# Row 8744

Visit Number: 0f130a23e896c427e8de0522255bc25e4937744e30b816f2afc3d6d4f89ba2a6

Masked\_PatientID: 8735

Order ID: b81e93025bf010a96f33a5defd50fdd67a0820f5b28d4566057359947857f704

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/4/2018 11:50

Line Num: 1

Text: HISTORY neutropenic sepsis with rising ALP and GGT TRO HBS sepsis known liver abscess on D30 antibiotics b/g AML on D2 FLAG TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Prior MRCP (8 Mar 2018) and CT (27 Feb 2018) reviewed. THORAX There is interval interlobular septal thickening and multiple small nodules surrounded by ground-glass opacities in both lungs with upper lobe predominance. The right pleural effusion has worsened and there is now a left pleural effusion, causing compressive atelectasis of the lungs. Stable nonspecific small calcification in the right lower lobe (se 5-79) is probably post-inflammatory. The major airways are patent. The great vessels are normal in calibre and show normal configuration and opacification. Cardiac size is enlarged. No pericardial effusion. No hilar, mediastinal, supraclavicular or axillary lymphadenopathy observed. The thyroid gland appears unremarkable. Stable small left breast calcification. ABDOMEN AND PELVIS The previous abscesses identified on MRI are not appreciated currently. A vague subcentimetre hypodensity in hepatic segment 4 (se 8-29) is nonspecific. The liver is normal in size, contour and attenuation. The portal and hepatic veins enhance normally. The intra- and extra-hepatic bile ducts are not dilated. Calcified gallstones within a collapsed gallbladder with thickened wall are unchanged. Thepancreas, spleen and adrenals are normal in appearance. Both kidneys show normal size, morphology and enhancement with no focal lesion or radiopaque urinary calculus detected. No hydronephrosis. The distended urinary bladder is unremarkable. A vague enhancing focus in the right side of the anterior uterine wall (se 8-110) is nonspecific. No adnexal mass seen. The bowel is normal in calibre and distribution. Uncomplicated ascending colon diverticulum seen. No enlarged lymph node, free fluid or gas is identified in the abdomen and pelvis. Lumbar levoscoliosis and grade 1 spondylolisthesis of L4 on L5 are stable. No appreciable osseous destruction. Foci of fat stranding along the anterior abdominal wall are possibly related to subcutaneous injections. CONCLUSION 1. The findings in the lungs likely represent congestive cardiac changes with pulmonary oedema in the form of intralobular septal thickening and diffuse ground-glass changes. The tiny nodules noted in both the lungs are likely to represent infective aetiology given the rapid appearance since the prior study dated 27/02/2018. 2. The previous abscesses identified on MRI are not appreciated currently. A vague subcentimetre hypodensity in hepatic segment 4 is nonspecific. No biliary obstruction. 3. Cholelithiasis. Possible background chronic cholecystitis. 4. Other stable/minor findings as reported above. May need further action Reported by: <DOCTOR>

Accession Number: 36511b42c7d1987ae2908d47786895374a0ccd577648d586901a3b3d37b52684

Updated Date Time: 06/4/2018 14:30

## Layman Explanation

This radiology report discusses HISTORY neutropenic sepsis with rising ALP and GGT TRO HBS sepsis known liver abscess on D30 antibiotics b/g AML on D2 FLAG TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Prior MRCP (8 Mar 2018) and CT (27 Feb 2018) reviewed. THORAX There is interval interlobular septal thickening and multiple small nodules surrounded by ground-glass opacities in both lungs with upper lobe predominance. The right pleural effusion has worsened and there is now a left pleural effusion, causing compressive atelectasis of the lungs. Stable nonspecific small calcification in the right lower lobe (se 5-79) is probably post-inflammatory. The major airways are patent. The great vessels are normal in calibre and show normal configuration and opacification. Cardiac size is enlarged. No pericardial effusion. No hilar, mediastinal, supraclavicular or axillary lymphadenopathy observed. The thyroid gland appears unremarkable. Stable small left breast calcification. ABDOMEN AND PELVIS The previous abscesses identified on MRI are not appreciated currently. A vague subcentimetre hypodensity in hepatic segment 4 (se 8-29) is nonspecific. The liver is normal in size, contour and attenuation. The portal and hepatic veins enhance normally. The intra- and extra-hepatic bile ducts are not dilated. Calcified gallstones within a collapsed gallbladder with thickened wall are unchanged. Thepancreas, spleen and adrenals are normal in appearance. Both kidneys show normal size, morphology and enhancement with no focal lesion or radiopaque urinary calculus detected. No hydronephrosis. The distended urinary bladder is unremarkable. A vague enhancing focus in the right side of the anterior uterine wall (se 8-110) is nonspecific. No adnexal mass seen. The bowel is normal in calibre and distribution. Uncomplicated ascending colon diverticulum seen. No enlarged lymph node, free fluid or gas is identified in the abdomen and pelvis. Lumbar levoscoliosis and grade 1 spondylolisthesis of L4 on L5 are stable. No appreciable osseous destruction. Foci of fat stranding along the anterior abdominal wall are possibly related to subcutaneous injections. CONCLUSION 1. The findings in the lungs likely represent congestive cardiac changes with pulmonary oedema in the form of intralobular septal thickening and diffuse ground-glass changes. The tiny nodules noted in both the lungs are likely to represent infective aetiology given the rapid appearance since the prior study dated 27/02/2018. 2. The previous abscesses identified on MRI are not appreciated currently. A vague subcentimetre hypodensity in hepatic segment 4 is nonspecific. No biliary obstruction. 3. Cholelithiasis. Possible background chronic cholecystitis. 4. Other stable/minor findings as reported above. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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