# Row 7522

Visit Number: 07e8b06d341afeede98db16495b819e58b93badfdf4e22a2479da73805af95d9

Masked\_PatientID: 7522

Order ID: bd4de64724cb49c1b2f8d52bc9aeef3f4f67275d6ed32abb2e416db91e16e438

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/11/2017 22:02

Line Num: 1

Text: HISTORY Staph lugdunensis +ve blood cultures on 12/11/17, continues to spike T39-40 despite cover with levofloxacin and vancomycin. To determine if there are any sources or complications intra chest/abdo/pelvis of this staph TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Previous chest radiograph dated 12 November 2017 was reviewed. CHEST There is consolidation with surrounding ground-glass changes in the right lower lobe. Emphysematous changes are seen predominantly in the upper lobes, with mild bronchiectatic changes in the right upper lobe as well. There is a calcified granuloma in the right lung apex (se 6/21). 0.4 cm nodule in the right upper lobe (se 6/35) appears to be closely related to a dilated bronchiole and may represent mucus. Sliver of right pleural effusion. The trachea is patent. There are small to prominent supraclavicular and mediastinal nodes, measuring upto 0.9 cm at the right lower paratracheal station. There are also prominent to mildly enlarged right hilar nodes, measuring up to 0.9 cm on the right (se 5/46). These are nonspecific and may be reactive. No significant left hilar or axillary adenopathy. Mediastinal structures opacify normally. No pericardial effusion. Imaged thyroid gland is unremarkable. ABDOMEN AND PELVIS The liver, spleen and adrenals are unremarkable. The pancreatic head appears slightly bulky but no discrete pancreatic mass is seen. The gallbladder is distended; no radiodense gallstone. The proximal common duct is mildly prominent but tapers smoothly towards the ampulla of Vater. Both kidneys demonstrate normal symmetrical enhancement. There is a2.7 x 1.4 cm cystic focus anterior to the left renal pelvis which may represent a parapelvic cyst (se 7/62). A few other subcentimetre renal hypodensities are too small to accurately characterise. The partially distended urinary bladder cannot be accurately assessed. The uterus is absent (status post hysterectomy and bilateral salpingectomy). Cystic structures in both adnexae likely represent normal ovaries (se 7/114, 121). Imaged bowel loops and appendix are unremarkable. No significant abdominopelvic adenopathy, free air or ascites. There is no intra-abdominal fluid collection. BONES No destructive bony lesion. CONCLUSION 1. Consolidation in the right lower lobe representing infective change. Sliver of right pleural effusion. Prominent to mildly enlarged mediastinal and right hilar nodes are nonspecific and may be reactive in nature. 2. No further focus of infection is detected in the abdomen or pelvis. 3. Emphysematous changes predominantly in the upper lobes, and mild bronchiectasis in the right upper lobe. 4. Other findings as described above. May need further action Finalised by: <DOCTOR>

Accession Number: aa5438bee732c4f566b032bab2562a9795b5d2d7ac9f7e3cb59f62cd522979b7

Updated Date Time: 15/11/2017 23:26

## Layman Explanation

This radiology report discusses HISTORY Staph lugdunensis +ve blood cultures on 12/11/17, continues to spike T39-40 despite cover with levofloxacin and vancomycin. To determine if there are any sources or complications intra chest/abdo/pelvis of this staph TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Previous chest radiograph dated 12 November 2017 was reviewed. CHEST There is consolidation with surrounding ground-glass changes in the right lower lobe. Emphysematous changes are seen predominantly in the upper lobes, with mild bronchiectatic changes in the right upper lobe as well. There is a calcified granuloma in the right lung apex (se 6/21). 0.4 cm nodule in the right upper lobe (se 6/35) appears to be closely related to a dilated bronchiole and may represent mucus. Sliver of right pleural effusion. The trachea is patent. There are small to prominent supraclavicular and mediastinal nodes, measuring upto 0.9 cm at the right lower paratracheal station. There are also prominent to mildly enlarged right hilar nodes, measuring up to 0.9 cm on the right (se 5/46). These are nonspecific and may be reactive. No significant left hilar or axillary adenopathy. Mediastinal structures opacify normally. No pericardial effusion. Imaged thyroid gland is unremarkable. ABDOMEN AND PELVIS The liver, spleen and adrenals are unremarkable. The pancreatic head appears slightly bulky but no discrete pancreatic mass is seen. The gallbladder is distended; no radiodense gallstone. The proximal common duct is mildly prominent but tapers smoothly towards the ampulla of Vater. Both kidneys demonstrate normal symmetrical enhancement. There is a2.7 x 1.4 cm cystic focus anterior to the left renal pelvis which may represent a parapelvic cyst (se 7/62). A few other subcentimetre renal hypodensities are too small to accurately characterise. The partially distended urinary bladder cannot be accurately assessed. The uterus is absent (status post hysterectomy and bilateral salpingectomy). Cystic structures in both adnexae likely represent normal ovaries (se 7/114, 121). Imaged bowel loops and appendix are unremarkable. No significant abdominopelvic adenopathy, free air or ascites. There is no intra-abdominal fluid collection. BONES No destructive bony lesion. CONCLUSION 1. Consolidation in the right lower lobe representing infective change. Sliver of right pleural effusion. Prominent to mildly enlarged mediastinal and right hilar nodes are nonspecific and may be reactive in nature. 2. No further focus of infection is detected in the abdomen or pelvis. 3. Emphysematous changes predominantly in the upper lobes, and mild bronchiectasis in the right upper lobe. 4. Other findings as described above. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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