# Row 7828

Visit Number: 23c12ac016154f1ac159ddf813aa0b51909a37afb00c7be336c289f1ee0be926

Masked\_PatientID: 7827

Order ID: 78188e19bc0e7df84d4b78b4198952f7fed25281f70550359249cd4148146e28

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/4/2016 11:14

Line Num: 1

Text: HISTORY b/g of essential thrombocytosis; AF on rivaroxaban - adm for w/u for LOW (7 kg over 2 mths) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No prior relevant studies are available for comparison. The trachea and major airways are unremarkable. No intraluminal mass lesion seen. The heart is enlarged in size. The cardiac chambers and mediastinal vasculature is normal in opacification. Reflux of contrast into the retrohepatic inferior vena cava and hepatic veins represent some degree of cardiac decompensation. Small volume mediastinal lymph nodes are seen, largest one measures 0.8 cm in the pretracheal region (402 – 23) which are insignificant by size criteria. There is a low-density right pleural effusion associated with bibasal dependent changes and plate atelectasis in the lingula. Mild bilateral apical pleural thickening is seen in addition to a few left apicalsubpleural bullae. No focal consolidation or discrete mass is seen. There is mild enlargement of the liver and spleen noted with rounding of margins. No discrete focal lesion seen. The hepatic vasculature is unremarkable. No intrahepatic biliary dilatation seen. The gallbladder is partially distended and shows a few tiny calcified luminal stones. No mural thickening or pericholecystic collection. The common bile duct, pancreas, both adrenal glands and kidneys are unremarkable, save for the small focal cortical scar in the right kidney lower pole (501 – 67). The ureters, urinary bladder, uterus and both ovaries appear unremarkable. Allowing for the limitations due to under distension the bowel loops appear unremarkable. No overt growth lesion or abnormal dilatation seen. No significant para-aortic or pelvic lymphadenopathy. There is small amount of low density free fluid in the abdomen. No evidence of pneumoperitoneum. No aggressive bony lesionsseen. CONCLUSION Cardiomegaly with small right pleural effusion and low density ascites, which may represent some degree of underlying cardiac decompensation. Uncomplicated cholelithiasis. Borderline hepatosplenomegaly. May need further action Finalised by: <DOCTOR>

Accession Number: abb83e3e4c02e5efc1accc6109cf03a8af500bd0d4ae0aa984b590e73491ca45

Updated Date Time: 06/4/2016 11:58

## Layman Explanation

This radiology report discusses HISTORY b/g of essential thrombocytosis; AF on rivaroxaban - adm for w/u for LOW (7 kg over 2 mths) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No prior relevant studies are available for comparison. The trachea and major airways are unremarkable. No intraluminal mass lesion seen. The heart is enlarged in size. The cardiac chambers and mediastinal vasculature is normal in opacification. Reflux of contrast into the retrohepatic inferior vena cava and hepatic veins represent some degree of cardiac decompensation. Small volume mediastinal lymph nodes are seen, largest one measures 0.8 cm in the pretracheal region (402 – 23) which are insignificant by size criteria. There is a low-density right pleural effusion associated with bibasal dependent changes and plate atelectasis in the lingula. Mild bilateral apical pleural thickening is seen in addition to a few left apicalsubpleural bullae. No focal consolidation or discrete mass is seen. There is mild enlargement of the liver and spleen noted with rounding of margins. No discrete focal lesion seen. The hepatic vasculature is unremarkable. No intrahepatic biliary dilatation seen. The gallbladder is partially distended and shows a few tiny calcified luminal stones. No mural thickening or pericholecystic collection. The common bile duct, pancreas, both adrenal glands and kidneys are unremarkable, save for the small focal cortical scar in the right kidney lower pole (501 – 67). The ureters, urinary bladder, uterus and both ovaries appear unremarkable. Allowing for the limitations due to under distension the bowel loops appear unremarkable. No overt growth lesion or abnormal dilatation seen. No significant para-aortic or pelvic lymphadenopathy. There is small amount of low density free fluid in the abdomen. No evidence of pneumoperitoneum. No aggressive bony lesionsseen. CONCLUSION Cardiomegaly with small right pleural effusion and low density ascites, which may represent some degree of underlying cardiac decompensation. Uncomplicated cholelithiasis. Borderline hepatosplenomegaly. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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