# Row 6666

Visit Number: 1e42442fd89887ffaa83ab0cabeed7e6b2ec5a616c03e962452b9254fccfabb2

Masked\_PatientID: 6653

Order ID: cf9e24eb547f092dceb458677bc86b82f8ec847d7e61a5e1880982a8837ca961

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/7/2017 15:53

Line Num: 1

Text: HISTORY SLE s/p stem cell transplant on prednisolone with persistent fever with neutrophilia but no source of infection despite on IV tazocin TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administrationof Intravenous contrast: 67 ml of Omnipaque 350. FINDINGS Prior CTs of 27/02/2017, 04/02/2016 and 20/11/2015 were reviewed. THORAX Diffuse ground-glass and fine reticular changes in both lungs, with basal dominance, show some interval worsening particularly in left upper lung, with associated bronchial wall thickening and mild dilatation, which raises the possibility of underlying active pneumonitis on background of NSI P. a ground-glass nodule in left upper lobe (6-33) is stable. No confluent consolidation, pulmonary abscess or pleural effusion is detected. Borderline sized prevascular node, also seen previously. Other small volume paratracheal and prevascular lymph nodes, some calcified, likely related to prior granulomatous infection. No enlarged hilar, supraclavicular or axillary lymph node seen. Heart size is normal. No significant pericardial effusion. Stable mild dilatation of the distal oesophagus with air-fluid level again seen. ABDOMEN ANDPELVIS No focal hepatic lesion is noted. Tiny 4 mm nodular density in the region of the gallbladder neck may be a gallstone (se 7/39). No biliary dilatation or gallbladder distension is evident. No pericholecystic fluid or fat-stranding seen.Small calcification in right hepatic lobe may be a granuloma. The spleen, pancreas, adrenal glands kidneys and urinary bladder are unremarkable. The uterus is within normal limits. No overt adnexal mass seen. Bowel loops including the appendix show normal calibre and distribution. No ascites or enlarged abdominopelvic lymph node is noted. Small volume retroperitoneal and mesenteric nodes are present. Stable sclerotic foci in the left ilium and right femur may represent bone islands. No destructive bony lesion seen. CONCLUSION 1. Ground-glass and fine reticular changes in both lungs show some interval worsening compared to previous CT study of 27/02/2017. Appearances are likely due to background NSI P with possibly active pneumonitis. No consolidation. 2. Possible tiny uncomplicated gallbladder neck stone. No acute intra-abdominal abnormality is detected. May need further action Reported by: <DOCTOR>

Accession Number: 525124a953ccc49fe6e6b0c4e2edd356f099a4d28d222937f34e2aac8c373b20

Updated Date Time: 05/7/2017 17:19

## Layman Explanation

This radiology report discusses HISTORY SLE s/p stem cell transplant on prednisolone with persistent fever with neutrophilia but no source of infection despite on IV tazocin TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administrationof Intravenous contrast: 67 ml of Omnipaque 350. FINDINGS Prior CTs of 27/02/2017, 04/02/2016 and 20/11/2015 were reviewed. THORAX Diffuse ground-glass and fine reticular changes in both lungs, with basal dominance, show some interval worsening particularly in left upper lung, with associated bronchial wall thickening and mild dilatation, which raises the possibility of underlying active pneumonitis on background of NSI P. a ground-glass nodule in left upper lobe (6-33) is stable. No confluent consolidation, pulmonary abscess or pleural effusion is detected. Borderline sized prevascular node, also seen previously. Other small volume paratracheal and prevascular lymph nodes, some calcified, likely related to prior granulomatous infection. No enlarged hilar, supraclavicular or axillary lymph node seen. Heart size is normal. No significant pericardial effusion. Stable mild dilatation of the distal oesophagus with air-fluid level again seen. ABDOMEN ANDPELVIS No focal hepatic lesion is noted. Tiny 4 mm nodular density in the region of the gallbladder neck may be a gallstone (se 7/39). No biliary dilatation or gallbladder distension is evident. No pericholecystic fluid or fat-stranding seen.Small calcification in right hepatic lobe may be a granuloma. The spleen, pancreas, adrenal glands kidneys and urinary bladder are unremarkable. The uterus is within normal limits. No overt adnexal mass seen. Bowel loops including the appendix show normal calibre and distribution. No ascites or enlarged abdominopelvic lymph node is noted. Small volume retroperitoneal and mesenteric nodes are present. Stable sclerotic foci in the left ilium and right femur may represent bone islands. No destructive bony lesion seen. CONCLUSION 1. Ground-glass and fine reticular changes in both lungs show some interval worsening compared to previous CT study of 27/02/2017. Appearances are likely due to background NSI P with possibly active pneumonitis. No consolidation. 2. Possible tiny uncomplicated gallbladder neck stone. No acute intra-abdominal abnormality is detected. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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