# Row 7688

Visit Number: 6ca2bb456fe362546cc1e2fc79271c0080be6e89906a8d44503dff6186bed3cb

Masked\_PatientID: 7677

Order ID: 95e76326bb064a8a325e9292925562d0ab8277278eb6dcf320eec7ae98e12cf6

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/8/2020 16:25

Line Num: 1

Text: HISTORY gram -ve bacteremia, unknown source currently in ARI for fever, COVID swab pending ESRF on HD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Unenhanced CT KUB dated 21 May 2016 was reviewed. No enlarged axillary lymph node. There is no significantly enlarged mediastinal lymph node. There is atelectasis in the left lower lobe. There are areas of ground-glass opacities in the lingula lobe and the left lower lobe, suggesting infection/inflammation. No discrete pulmonary mass. No consolidation in the right lung. The patient is intubated. There is small amount of mucus in the dependent aspect of the trachea. No pleural effusion or pericardial effusion. There is a left central venous catheter with the tip in the brachiocephalic vein. There are hypodense lesions in both lobes of the liver which likely hepatic cysts. Gallstone is present. No dilatation of the biliary tree. The spleen is not enlarged. No contour deforming lesion in the spleen or pancreas. There is a hypodense lesion in the head of the pancreas measuring 1 cm (7-57). Both adrenal glands show nodular thickening, suggesting nodular hyperplasia. Chronic renal parenchymal disease in both kidneys with multiple hypodense lesions in the cortex of both kidneys which are attributed to cysts including a parapelvic cyst in the right kidney. There are tiny caliceal calculi in both kidneys. No significantly enlarged abdominal or pelvic lymphnode. No dilatation of the bowel loops or ascites. Urinary bladder is collapsed and Foley catheter is in situ. Prostate gland is enlarged indenting the bladder base. There is a right femoral venous catheter with the tip in the right external iliac vein. Degenerative bony changes are present. CONCLUSION Areas of ground-glass opacity in the left lower lobe and lingula lobe are likely areas of infection/inflammation. No consolidation in the right lung. Left central venous catheter is noted with the tip in the brachiocephalic vein. Known minor findings in the abdomen and pelvis. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: d5baafa6a541a8ade94d8b9684f584302b7d303d913d17ad4cb185f50499adc2

Updated Date Time: 14/8/2020 17:05

## Layman Explanation

This radiology report discusses HISTORY gram -ve bacteremia, unknown source currently in ARI for fever, COVID swab pending ESRF on HD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Unenhanced CT KUB dated 21 May 2016 was reviewed. No enlarged axillary lymph node. There is no significantly enlarged mediastinal lymph node. There is atelectasis in the left lower lobe. There are areas of ground-glass opacities in the lingula lobe and the left lower lobe, suggesting infection/inflammation. No discrete pulmonary mass. No consolidation in the right lung. The patient is intubated. There is small amount of mucus in the dependent aspect of the trachea. No pleural effusion or pericardial effusion. There is a left central venous catheter with the tip in the brachiocephalic vein. There are hypodense lesions in both lobes of the liver which likely hepatic cysts. Gallstone is present. No dilatation of the biliary tree. The spleen is not enlarged. No contour deforming lesion in the spleen or pancreas. There is a hypodense lesion in the head of the pancreas measuring 1 cm (7-57). Both adrenal glands show nodular thickening, suggesting nodular hyperplasia. Chronic renal parenchymal disease in both kidneys with multiple hypodense lesions in the cortex of both kidneys which are attributed to cysts including a parapelvic cyst in the right kidney. There are tiny caliceal calculi in both kidneys. No significantly enlarged abdominal or pelvic lymphnode. No dilatation of the bowel loops or ascites. Urinary bladder is collapsed and Foley catheter is in situ. Prostate gland is enlarged indenting the bladder base. There is a right femoral venous catheter with the tip in the right external iliac vein. Degenerative bony changes are present. CONCLUSION Areas of ground-glass opacity in the left lower lobe and lingula lobe are likely areas of infection/inflammation. No consolidation in the right lung. Left central venous catheter is noted with the tip in the brachiocephalic vein. Known minor findings in the abdomen and pelvis. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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