# Row 7895

Visit Number: 843486e91696d3da7f254030f814da2e1391d6f1f26417b24e2de754a8912683

Masked\_PatientID: 7867

Order ID: bfe0fd9ee05e625cfbf6162fa0f3b41aa5e9d592426fe8765601e8c24f0ab8bc

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/2/2016 14:00

Line Num: 1

Text: HISTORY intermittent fever since discharge 2 weeks ago. b/g of AML s/p alloHSCT 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 previous CT of January 6, 2016. 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. Few opacities in the lingula and right upper lobe may be postinflammatory (Im 7/44 and 7/60). No consolidation or ground-glass opacity is detected. No pleural effusion is present. Bilateral basal dependent atelectasis is noted. ABDOMEN AND PELVIS An 8 mm focal hypodensity in segment VI of the liver likely represent cyst. Few other tiny subcentimetre hypodensities in both lobes are too small to characterise. The 10 x 8 mm ill-defined hypodense lesion in segment IVa of the liver (Im 8/36) is stable. Gallbladder is contracted. No biliary dilatation. Stable 14 x 13 mm cyst is seen in the left renal lower pole. Few other tiny subcentimetre hypodensities are too small to characterise. No renal calculus or hydronephrosis. The small bowel wall thickening noted in the pelvis is stable. Bowel wall thickening with increased enhancement is still seenpredominantly in the pelvic small bowel loops and terminal ileum. There is associated mesenteric vascular engorgement. Large bowel appears unremarkable except for minimal rectal wall thickening. 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 fluid / air. Degenerative changes are noted in the lumbar spine. No destructive osseous lesion. CONCLUSION -No loculated intra-abdominal collection or source of sepsis noted. -Stable indeterminate hypodense lesion in left lobe of the liver. -No significant change as compared to prior study. -Otherknown / minor findings. May need further action Finalised by: <DOCTOR>

Accession Number: 9ef3f51b45f7d7324865a946b5ee7ad950f5cfe2602321d2ed9b8316f026be3f

Updated Date Time: 18/2/2016 15:09

## Layman Explanation

This radiology report discusses HISTORY intermittent fever since discharge 2 weeks ago. b/g of AML s/p alloHSCT 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 previous CT of January 6, 2016. 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. Few opacities in the lingula and right upper lobe may be postinflammatory (Im 7/44 and 7/60). No consolidation or ground-glass opacity is detected. No pleural effusion is present. Bilateral basal dependent atelectasis is noted. ABDOMEN AND PELVIS An 8 mm focal hypodensity in segment VI of the liver likely represent cyst. Few other tiny subcentimetre hypodensities in both lobes are too small to characterise. The 10 x 8 mm ill-defined hypodense lesion in segment IVa of the liver (Im 8/36) is stable. Gallbladder is contracted. No biliary dilatation. Stable 14 x 13 mm cyst is seen in the left renal lower pole. Few other tiny subcentimetre hypodensities are too small to characterise. No renal calculus or hydronephrosis. The small bowel wall thickening noted in the pelvis is stable. Bowel wall thickening with increased enhancement is still seenpredominantly in the pelvic small bowel loops and terminal ileum. There is associated mesenteric vascular engorgement. Large bowel appears unremarkable except for minimal rectal wall thickening. 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 fluid / air. Degenerative changes are noted in the lumbar spine. No destructive osseous lesion. CONCLUSION -No loculated intra-abdominal collection or source of sepsis noted. -Stable indeterminate hypodense lesion in left lobe of the liver. -No significant change as compared to prior study. -Otherknown / minor findings. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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