# Row 9627

Visit Number: c3137eb605a72ead04559105830ef901b20f9df5ad91f8bc97501e399d8867e2

Masked\_PatientID: 9608

Order ID: be7b16cca1b7b55e7f103f08fdb8b5bed3d55b815f16ff60be533c3844136256

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 08/2/2019 14:42

Line Num: 1

Text: HISTORY relapsed AML on chemo; with acutely raised ALP and bil; ?hepatic abscess; history of neutropenic sepsis, with multiple infections including perianal abscess TECHNIQUE Contrast enhanced CT scan of the chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 53 FINDINGS CT chest abdomen and pelvis done on 26 November 2018 and MRI pelvis done on 16 January 2019 were noted. CHEST: Stable left upper and lower lobe subsegmental atelectasis is seen. A new 0.2 cm nodule is seen in the right lower lobe - nonspecific (501-65). Tiny perifissural nodule is seen in the right upper lobe - stable. No suspicious pulmonary mass or consolidation is seen. There is small left pleural effusion. The major airways are patent. No significantly enlarged intra-thoracic node is seen. The heart is enlarged. The great vessels enhance normally. No significant pericardial effusion is seen. The thyroid is unremarkable. ABDOMEN AND PELVIS: There is interval development of several ill-defined hypodensities scattered in both lobes of liver (visualised only on venous phase). The largest hypodensity in the segment 8 measures 1.7 x 1.3cm. No overt rimenhancing drainable hepatic collection is seen to suggest an abscess. Other stable hypodensities in both hepatic lobes are suggestive of cysts. There is normal opacification of portal and hepatic veins. The gallbladder is distended and shows mild oedematous mural thickening, likely reactive. No radiodense gallstone is seen. The CBD is normal in calibre. The spleen shows multiple cysts with some of them showing coarse mural calcifications and some showing thin internal septations. Ill-defined patchy hypo enhancing areas are seen in both kidneys (right more than left). Whilst no overt perinephric fat stranding or perinephric fluid is seen in the given clinical context it remains suspicious for pyelonephritis. No drainable perinephric collection is seen. Bilateral adrenal glands and pancreas are unremarkable. The bowel loops are normal in calibre and distribution. No ascites or abdominopelvic lymphadenopathy is seen. The urinary bladder is well distended and shows no mass or radiodense calculus within. Uterine fibroid is seen. Bilateral ovaries are unremarkable. No suspicious pelvic mass is seen. Small linear hypodense tract is seen in the left perianal region, likely represents the known inflamed sinus tract, better evaluated on the MRI pelvis done on 16 January 2019 was No overt osseous destruction is seen. CONCLUSION No suspicious pulmonary mass or consolidation. Interval development of hypodense lesions in the liver. No obvious rim enhancement is seen to suggest an abscess and these regions remain indeterminate for metastatic deposits. Patchy hypo enhancing areas in both kidneys (right more than left). Whilst no overt perinephric fat stranding or perinephric fluid is seen, in the given clinical context it remains suspicious for pyelonephritis. Minor findings: New tiny nodule in the right lung lower lobe - nonspecific, oedematous gallbladder wall thickening, likely reactive, splenic cyst with some showing mural calcifications and some showing thin internal septations, hepatic cysts. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 3f85a70707129a44113ac0f143b81583d2a64dab96f2b9495f2c15d1ed7d363e

Updated Date Time: 08/2/2019 16:41

## Layman Explanation

This radiology report discusses HISTORY relapsed AML on chemo; with acutely raised ALP and bil; ?hepatic abscess; history of neutropenic sepsis, with multiple infections including perianal abscess TECHNIQUE Contrast enhanced CT scan of the chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 53 FINDINGS CT chest abdomen and pelvis done on 26 November 2018 and MRI pelvis done on 16 January 2019 were noted. CHEST: Stable left upper and lower lobe subsegmental atelectasis is seen. A new 0.2 cm nodule is seen in the right lower lobe - nonspecific (501-65). Tiny perifissural nodule is seen in the right upper lobe - stable. No suspicious pulmonary mass or consolidation is seen. There is small left pleural effusion. The major airways are patent. No significantly enlarged intra-thoracic node is seen. The heart is enlarged. The great vessels enhance normally. No significant pericardial effusion is seen. The thyroid is unremarkable. ABDOMEN AND PELVIS: There is interval development of several ill-defined hypodensities scattered in both lobes of liver (visualised only on venous phase). The largest hypodensity in the segment 8 measures 1.7 x 1.3cm. No overt rimenhancing drainable hepatic collection is seen to suggest an abscess. Other stable hypodensities in both hepatic lobes are suggestive of cysts. There is normal opacification of portal and hepatic veins. The gallbladder is distended and shows mild oedematous mural thickening, likely reactive. No radiodense gallstone is seen. The CBD is normal in calibre. The spleen shows multiple cysts with some of them showing coarse mural calcifications and some showing thin internal septations. Ill-defined patchy hypo enhancing areas are seen in both kidneys (right more than left). Whilst no overt perinephric fat stranding or perinephric fluid is seen in the given clinical context it remains suspicious for pyelonephritis. No drainable perinephric collection is seen. Bilateral adrenal glands and pancreas are unremarkable. The bowel loops are normal in calibre and distribution. No ascites or abdominopelvic lymphadenopathy is seen. The urinary bladder is well distended and shows no mass or radiodense calculus within. Uterine fibroid is seen. Bilateral ovaries are unremarkable. No suspicious pelvic mass is seen. Small linear hypodense tract is seen in the left perianal region, likely represents the known inflamed sinus tract, better evaluated on the MRI pelvis done on 16 January 2019 was No overt osseous destruction is seen. CONCLUSION No suspicious pulmonary mass or consolidation. Interval development of hypodense lesions in the liver. No obvious rim enhancement is seen to suggest an abscess and these regions remain indeterminate for metastatic deposits. Patchy hypo enhancing areas in both kidneys (right more than left). Whilst no overt perinephric fat stranding or perinephric fluid is seen, in the given clinical context it remains suspicious for pyelonephritis. Minor findings: New tiny nodule in the right lung lower lobe - nonspecific, oedematous gallbladder wall thickening, likely reactive, splenic cyst with some showing mural calcifications and some showing thin internal septations, hepatic cysts. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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