# Row 9473

Visit Number: 1fff2c8ed56268b952692e52d7887f2607eecaa74540e80f224ae6556dae8224

Masked\_PatientID: 9473

Order ID: e2b7f1107b45a2bc113b433125e63cec2c11a088baba7343cc05f30aa1f6ddf2

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/6/2016 15:09

Line Num: 1

Text: HISTORY anti NMDA receptor encephalitis TRO underlying malignancy/teratoma TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The previous ultrasound pelvis dated 23/06/2016 is noted. THORAX The mediastinal vessels opacify normally. No significantly enlarged mediastinal or hilar lymph node is detected. There is no anterior mediastinal mass. The heart is normal in size. No pericardial effusion is seen. A nonspecific 3 mm pulmonary nodule is seen in the superior segment of the left lower lobe (401/45, 405/16). Subsegmental atelectasis is seen in the dependent portion of the lungs. The major airways are patent. No pleural effusion is detected. ABDOMEN AND PELVIS There are patchy areas of wedge-shaped reduced attenuation in both kidneys that are nonspecific, possibly infective or inflammatory in aetiology. No hydronephrosis is detected. The urinary bladder has been catheterised. The uterus and ovaries are grossly unremarkable. The liver, spleen, pancreas and adrenal glands are normal. High density dependent layering within the gallbladder may represent sludge. No biliary dilatation noted. The nasogastric tube is in situ. The bowel is not dilated. There is no enlarged lymph node. Small amount of free intraperitoneal fluid is seen. The bones appear unremarkable. CONCLUSION 1. No anterior mediastinalmass or overt ovarian mss lesion is detected. 2. Patchy areas of hypodensities in both kidneys may be due to pyelonephritis; clinical correlation is suggested. 3. Non-specific, 3mm pulmonary nodule in the left lower lobe. May need further action Kheok Si Wei , Senior Resident , 15535G Finalised by: <DOCTOR>

Accession Number: 33feb1f608d694b9bac42533fd850042ddfa98f180edc424c1efde6b33557b7f

Updated Date Time: 26/6/2016 11:57

## Layman Explanation

This radiology report discusses HISTORY anti NMDA receptor encephalitis TRO underlying malignancy/teratoma TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The previous ultrasound pelvis dated 23/06/2016 is noted. THORAX The mediastinal vessels opacify normally. No significantly enlarged mediastinal or hilar lymph node is detected. There is no anterior mediastinal mass. The heart is normal in size. No pericardial effusion is seen. A nonspecific 3 mm pulmonary nodule is seen in the superior segment of the left lower lobe (401/45, 405/16). Subsegmental atelectasis is seen in the dependent portion of the lungs. The major airways are patent. No pleural effusion is detected. ABDOMEN AND PELVIS There are patchy areas of wedge-shaped reduced attenuation in both kidneys that are nonspecific, possibly infective or inflammatory in aetiology. No hydronephrosis is detected. The urinary bladder has been catheterised. The uterus and ovaries are grossly unremarkable. The liver, spleen, pancreas and adrenal glands are normal. High density dependent layering within the gallbladder may represent sludge. No biliary dilatation noted. The nasogastric tube is in situ. The bowel is not dilated. There is no enlarged lymph node. Small amount of free intraperitoneal fluid is seen. The bones appear unremarkable. CONCLUSION 1. No anterior mediastinalmass or overt ovarian mss lesion is detected. 2. Patchy areas of hypodensities in both kidneys may be due to pyelonephritis; clinical correlation is suggested. 3. Non-specific, 3mm pulmonary nodule in the left lower lobe. May need further action Kheok Si Wei , Senior Resident , 15535G Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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