# Row 7891

Visit Number: 27a06c6a56d66d260e7c6bdb0c2803c56e1961ce270a9e2f1517c40bc20e2bf3

Masked\_PatientID: 7867

Order ID: 54a84fdbe1df5c0cfc1d4d2405d6a04193317debf79c1521f1fdd6fd4de1a785

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/1/2016 18:07

Line Num: 1

Text: HISTORY HSCT with GVHD; had fever spike on 1 Jan; clinically well; to assess for intra-abdo collections or fungal nodules that may account for fever spike TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison was made with the PET-CT scan of December 15, 2015. The CT done on May 27, 2015 and November 5, 2015 were also reviewed. CHEST Tip of the right subclavian venous catheter is noted in the right atrium. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Stable linear opacity in the lingula may represent atelectasis (Im 5/61). Minimal atelectasis is also noted in the right upper lobe (Im 5/46). No consolidation or ground-glass opacity is detected. No pleural effusion is present. ABDOMEN AND PELVIS An 8 mm focal hypodensity in segment VI of the liver likely represent cysts. Few other tiny subcentimetre hypodensities in both lobes are too small to characterise. There is interval development of an 8 x 8 mm ill-defined hypodense lesion in segment IVa of the liver (Im 7/35, 4/101). Gallbladder is contracted. No biliary dilatation. Stable 15 x 13 mm cyst is seen in the left renal lower pole. Few other tiny subcentimetre hypodensities are too small tocharacterise. No renal calculus or hydronephrosis. There is interval improvement in the extent of the small bowel wall thickening. Bowel wall thickening with increased enhancement is now seen predominantly in the pelvic small bowel loops and terminal ileum. There is associated mesenteric vascular engorgement. Large bowel appears unremarkable. The spleen, pancreas, adrenal glands appear unremarkable. Uterus is atrophic. No adnexal mass. The urinary bladder shows normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal air. There is interval resolution of the ascites. Minimal degenerative changes are noted in the lumbar spine. No destructive osseous lesion. CONCLUSION - No suspicious lung nodule or intra-abdominal collection identified. - An ill-defined hypodense lesion in the left lobe of the liver is not further characterised in this study. This lesion was vaguely identified on prior PET-CT, butnew since the CT done on November 5, 2015. Follow-up of this lesion is suggested. - There is interval improvement in the extent of the small bowel wall thickening. Bowel wall thickening with increased enhancement is now seen predominantly in the pelvic small bowel loops and terminal ileum. May need further action Finalised by: <DOCTOR>

Accession Number: 2ad9c9aefe5026883d6b12ea924eb7fa60db7fb49c15decae22d8feb589cecb3

Updated Date Time: 07/1/2016 9:53

## Layman Explanation

This radiology report discusses HISTORY HSCT with GVHD; had fever spike on 1 Jan; clinically well; to assess for intra-abdo collections or fungal nodules that may account for fever spike TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison was made with the PET-CT scan of December 15, 2015. The CT done on May 27, 2015 and November 5, 2015 were also reviewed. CHEST Tip of the right subclavian venous catheter is noted in the right atrium. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Stable linear opacity in the lingula may represent atelectasis (Im 5/61). Minimal atelectasis is also noted in the right upper lobe (Im 5/46). No consolidation or ground-glass opacity is detected. No pleural effusion is present. ABDOMEN AND PELVIS An 8 mm focal hypodensity in segment VI of the liver likely represent cysts. Few other tiny subcentimetre hypodensities in both lobes are too small to characterise. There is interval development of an 8 x 8 mm ill-defined hypodense lesion in segment IVa of the liver (Im 7/35, 4/101). Gallbladder is contracted. No biliary dilatation. Stable 15 x 13 mm cyst is seen in the left renal lower pole. Few other tiny subcentimetre hypodensities are too small tocharacterise. No renal calculus or hydronephrosis. There is interval improvement in the extent of the small bowel wall thickening. Bowel wall thickening with increased enhancement is now seen predominantly in the pelvic small bowel loops and terminal ileum. There is associated mesenteric vascular engorgement. Large bowel appears unremarkable. The spleen, pancreas, adrenal glands appear unremarkable. Uterus is atrophic. No adnexal mass. The urinary bladder shows normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal air. There is interval resolution of the ascites. Minimal degenerative changes are noted in the lumbar spine. No destructive osseous lesion. CONCLUSION - No suspicious lung nodule or intra-abdominal collection identified. - An ill-defined hypodense lesion in the left lobe of the liver is not further characterised in this study. This lesion was vaguely identified on prior PET-CT, butnew since the CT done on November 5, 2015. Follow-up of this lesion is suggested. - There is interval improvement in the extent of the small bowel wall thickening. Bowel wall thickening with increased enhancement is now seen predominantly in the pelvic small bowel loops and terminal ileum. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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