# Row 8693

Visit Number: ee3fc7c2c53cccb33776934addb14ef82899d31d406a9e7d25aa31748506a245

Masked\_PatientID: 8677

Order ID: 939b8f1c4661362a1b9cda5481217e3e10f502cc636a2f2ea791fff4ed045822

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/6/2018 13:39

Line Num: 1

Text: HISTORY look for other source of infection; septic shock, post thoracocentesis R pleura TRO bleeding TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the previous CT studies of 13 January 2014, and 25 December 2013. THORAX The patient had right pleural aspiration on 16 June 2018. The large right pleural effusion is heterogeneously hyperdense, measuring +30 to +50 HU. This is suspicious for blood products. No active contrast extravasation is identified within the limits of this non-arterial phase study. No soft tissue haematoma is noted. There is compressive atelectasis of most of the right lung, with minimal residual aeration of the anterior segment of the right upper lobe and medial segment of the middle lobe. No significant mediastinal deviation is seen. A 0.5 cm sub solid nodule is again noted in the left upper lobe (image 401/26), stable since 25 December 2013. No new suspicious pulmonary nodule is seen. Mild left lower lobe atelectasis is noted. Subpleural opacity in the left upper lobe is also likely due to atelectasis. The heart is enlarged. Triple-vessel coronary calcification and calcification of the aortic and mitral valves are noted. No pericardial effusion is seen. A left central venous catheter is in situ. Small volume lymph nodes are likely reactive. There is a 1.6 cm rim calcified nodule in the thyroid isthmus. ABDOMEN & PELVIS Colonic diverticula are noted. There is mural thickening of the sigmoid colon with mild surrounding fat stranding, suspicious for diverticulitis. There is a 3.0 x 1.5 cm rim enhancing collection in the left aspect of the sigmoid colon, with a pocket of gas within (image 501/118). This likely represents a sealed perforation. No pneumoperitoneum is seen. The bowel is not dilated. The appendix is normal. There is no focal hepatic mass. A few calcified granulomas are noted. The gallbladder, pancreas, spleen and adrenal glands are unremarkable. The kidneys are atrophic with cysts within, in keeping with known end-stage renal failure. The urinary bladder is partially distended. The prostate gland is not enlarged. No enlarged para-aortic lymph node is noted. Few prominent lymph nodes are noted in the common iliac and external iliac regions. Fat stranding in the right groin is likely due to prior percutaneous intervention. No destructive bony lesion is seen. T12 compression fracture is noted. CONCLUSION 1. Right pleural effusion with haemorrhagic products within. No active contrast extravasation identified on this venous phase study. 2. Sigmoid colon diverticulitis. Rim-enhancing collection with gas in left aspect of the sigmoid colon, possibly a sealed perforation with abscess formation. No pneumoperitoneum. 3. Left upper lobe subcentimeter subsolid nodule is stable, nonspecific. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 42bf6821905ba224962f74b359da37e2f89a7804ba3909a17b5381521cf2b431

Updated Date Time: 18/6/2018 14:57

## Layman Explanation

This radiology report discusses HISTORY look for other source of infection; septic shock, post thoracocentesis R pleura TRO bleeding TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the previous CT studies of 13 January 2014, and 25 December 2013. THORAX The patient had right pleural aspiration on 16 June 2018. The large right pleural effusion is heterogeneously hyperdense, measuring +30 to +50 HU. This is suspicious for blood products. No active contrast extravasation is identified within the limits of this non-arterial phase study. No soft tissue haematoma is noted. There is compressive atelectasis of most of the right lung, with minimal residual aeration of the anterior segment of the right upper lobe and medial segment of the middle lobe. No significant mediastinal deviation is seen. A 0.5 cm sub solid nodule is again noted in the left upper lobe (image 401/26), stable since 25 December 2013. No new suspicious pulmonary nodule is seen. Mild left lower lobe atelectasis is noted. Subpleural opacity in the left upper lobe is also likely due to atelectasis. The heart is enlarged. Triple-vessel coronary calcification and calcification of the aortic and mitral valves are noted. No pericardial effusion is seen. A left central venous catheter is in situ. Small volume lymph nodes are likely reactive. There is a 1.6 cm rim calcified nodule in the thyroid isthmus. ABDOMEN & PELVIS Colonic diverticula are noted. There is mural thickening of the sigmoid colon with mild surrounding fat stranding, suspicious for diverticulitis. There is a 3.0 x 1.5 cm rim enhancing collection in the left aspect of the sigmoid colon, with a pocket of gas within (image 501/118). This likely represents a sealed perforation. No pneumoperitoneum is seen. The bowel is not dilated. The appendix is normal. There is no focal hepatic mass. A few calcified granulomas are noted. The gallbladder, pancreas, spleen and adrenal glands are unremarkable. The kidneys are atrophic with cysts within, in keeping with known end-stage renal failure. The urinary bladder is partially distended. The prostate gland is not enlarged. No enlarged para-aortic lymph node is noted. Few prominent lymph nodes are noted in the common iliac and external iliac regions. Fat stranding in the right groin is likely due to prior percutaneous intervention. No destructive bony lesion is seen. T12 compression fracture is noted. CONCLUSION 1. Right pleural effusion with haemorrhagic products within. No active contrast extravasation identified on this venous phase study. 2. Sigmoid colon diverticulitis. Rim-enhancing collection with gas in left aspect of the sigmoid colon, possibly a sealed perforation with abscess formation. No pneumoperitoneum. 3. Left upper lobe subcentimeter subsolid nodule is stable, nonspecific. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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