# Row 7709

Visit Number: 16619ab3e1cbddf786b19b7dcad2dd95ed875a146c503a35bdf121753940f15f

Masked\_PatientID: 7706

Order ID: ac58ea7d68f6b4686f5a1d1e537e124927e3b89ca079bcd17a1dedd809654ba8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 16/9/2020 14:28

Line Num: 1

Text: HISTORY Acute functional decline with raised inflammatory markers Previously treated as septic arthritis - but hip fluid investigations negative CT TAP to rule out any occult sources of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Comparison is done with the previous CT abdomen pelvis dated 19 January 2020. Bilateral small low-density pleural effusions. No suspicious nodule or consolidation seen in the aerated lungs. Focal scarringand bronchiectasis seen in the middle lobe and anterior right upper lobe. There is also mild biapical subpleural scarring. Central airways are patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Small left thyroid nodule is nonspecific. Heart is normal in size. There is no pericardial effusion. The peritoneal dialysis catheter is seen entering via the left anterior abdominal wall with the tip coiled along the left pelvic sidewall. small amountof low-density ascites probably related to peritoneal dialysis. No focal lesion is seen in the liver, gallbladder, spleen, , pancreas or adrenal glands. Both kidneys are shrunken, compatible with chronic renal parenchymal disease. Bilateral ovoid renal hypodensities measuring up to 17 mm in the right midpole. The larger ones are cysts; the subcentimetre lesions are too small to characterise but probably also cysts. They are grossly stable. No hydronephrosis. Partially distended urinary bladder has a thin wall. The uterus appears grossly normal. There is no adnexal mass. The bowel loops are normal in calibre. There is no enlarged abdominal or pelvic lymph node. No destructive bony lesion. Smaller left hip bursa from 1September 2020 in keeping with interval aspiration. CONCLUSION No convincing focus of infection detected in the thorax, abdomen or pelvis. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: b4f6ee8419df760732235a9d9264cea9b1169334ab81652b6bab3b7baa59b1ac

Updated Date Time: 16/9/2020 14:57

## Layman Explanation

This radiology report discusses HISTORY Acute functional decline with raised inflammatory markers Previously treated as septic arthritis - but hip fluid investigations negative CT TAP to rule out any occult sources of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Comparison is done with the previous CT abdomen pelvis dated 19 January 2020. Bilateral small low-density pleural effusions. No suspicious nodule or consolidation seen in the aerated lungs. Focal scarringand bronchiectasis seen in the middle lobe and anterior right upper lobe. There is also mild biapical subpleural scarring. Central airways are patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Small left thyroid nodule is nonspecific. Heart is normal in size. There is no pericardial effusion. The peritoneal dialysis catheter is seen entering via the left anterior abdominal wall with the tip coiled along the left pelvic sidewall. small amountof low-density ascites probably related to peritoneal dialysis. No focal lesion is seen in the liver, gallbladder, spleen, , pancreas or adrenal glands. Both kidneys are shrunken, compatible with chronic renal parenchymal disease. Bilateral ovoid renal hypodensities measuring up to 17 mm in the right midpole. The larger ones are cysts; the subcentimetre lesions are too small to characterise but probably also cysts. They are grossly stable. No hydronephrosis. Partially distended urinary bladder has a thin wall. The uterus appears grossly normal. There is no adnexal mass. The bowel loops are normal in calibre. There is no enlarged abdominal or pelvic lymph node. No destructive bony lesion. Smaller left hip bursa from 1September 2020 in keeping with interval aspiration. CONCLUSION No convincing focus of infection detected in the thorax, abdomen or pelvis. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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