# Row 6855

Visit Number: 4c241a12209f945da5cbe7af7676a19535f2ecc234a1ac2cc651e0da89c35a6e

Masked\_PatientID: 6844

Order ID: eb283a9900e8ea841c2bde8fffe676dd1b27095290060df27b232ce7ea677767

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/5/2020 15:16

Line Num: 1

Text: HISTORY MSSA Bacteraemia likely CRBSI To look for septic emboli, seeding, abscesses, collections ESRF on HD 2/4/6 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with the previous CT of 22 March 2020. Small volume left lower cervical and supraclavicular and bilateral small to borderline axillary mediastinal preaortic, pretracheal, anterior mediastinal and subcarinal lymph nodes are largely stable probably reactive. There is small focal ill-defined pure ground-glass opacity in the right lung upper lobe (0.7 cm) (series 6, image 20). No suspicious pulmonary lesion or evidence of new pulmonary infection. Small but increasing bilateral pleural effusions with increasing bilateral dependent basal lower lobe atelectasis is seen. Liver, spleen, pancreas, adrenals are unremarkable with a stone in the gallbladder. Mild thickening of gallbladder wall is noted, probably due to chronic cholecystitis. The biliary tracts are not dilated. Mild bilateral renal cortical scarring and thinning with no sinister renal masses. Small right renal midpole hypodensity. No hydronephrosis. Extensive aortoiliac and abdominal visceral arteries atherosclerotic disease is noted. No significant aortic or periaortic thickening or collection is detected The tip of the right femoral venous catheter is in the lower IVC. Small volume aortocaval and para-aortic lymph nodes likelyreactive. No grossly enlarged pelvic or para-aortic lymph nodes are detected. Trace pelvic and perihepatic ascites. The bowel and urinary bladder are grossly unremarkable. No suspicious pelvic masses; no destructive bone lesion CONCLUSION Increasing bilateral pleural effusions. Other known or stable findings. No discrete source of infection is not well shown. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: d86999b9a3fe904deddc6685547ba2dafa2b5eb4eb1831381341e6c2762b7241

Updated Date Time: 13/5/2020 15:56

## Layman Explanation

This radiology report discusses HISTORY MSSA Bacteraemia likely CRBSI To look for septic emboli, seeding, abscesses, collections ESRF on HD 2/4/6 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with the previous CT of 22 March 2020. Small volume left lower cervical and supraclavicular and bilateral small to borderline axillary mediastinal preaortic, pretracheal, anterior mediastinal and subcarinal lymph nodes are largely stable probably reactive. There is small focal ill-defined pure ground-glass opacity in the right lung upper lobe (0.7 cm) (series 6, image 20). No suspicious pulmonary lesion or evidence of new pulmonary infection. Small but increasing bilateral pleural effusions with increasing bilateral dependent basal lower lobe atelectasis is seen. Liver, spleen, pancreas, adrenals are unremarkable with a stone in the gallbladder. Mild thickening of gallbladder wall is noted, probably due to chronic cholecystitis. The biliary tracts are not dilated. Mild bilateral renal cortical scarring and thinning with no sinister renal masses. Small right renal midpole hypodensity. No hydronephrosis. Extensive aortoiliac and abdominal visceral arteries atherosclerotic disease is noted. No significant aortic or periaortic thickening or collection is detected The tip of the right femoral venous catheter is in the lower IVC. Small volume aortocaval and para-aortic lymph nodes likelyreactive. No grossly enlarged pelvic or para-aortic lymph nodes are detected. Trace pelvic and perihepatic ascites. The bowel and urinary bladder are grossly unremarkable. No suspicious pelvic masses; no destructive bone lesion CONCLUSION Increasing bilateral pleural effusions. Other known or stable findings. No discrete source of infection is not well shown. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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