# Row 8131

Visit Number: e2238995e265a1de8492b65d0d987af9c1fb5184db2df40fef00925208762e05

Masked\_PatientID: 8122

Order ID: 3cd9754b850c67fd5290906d377d1f9a33ab90730c7a62b2b0aaf0cb8ae2291b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/12/2019 10:25

Line Num: 1

Text: HISTORY Interval CT AP to follow up on intra-abdominal collections, and interval CT thorax for pulmonary nodule; Recent anastomotic leak of colonocolonic anastomosis s/p ex lap, washout, take down of anastomosis, double barrel stoma creation, temp abdo closure 1/11 s/p Relook lap, washout, abd fascia closure 5/11 TECHNIQUE Contrast enhanced CT thorax abdomen and pelvis study was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 Positive Oral Contrast FINDINGS The prior CT study dated 11 November 2019 and 23rd October 2019 were reviewed. THORAX: The central venous catheter distal tip is noted in the cavoatrial junction. The previously described left lower lobe opacity notwell seen, probably resolved although partly obscured by the atelectasis adjacent to the moderate left pleural effusion. There is interval resolution of the previously seen right pleural effusion. In the right lower lobe, there is interval improvement of the previously seen consolidation but there are numerous small nodular foci in the right lower lobe likely due to small airways infection. Emphysematous change is noted in the both lungs mostly in the upper lobes. The major airways remain patent. No hilar or mediastinal lymphadenopathy is detected. The heart size is normal. No pericardial effusion is seen. Atherosclerotic calcifications of the coronary arteries and aorta is noted. The thyroid gland is largely unremarkable. ABDOMEN AND PELVIS: The patient is post right hemicolectomy and appendicectomy, creation of double-barreled stoma, relook laparotomy, washout and abdominal fascia closure. Interval removal of the two upper abdominal drain one on each side . The left upper abdomen and pelvic drains remain in situ. The left subphrenic collection extending to the left perihepatic space is mostly resolved (series 7, image 27). Small perisplenic collections are still present (series 7, image 36).The previously described anterior epigastrium collection (series 7, image 34) which extends to the left perihepatic and perisplenic spaces shows interval decrease in size. It measures approximately 1.2 cm in maximal depth with residual gas locules seen within. These leads to the upper anterior midline abdominal wound where there is lucency possibly due to packing material and gas. The previously described rectovesical collection is no longer seen. No new fluid collection is detected. No new intra-abdominal collection is seen. Intraabdominal fat stranding is likely inflammatory/post surgical in nature. No sinister abdominopelvic lymphadenopathy detected. A few stable subcentimeter hypodensities in the liver parenchyma are again noted, too small to be accurately characterized. No focal hepatic lesion is noted. The biliary tree is not dilated. The gallbladder, pancreas and spleen are normal in appearance. Bilateral kidneys are unremarkable. No radiopaque calculus or hydronephrosis is seen. The prostate and urinary bladder are unremarkable. A double barrel stoma is in situ. No evidence of anastomotic leak. No abnormally dilated bowel loop is detected. No new discernible colonic mass lesion is detected. Prominent atherosclerotic vascular calcifications are noted. No destructive bony lesion is seen. A stable lucent lesion at the right ilium is again noted (9-16). Degenerative change of the imaged spine is noted. CONCLUSION 1. Interval decrease in size of previously seen intraperitoneal fluid collections. No new intra-abdominal collection is detected. 2. Left pleural effusion is present. Possible resolution of the previously reported left lung lower lobe opacity. 3. Numerous nodular foci in the right lung lower lobe may be due to interval small airways infection. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 722fb84059867e8a820ed40c3449771a911448e3c95463c2d55f023a55c165ad

Updated Date Time: 02/12/2019 13:27

## Layman Explanation

This radiology report discusses HISTORY Interval CT AP to follow up on intra-abdominal collections, and interval CT thorax for pulmonary nodule; Recent anastomotic leak of colonocolonic anastomosis s/p ex lap, washout, take down of anastomosis, double barrel stoma creation, temp abdo closure 1/11 s/p Relook lap, washout, abd fascia closure 5/11 TECHNIQUE Contrast enhanced CT thorax abdomen and pelvis study was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 Positive Oral Contrast FINDINGS The prior CT study dated 11 November 2019 and 23rd October 2019 were reviewed. THORAX: The central venous catheter distal tip is noted in the cavoatrial junction. The previously described left lower lobe opacity notwell seen, probably resolved although partly obscured by the atelectasis adjacent to the moderate left pleural effusion. There is interval resolution of the previously seen right pleural effusion. In the right lower lobe, there is interval improvement of the previously seen consolidation but there are numerous small nodular foci in the right lower lobe likely due to small airways infection. Emphysematous change is noted in the both lungs mostly in the upper lobes. The major airways remain patent. No hilar or mediastinal lymphadenopathy is detected. The heart size is normal. No pericardial effusion is seen. Atherosclerotic calcifications of the coronary arteries and aorta is noted. The thyroid gland is largely unremarkable. ABDOMEN AND PELVIS: The patient is post right hemicolectomy and appendicectomy, creation of double-barreled stoma, relook laparotomy, washout and abdominal fascia closure. Interval removal of the two upper abdominal drain one on each side . The left upper abdomen and pelvic drains remain in situ. The left subphrenic collection extending to the left perihepatic space is mostly resolved (series 7, image 27). Small perisplenic collections are still present (series 7, image 36).The previously described anterior epigastrium collection (series 7, image 34) which extends to the left perihepatic and perisplenic spaces shows interval decrease in size. It measures approximately 1.2 cm in maximal depth with residual gas locules seen within. These leads to the upper anterior midline abdominal wound where there is lucency possibly due to packing material and gas. The previously described rectovesical collection is no longer seen. No new fluid collection is detected. No new intra-abdominal collection is seen. Intraabdominal fat stranding is likely inflammatory/post surgical in nature. No sinister abdominopelvic lymphadenopathy detected. A few stable subcentimeter hypodensities in the liver parenchyma are again noted, too small to be accurately characterized. No focal hepatic lesion is noted. The biliary tree is not dilated. The gallbladder, pancreas and spleen are normal in appearance. Bilateral kidneys are unremarkable. No radiopaque calculus or hydronephrosis is seen. The prostate and urinary bladder are unremarkable. A double barrel stoma is in situ. No evidence of anastomotic leak. No abnormally dilated bowel loop is detected. No new discernible colonic mass lesion is detected. Prominent atherosclerotic vascular calcifications are noted. No destructive bony lesion is seen. A stable lucent lesion at the right ilium is again noted (9-16). Degenerative change of the imaged spine is noted. CONCLUSION 1. Interval decrease in size of previously seen intraperitoneal fluid collections. No new intra-abdominal collection is detected. 2. Left pleural effusion is present. Possible resolution of the previously reported left lung lower lobe opacity. 3. Numerous nodular foci in the right lung lower lobe may be due to interval small airways infection. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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