# Row 6159

Visit Number: b9f06ca20af2d3f42b5702b12b443990cd98a245a59b50e598b9d4c8f26ea9c5

Masked\_PatientID: 6157

Order ID: 55f7999d9f2ca2d03142fa821864902f2ec79af935234390a20389abe1cbe753

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/2/2015 14:05

Line Num: 1

Text: HISTORY admitted with severe sepsis secondary to pneumonia. Still having intermittent fever with deranged amylase/lipase. CT TAP to assess pneumonia, and exclude intraabominal abscess/collection/pathology TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Optiray 350 - Volume (ml): 70 FINDINGS Note is made of the chest radiograph of 5 February 2015 and ultrasound kidneys of 11 February 2014. THORAX Prominent veins in theleft upper limb are in keeping with the presence of a left upper limb arterio-venous fistula for hemodialysis. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The mediastinal vessels opacify normally. There is mild cardiomegaly. No pericardial effusion is seen. There is patchy consolidation in the right lung apex and both lower lobes, together with symmetrical patchy ground-glass changes and mild septal thickening in both upper lobes. Retained secretions are seen in the right main bronchus (image 06-40). Small bilateral pleural effusions are present. There is a well-circumscribed 3.7 x 2 x 3 cm cystic lesion anteromedial to the left scapula, indenting the subscapularis muscle (image 04-14), probably a prominent subcoracoid bursa. ABDOMEN AND PELVIS Accounting for respiratory motion artefact, no suspicious focal hepatic lesion is detected. Tiny densities layering in the dependent portion of the gallbladder are probably tiny calculi. No significant biliary ductal dilatation is seen. There is a nonspecific subcentimetre hypodensity in the spleen. The pancreas enhances normally. No significant pancreatic ductal dilatation or peripancreatic fluid is seen. The adrenal glands appear unremarkable. Bilateral renal cysts are present, measuring up to 3.2 x 3.1 cm in the right renal interpolar region. One partially exophytic 1.3 x 1.2 cm lesion at the left renal upper pole (image 08-50) is indeterminate for a mildly hyperdense cyst versus a small solid lesion. The urinary bladder is contracted. There is mild enlargement of the prostate gland with a non-specific 9 mm hypodense lesion in the left lobe (image 8-132). Bowel calibre and distribution are within normal limits. A small amount of free fluid is seen in the pelvis. No loculated rim enhancing intra-abdominal collection is evident. Prominent arterial calcification is seen. No significantly enlarged intra-abdominal lymph node is detected. There is narrowing of the L4-5 disc space with erosion of the adjacent end plates (image 10-31). CONCLUSION 1) Patchy air-space changes in both lungs with small bilateral pleural effusions, compatible with infection. Retained secretions seen in the right main bronchus. 2) L4-5 disc space narrowing with erosion of the adjacent end plates seen, of uncertain chronicity. This may be due to spondylodiscitis. 3) Mild ascites. No loculated rim enhancing intra-abdominal collection detected. 4) Bilateral renal cysts. The partially exophytic 1.3 cm left renal upper pole lesion is indeterminate for a mildly hyperdense cyst versus a small solid lesion. 5) Mild prostatomegaly with non-specific 9 mm hypodense lesion in the left lobe. 6) Uncomplicated gallbladder calculi. May need further action Finalised by: <DOCTOR>

Accession Number: 31635bacfdc7d396aed6f1ce83ea443cdea394a9b138bf38f7809c9926f8b088

Updated Date Time: 05/2/2015 15:28

## Layman Explanation

This radiology report discusses HISTORY admitted with severe sepsis secondary to pneumonia. Still having intermittent fever with deranged amylase/lipase. CT TAP to assess pneumonia, and exclude intraabominal abscess/collection/pathology TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Optiray 350 - Volume (ml): 70 FINDINGS Note is made of the chest radiograph of 5 February 2015 and ultrasound kidneys of 11 February 2014. THORAX Prominent veins in theleft upper limb are in keeping with the presence of a left upper limb arterio-venous fistula for hemodialysis. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The mediastinal vessels opacify normally. There is mild cardiomegaly. No pericardial effusion is seen. There is patchy consolidation in the right lung apex and both lower lobes, together with symmetrical patchy ground-glass changes and mild septal thickening in both upper lobes. Retained secretions are seen in the right main bronchus (image 06-40). Small bilateral pleural effusions are present. There is a well-circumscribed 3.7 x 2 x 3 cm cystic lesion anteromedial to the left scapula, indenting the subscapularis muscle (image 04-14), probably a prominent subcoracoid bursa. ABDOMEN AND PELVIS Accounting for respiratory motion artefact, no suspicious focal hepatic lesion is detected. Tiny densities layering in the dependent portion of the gallbladder are probably tiny calculi. No significant biliary ductal dilatation is seen. There is a nonspecific subcentimetre hypodensity in the spleen. The pancreas enhances normally. No significant pancreatic ductal dilatation or peripancreatic fluid is seen. The adrenal glands appear unremarkable. Bilateral renal cysts are present, measuring up to 3.2 x 3.1 cm in the right renal interpolar region. One partially exophytic 1.3 x 1.2 cm lesion at the left renal upper pole (image 08-50) is indeterminate for a mildly hyperdense cyst versus a small solid lesion. The urinary bladder is contracted. There is mild enlargement of the prostate gland with a non-specific 9 mm hypodense lesion in the left lobe (image 8-132). Bowel calibre and distribution are within normal limits. A small amount of free fluid is seen in the pelvis. No loculated rim enhancing intra-abdominal collection is evident. Prominent arterial calcification is seen. No significantly enlarged intra-abdominal lymph node is detected. There is narrowing of the L4-5 disc space with erosion of the adjacent end plates (image 10-31). CONCLUSION 1) Patchy air-space changes in both lungs with small bilateral pleural effusions, compatible with infection. Retained secretions seen in the right main bronchus. 2) L4-5 disc space narrowing with erosion of the adjacent end plates seen, of uncertain chronicity. This may be due to spondylodiscitis. 3) Mild ascites. No loculated rim enhancing intra-abdominal collection detected. 4) Bilateral renal cysts. The partially exophytic 1.3 cm left renal upper pole lesion is indeterminate for a mildly hyperdense cyst versus a small solid lesion. 5) Mild prostatomegaly with non-specific 9 mm hypodense lesion in the left lobe. 6) Uncomplicated gallbladder calculi. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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