# Row 9617

Visit Number: eafd07b4818b8e4ea3b37308931c55b07f29901a59c9411c3ae19010fa65150e

Masked\_PatientID: 9608

Order ID: 0958517061ced0f2e290012ba9cab2242971501b0cd55dc99799aa0f1e43e534

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 01/6/2018 13:29

Line Num: 1

Text: HISTORY AML s/p 2# Azacitidine. Has recurrent high grade fevers with no obvious source or clinical synmptoms. to look for souce for occult sepsis TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 56 FINDINGS Comparison is made with prior CT study dated 5 April 2018. THORAX The previously seen bilateral airspace opacities with nodularities have resolved with residual atelectasis/scarring in the middle and left lower lobes. No convincing evidence of infectious/inflammatory change is seen at present. No suspicious pulmonary nodule or ground glass opacity is detected. Interval resolution of the previously seen right pleural effusion. Trace left pleural effusion. The tip of a right central venous catheter is seen in the cavoatrial junction in stable position. The mediastinal vessels opacify normally. Small volume mediastinal lymph nodes are non-specific. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is mild cardiomegaly. No pericardial effusion is seen. ABDOMEN AND PELVIS The liver displays normal attenuation with smooth contours. No hepatic collection is detected. A few hypodensities are seen in both lobes of the liver. The largest one in segment 3 measuring 2.4 x 1.7 cm is compatible with a cyst. Adjacent to this in segment 4b there is a focal hypodensity which likely represents focal fatty change. Other subcentimeter hypodensities are too small to characterise. The gallbladder is unremarkable. No biliary tree dilatation. The spleen measures 12.0 cm with multiple cysts some of which have wall calcification. The pancreas and adrenal glands are unremarkable. A few subcentimeter hypodensities in both kidneys are too small to accurately characterise. No solid renal mass or collection. No radiopaque calculus is seen along the urinary tract. No hydronephrosis or perinephric fat stranding. The urinary bladder is normal in appearance. The uterus, adnexa and ovaries show no abnormality. The bowel loops are normal in calibre. A few uncomplicated colonic diverticula are noted in the caecum and sigmoid colon.The appendix is not inflamed. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Trace amount of free fluid is seen in the pelvis. No pneumoperitoneum. A vague 1.7cm isodense nodule at uterine fundus could represent a fibroid indenting the endometrium (7/102) Atherosclerotic calcifications are seen in the aorta and common iliac arteries. A few subcutaneous soft tissue densities in the anterior abdomen likely represent injection granulomas. Well defined lucent density in the right ischium is non-specific (7-115). CONCLUSION No convincing evidence of infective/inflammatory process in the thorax, abdomen and pelvis. Interval resolution of the previously seen bilateral pneumonia. Other minor findings as detailed. Known / Minor Reported by: <DOCTOR>

Accession Number: 3ec31e3da1c5aaf37f039d536a6e8ce92da8a4dbeae6492fbf43fdba4e21924d

Updated Date Time: 01/6/2018 17:54

## Layman Explanation

This radiology report discusses HISTORY AML s/p 2# Azacitidine. Has recurrent high grade fevers with no obvious source or clinical synmptoms. to look for souce for occult sepsis TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 56 FINDINGS Comparison is made with prior CT study dated 5 April 2018. THORAX The previously seen bilateral airspace opacities with nodularities have resolved with residual atelectasis/scarring in the middle and left lower lobes. No convincing evidence of infectious/inflammatory change is seen at present. No suspicious pulmonary nodule or ground glass opacity is detected. Interval resolution of the previously seen right pleural effusion. Trace left pleural effusion. The tip of a right central venous catheter is seen in the cavoatrial junction in stable position. The mediastinal vessels opacify normally. Small volume mediastinal lymph nodes are non-specific. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is mild cardiomegaly. No pericardial effusion is seen. ABDOMEN AND PELVIS The liver displays normal attenuation with smooth contours. No hepatic collection is detected. A few hypodensities are seen in both lobes of the liver. The largest one in segment 3 measuring 2.4 x 1.7 cm is compatible with a cyst. Adjacent to this in segment 4b there is a focal hypodensity which likely represents focal fatty change. Other subcentimeter hypodensities are too small to characterise. The gallbladder is unremarkable. No biliary tree dilatation. The spleen measures 12.0 cm with multiple cysts some of which have wall calcification. The pancreas and adrenal glands are unremarkable. A few subcentimeter hypodensities in both kidneys are too small to accurately characterise. No solid renal mass or collection. No radiopaque calculus is seen along the urinary tract. No hydronephrosis or perinephric fat stranding. The urinary bladder is normal in appearance. The uterus, adnexa and ovaries show no abnormality. The bowel loops are normal in calibre. A few uncomplicated colonic diverticula are noted in the caecum and sigmoid colon.The appendix is not inflamed. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Trace amount of free fluid is seen in the pelvis. No pneumoperitoneum. A vague 1.7cm isodense nodule at uterine fundus could represent a fibroid indenting the endometrium (7/102) Atherosclerotic calcifications are seen in the aorta and common iliac arteries. A few subcutaneous soft tissue densities in the anterior abdomen likely represent injection granulomas. Well defined lucent density in the right ischium is non-specific (7-115). CONCLUSION No convincing evidence of infective/inflammatory process in the thorax, abdomen and pelvis. Interval resolution of the previously seen bilateral pneumonia. Other minor findings as detailed. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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