# Row 7998

Visit Number: 91b48bedba4a9084f347ec2e3c82d6492234511ebdb498ccfc8ff8760dff9f35

Masked\_PatientID: 7993

Order ID: 3a925fceca771aff03e20229eddd96aac17583380adf9a8ac93ddea4d8cbe22c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/10/2015 16:29

Line Num: 1

Text: HISTORY enterococcus bacteremia TRO GI source. Intubated for eneterococcus pneumonia TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS In the thorax, there is extensive ground-glass opacification and air-space consolidation in the lungs, worse in the upper lobes. This is consistent with a pneumonia. There are moderate-sized bilateral pleural effusions. Mildly enlarged lymph nodesare seen in the mediastinum, the largest node measuring 1.5 x 1.2 cm and located in the pre-carinal region (series 402 image 34). These nodes are probably reactive in aetiology. In the abdomen, the liver shows no focal lesion to suggest an abscess. The biliary tree is not dilated. The gallbladder appears normal. The spleen, pancreas and adrenal glands are unremarkable. The kidneys show no abnormality. There is no hydronephrosis. In the pelvis, the urinary bladder is collapsedaround a Foley catheter and its wall cannot be assessed. The prostate gland shows no abscess. The bowel appears normal. No enlarged lymph node is detected. There is no ascites. The bones are generally osteopenic. There is a mild compression fracture of T12. The patient is post-surgical fixation for an intertrochanteric fracture of the left femur. The patient is intubated, the tip of the endotracheal tube in the trachea. There is a nasogastric tube, its tip in the gastric antrum. There is a dense metallic object in the small bowel, of uncertain nature. CONCLUSION No source of sepsis is seen in the abdomen and pelvis. The lungs show extensive air-space consolidation and ground-glass opacification, consistent with a pneumonia. May need further action Finalised by: <DOCTOR>

Accession Number: 08d8258bd0f23def8affbe0da80dd594c477adfb01dfc9d23c78e9b791668544

Updated Date Time: 26/10/2015 16:47

## Layman Explanation

This radiology report discusses HISTORY enterococcus bacteremia TRO GI source. Intubated for eneterococcus pneumonia TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS In the thorax, there is extensive ground-glass opacification and air-space consolidation in the lungs, worse in the upper lobes. This is consistent with a pneumonia. There are moderate-sized bilateral pleural effusions. Mildly enlarged lymph nodesare seen in the mediastinum, the largest node measuring 1.5 x 1.2 cm and located in the pre-carinal region (series 402 image 34). These nodes are probably reactive in aetiology. In the abdomen, the liver shows no focal lesion to suggest an abscess. The biliary tree is not dilated. The gallbladder appears normal. The spleen, pancreas and adrenal glands are unremarkable. The kidneys show no abnormality. There is no hydronephrosis. In the pelvis, the urinary bladder is collapsedaround a Foley catheter and its wall cannot be assessed. The prostate gland shows no abscess. The bowel appears normal. No enlarged lymph node is detected. There is no ascites. The bones are generally osteopenic. There is a mild compression fracture of T12. The patient is post-surgical fixation for an intertrochanteric fracture of the left femur. The patient is intubated, the tip of the endotracheal tube in the trachea. There is a nasogastric tube, its tip in the gastric antrum. There is a dense metallic object in the small bowel, of uncertain nature. CONCLUSION No source of sepsis is seen in the abdomen and pelvis. The lungs show extensive air-space consolidation and ground-glass opacification, consistent with a pneumonia. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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