# Row 8487

Visit Number: d8f2df0a7f95e30046c25efdf71c16f473828233cbd07d6adecd65ef7928ad7e

Masked\_PatientID: 8468

Order ID: 19ddd20560d34a02644b8ad97fe95650b5c0c1120579d57fee38c9d1e93ddd64

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 16/11/2015 19:25

Line Num: 1

Text: HISTORY Worsening cholestasis and drop in Hb and plt in the setting of liver cirrhosis and divc + fungaemia Also has RLL pneumonia and psoas hematoma - need to exclude intraabdominal bleed and fungal seeding; ESRF with multiple vascular access problems, failed renal transplant, dilated CMP TECHNIQUE Scans acquired as per department protocol. Contrast: FINDINGS Comparison is made previous CT of 8 November 2015. The previous CT of October 2010 was also reviewed for comparison. There is generalised anasarca is seen with diffuse subcutaneous fat stranding, pleural effusions and ascites. There are numerous scattered opacities in both lungs in the form of ill-defined ground-glass changes and more discrete nodular opacities which may be inflammatory. The tip of the left IJV catheter is in the SVC. The heart is mildly enlarged. There are pericardial calcifications. No grossly enlarged hilar or mediastinal lymph nodes are detected. There is a slightly elongated structure in the right axilla that measures 4.6x3 cm best seen in series seven image 54 which could represent a haematoma or a vascular lesion such as a varix or an aneurysm. This cannot be ascertained without intravenous contrast. This may be evaluated with clinical examination / ultrasound. The liver appears cirrhotic. There are stones or sludge in the gallbladder. The biliary tracts are not dilated. The spleen, pancreas and adrenals are not enlarged. The left kidney is not seen. The right native kidney is atrophied with some cysts. There is a calcified atrophied renal transplant in the right iliac fossa. The bowel is not dilated. Scattered colonic diverticula are noted. The bladder is not well distended for evaluation. The swelling and hyperdensity in the right psoas muscle is slightly less prominent than before. There is increasing swelling and density in the left psoas muscle which is suspicious for new haematoma. Lateral to the left psoas muscle is a 1.7 cm wide new area of hyperdensity in keeping with new haematoma. This best seen in series two image 140. No enlarged para-aortic or pelvic lymph nodes are detected. No focal destructive bone lesion is seen. A vascular graft in the left upper thigh is partially included. CONCLUSION Resolving right psoas haematoma. New haematomas noted in the left psoas and adjacent to it, as well as possibly in the right axilla. Generalised anasarca. The lung lesions may be inflammatory. Liver cirrhosis without biliary dilatation. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 90fbc95b695d49022546d3e7e10fc742f76bba54862f5704f20199c16e030387

Updated Date Time: 16/11/2015 21:05

## Layman Explanation

This radiology report discusses HISTORY Worsening cholestasis and drop in Hb and plt in the setting of liver cirrhosis and divc + fungaemia Also has RLL pneumonia and psoas hematoma - need to exclude intraabdominal bleed and fungal seeding; ESRF with multiple vascular access problems, failed renal transplant, dilated CMP TECHNIQUE Scans acquired as per department protocol. Contrast: FINDINGS Comparison is made previous CT of 8 November 2015. The previous CT of October 2010 was also reviewed for comparison. There is generalised anasarca is seen with diffuse subcutaneous fat stranding, pleural effusions and ascites. There are numerous scattered opacities in both lungs in the form of ill-defined ground-glass changes and more discrete nodular opacities which may be inflammatory. The tip of the left IJV catheter is in the SVC. The heart is mildly enlarged. There are pericardial calcifications. No grossly enlarged hilar or mediastinal lymph nodes are detected. There is a slightly elongated structure in the right axilla that measures 4.6x3 cm best seen in series seven image 54 which could represent a haematoma or a vascular lesion such as a varix or an aneurysm. This cannot be ascertained without intravenous contrast. This may be evaluated with clinical examination / ultrasound. The liver appears cirrhotic. There are stones or sludge in the gallbladder. The biliary tracts are not dilated. The spleen, pancreas and adrenals are not enlarged. The left kidney is not seen. The right native kidney is atrophied with some cysts. There is a calcified atrophied renal transplant in the right iliac fossa. The bowel is not dilated. Scattered colonic diverticula are noted. The bladder is not well distended for evaluation. The swelling and hyperdensity in the right psoas muscle is slightly less prominent than before. There is increasing swelling and density in the left psoas muscle which is suspicious for new haematoma. Lateral to the left psoas muscle is a 1.7 cm wide new area of hyperdensity in keeping with new haematoma. This best seen in series two image 140. No enlarged para-aortic or pelvic lymph nodes are detected. No focal destructive bone lesion is seen. A vascular graft in the left upper thigh is partially included. CONCLUSION Resolving right psoas haematoma. New haematomas noted in the left psoas and adjacent to it, as well as possibly in the right axilla. Generalised anasarca. The lung lesions may be inflammatory. Liver cirrhosis without biliary dilatation. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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