# Row 9515

Visit Number: 1fff2c8ed56268b952692e52d7887f2607eecaa74540e80f224ae6556dae8224

Masked\_PatientID: 9473

Order ID: 497fd47ea5558b23b542de541dbfc4fbdb5eda9337ed7fe7db55f1bc50f54c65

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 08/9/2016 21:28

Line Num: 1

Text: HISTORY Refractory NMDAR encephalitis with ovarian teratoma s/p excision Recently completed treatment for ventilator associated pneumonia and UTI, last CT TAP in June 2016 showed possible bilateral pyelonephritis Now spiking fever again despite IV meropenem and IV vancomycin, to look for occult infection TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the CT scan of June 25, 2016. CHEST Tracheostomy tube is in satisfactory position. Tip of the right central venous line is noted in the right atrium. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Collapse-consolidation of the lower lobes is noted bilaterally. Sliver of right pleural effusion is noted. Few scattered ground-glass opacities and subsegmental atelectasis is also noted in the left upper lobe. Previously demonstrated tiny pulmonary nodule in the left lower lobe is obscured by consolidation in the current study. ABDOMEN AND PELVIS Tip of the feeding tube is noted in the stomach. There is significant interval improvement of the previously demonstrated wedge-shaped hypodensities in both kidneys, with few minimal residual hypodensities in both kidneys. The liver, gallbladder, spleen, pancreas, adrenal glands appear unremarkable. The uterus show normal features. No adnexal mass identified. Urinary bladder is well distended with a Foley catheter in situ. Dependent hyperdensities in the urinary bladder may represent sludge. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. The bones appear unremarkable. CONCLUSION Since the previous study, there is interval improvement of pyelonephritis with few residual wedge-shaped hypodensities in both kidneys. Collapse consolidation in bilateral lower lobes may be due to infective aetiology / aspiration. Few scattered areas of ground-glass opacities and atelectasis are also noted in the left upper lobe. May need further action Finalised by: <DOCTOR>

Accession Number: df65465c05c443b9c70798d0259a0ff247c50ab78cbc911aaa0309d49f550623

Updated Date Time: 09/9/2016 10:27

## Layman Explanation

This radiology report discusses HISTORY Refractory NMDAR encephalitis with ovarian teratoma s/p excision Recently completed treatment for ventilator associated pneumonia and UTI, last CT TAP in June 2016 showed possible bilateral pyelonephritis Now spiking fever again despite IV meropenem and IV vancomycin, to look for occult infection TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the CT scan of June 25, 2016. CHEST Tracheostomy tube is in satisfactory position. Tip of the right central venous line is noted in the right atrium. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Collapse-consolidation of the lower lobes is noted bilaterally. Sliver of right pleural effusion is noted. Few scattered ground-glass opacities and subsegmental atelectasis is also noted in the left upper lobe. Previously demonstrated tiny pulmonary nodule in the left lower lobe is obscured by consolidation in the current study. ABDOMEN AND PELVIS Tip of the feeding tube is noted in the stomach. There is significant interval improvement of the previously demonstrated wedge-shaped hypodensities in both kidneys, with few minimal residual hypodensities in both kidneys. The liver, gallbladder, spleen, pancreas, adrenal glands appear unremarkable. The uterus show normal features. No adnexal mass identified. Urinary bladder is well distended with a Foley catheter in situ. Dependent hyperdensities in the urinary bladder may represent sludge. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. The bones appear unremarkable. CONCLUSION Since the previous study, there is interval improvement of pyelonephritis with few residual wedge-shaped hypodensities in both kidneys. Collapse consolidation in bilateral lower lobes may be due to infective aetiology / aspiration. Few scattered areas of ground-glass opacities and atelectasis are also noted in the left upper lobe. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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