# Row 7871

Visit Number: a4dab7f9ac9daea28d57fea0010a41af1297c66842799dae8fe8d47cdc57d120

Masked\_PatientID: 7867

Order ID: a7e10bb20f9c1d4ef379d5e691c2820b1a6820a433989df3316027204ca5807c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 27/5/2015 16:20

Line Num: 1

Text: HISTORY persistent neutropenic fever on meropenem, vancomycin and amikacin. underlying relapsed AML on chemotherapy To look for source of infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Prior CT chest dated 22 December 2014 and CT KUB dated 2 April 2015 were reviewed. A right subclavian central venous catheter is noted with its tip in the right atrium. A 1.3 x 1.2 cm subpleural opacity is noted in the anterior segment of the right upper lobe, abutting the transverse fissure (06-44). Dependent atelectasis is noted in the lower lobes bilaterally. The central airways are patent. No significantly enlarged intrathoracic lymph node is detected. There is no pleural or pericardial effusion. Heart size is at the upper limits of normal. Mild narrowing from atherosclerotic plaque is noted in the proximal left subclavian artery (4-16). A 1.4 cm cyst is seen in segment 6 of the liver (09-1945), while other subcentimetre hypodensities seen in both lobes of the liver are too small to characterise. The hepatic and portal veins are patent. No biliary dilatation is noted. The gallbladder is unremarkable with no radiopaque gallstone. The spleen, pancreas and adrenal glands are unremarkable. Previously seen hypodensity in the mid - lower pole of the left kidney is a 1.4 x 1.4 cm cyst (09-54) while other subcentimetre hypodensities are seen in both kidneys which are too small to characterise. Previously seen perinephric fluid/stranding adjacent to the left lower pole has resolved. The stomach is collapsed. Small bowel loops and colon are unremarkable. The urinary bladder and uterus are normal in appearance. No adnexal mass is seen. There is no ascites. No significant enlarged intra-abdominal or pelvic lymph node is seen. No destructive bony lesion is seen. There are degenerative changes in the lumbar spine. CONCLUSION 1. Peripheral opacity in the right upper lobe is likely infective, development and configuration favouring a bacterial etiology. 2. Segment 6 hepatic cyst and left lower pole renal cyst while other hepatic and bilateral renal subcentimetre hypodensities are too small to characterise. May need further action Reported by: <DOCTOR>

Accession Number: de85ec3dc352eea79b6bbac507e52373dc6233ca19de8459388fab948e6feaca

Updated Date Time: 28/5/2015 11:16

## Layman Explanation

This radiology report discusses HISTORY persistent neutropenic fever on meropenem, vancomycin and amikacin. underlying relapsed AML on chemotherapy To look for source of infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Prior CT chest dated 22 December 2014 and CT KUB dated 2 April 2015 were reviewed. A right subclavian central venous catheter is noted with its tip in the right atrium. A 1.3 x 1.2 cm subpleural opacity is noted in the anterior segment of the right upper lobe, abutting the transverse fissure (06-44). Dependent atelectasis is noted in the lower lobes bilaterally. The central airways are patent. No significantly enlarged intrathoracic lymph node is detected. There is no pleural or pericardial effusion. Heart size is at the upper limits of normal. Mild narrowing from atherosclerotic plaque is noted in the proximal left subclavian artery (4-16). A 1.4 cm cyst is seen in segment 6 of the liver (09-1945), while other subcentimetre hypodensities seen in both lobes of the liver are too small to characterise. The hepatic and portal veins are patent. No biliary dilatation is noted. The gallbladder is unremarkable with no radiopaque gallstone. The spleen, pancreas and adrenal glands are unremarkable. Previously seen hypodensity in the mid - lower pole of the left kidney is a 1.4 x 1.4 cm cyst (09-54) while other subcentimetre hypodensities are seen in both kidneys which are too small to characterise. Previously seen perinephric fluid/stranding adjacent to the left lower pole has resolved. The stomach is collapsed. Small bowel loops and colon are unremarkable. The urinary bladder and uterus are normal in appearance. No adnexal mass is seen. There is no ascites. No significant enlarged intra-abdominal or pelvic lymph node is seen. No destructive bony lesion is seen. There are degenerative changes in the lumbar spine. CONCLUSION 1. Peripheral opacity in the right upper lobe is likely infective, development and configuration favouring a bacterial etiology. 2. Segment 6 hepatic cyst and left lower pole renal cyst while other hepatic and bilateral renal subcentimetre hypodensities are too small to characterise. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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