm fluid collection is identified in the anterior pelvic wall adjacent to the inferior aspect of the surgical wound (series 7 image 104). A residual 3.0 x 2.2 cm rim-enhancing fluid collection is seen in the vaginal vault (series 7 image 105). This appears smaller compared to before when it measured3.7 x 3.3 cm (series 6 image 102). A residual 2.0 x 1.2 cm rim-enhancing fluid collection is seen in the right pelvic side-wall (series 7 image 101). It is smaller than before, when it measured 3.4 x 2.1 cm (series 6 image 98). The small bowel anastomoses appear unremarkable. The liver shows no abnormality. The biliary tree is not dilated. The patient is post-cholecystectomy. The spleen, pancreas and adrenal glands are unremarkable. The kidneys show no abnormality. There is no hydronephrosis. There are two surgical drains, one traversing the right anterior pelvic wall with its tip in the left side of the pelvis. The other traverses the left anterior pelvic wall and also has its tip in the left side of thepelvis. No enlarged lymph node is detected in the retroperitoneum and pelvis. A filling defect in the right ovarian vein is consistent with a thrombus. Limited sections of the lung base show no significant abnormality. There is generalised osteopenia. There is scoliosis. A small lucent lesion in the T12 vertebra is of uncertain aetiology. It is unchanged from the last CT. Degenerative changes are seen in the spine. CONCLUSION The pseudo-aneurysm appears to have been completely excluded by the stent in the left external iliac artery. The pseudo-aneurysm has almost completely resolved. However, there are several rim-enhancing fluid collections in the pelvis. These are suspicious for abscesses. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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