# Row 8747

Visit Number: 0f130a23e896c427e8de0522255bc25e4937744e30b816f2afc3d6d4f89ba2a6

Masked\_PatientID: 8735

Order ID: 9f798eb19372ccc8f30969706c870b25f11b35796074ed0f9ea5b0c1a45ac7d3

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/4/2018 10:41

Line Num: 1

Text: HISTORY neutropenic sepsis previous liver abscess on 6 weeks of antibiotics (completed ) recent CT TAP showed lung nodules ?infective in immunocompromised host, to monitor resolution TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made to previous study of 6 April 2018. MRCP of 8 March 2018 was also reviewed. CHEST: Tip of the right-sided central line is in place, within the SVC.Previously seen features of pulmonary oedema, i.e. upper lobe predominant interlobular septal thickening, ground-glass opacities and pleural effusions, demonstrate marked improvement. Pleural effusions have resolved. Some residual nodules e.g. the tiny clustered nodules in the left upper lobe (6-55 vs prev 6-47) and the discrete 4mm nodule in the right upper lobe (6-49 vs prev 6-41) are likely post-infectious/inflammatory in nature. There is mild cardiomegaly. A small sliver of pericardial effusion is again seen. Major mediastinal vessels enhance normally. There is no significant intrathoracic lymphadenopathy. ABDOMEN-PELVIS The liver is mildly enlarged. Spleen is top normal in size, measuring 10.9 cm in its anteroposterior dimension. The liver enhances normally. No suspicious hepatic mass or collection seen. The contracted gallbladder is filled with calculi. Biliary tree is not dilated. The spleen, adrenals, pancreas, kidneys, partially distended urinary bladder, uterus and ovaries are unremarkable. There is no suspicious adnexal mass. Trace amount of free fluid in the pelvis and mild fat stranding, especially in the mesorectum, are nonspecific and could be related to congestion. Coarse calcifications along the distal left gonadal vessels are again seen. There is no free gas. No destructive bony lesion is seen. Degenerative grade 1 L4-5 spondylolisthesis. CONCLUSION 1. Marked improvement of the previously seen pulmonary oedema with resolution of bilateral pleural effusions. 2. Several subcentimetre nodules in the lungs, being clustered in the left upper lobe, are likely post-infectious in nature. 3. There is no suspicious hepatic mass or collection. 4. Uncomplicated cholelithiasis. 5. Mild hepatomegaly and top-normal sized spleen. May need further action Reported by: <DOCTOR>

Accession Number: 3722247ab8720b25674b2fb06c7b979b01d9e0553c3f6839d6d70b5f3ab145bb

Updated Date Time: 20/4/2018 12:41

## Layman Explanation

This radiology report discusses HISTORY neutropenic sepsis previous liver abscess on 6 weeks of antibiotics (completed ) recent CT TAP showed lung nodules ?infective in immunocompromised host, to monitor resolution TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made to previous study of 6 April 2018. MRCP of 8 March 2018 was also reviewed. CHEST: Tip of the right-sided central line is in place, within the SVC.Previously seen features of pulmonary oedema, i.e. upper lobe predominant interlobular septal thickening, ground-glass opacities and pleural effusions, demonstrate marked improvement. Pleural effusions have resolved. Some residual nodules e.g. the tiny clustered nodules in the left upper lobe (6-55 vs prev 6-47) and the discrete 4mm nodule in the right upper lobe (6-49 vs prev 6-41) are likely post-infectious/inflammatory in nature. There is mild cardiomegaly. A small sliver of pericardial effusion is again seen. Major mediastinal vessels enhance normally. There is no significant intrathoracic lymphadenopathy. ABDOMEN-PELVIS The liver is mildly enlarged. Spleen is top normal in size, measuring 10.9 cm in its anteroposterior dimension. The liver enhances normally. No suspicious hepatic mass or collection seen. The contracted gallbladder is filled with calculi. Biliary tree is not dilated. The spleen, adrenals, pancreas, kidneys, partially distended urinary bladder, uterus and ovaries are unremarkable. There is no suspicious adnexal mass. Trace amount of free fluid in the pelvis and mild fat stranding, especially in the mesorectum, are nonspecific and could be related to congestion. Coarse calcifications along the distal left gonadal vessels are again seen. There is no free gas. No destructive bony lesion is seen. Degenerative grade 1 L4-5 spondylolisthesis. CONCLUSION 1. Marked improvement of the previously seen pulmonary oedema with resolution of bilateral pleural effusions. 2. Several subcentimetre nodules in the lungs, being clustered in the left upper lobe, are likely post-infectious in nature. 3. There is no suspicious hepatic mass or collection. 4. Uncomplicated cholelithiasis. 5. Mild hepatomegaly and top-normal sized spleen. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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