# Row 9618

Visit Number: 95c92555811210e0c149b18b1a7cb1d82a94605f8a69804799e9ad6065bff3e7

Masked\_PatientID: 9608

Order ID: 97a1569a75fef3e09d50328ea59c21c61a5a172c939df19d4dde9a3c1da85751

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/11/2018 18:31

Line Num: 1

Text: HISTORY 65yo with AML on Azacytidine and venetoclax on Posa prophylaxis Noted to have persistent fever spikes, but patient otherwise non-toxic TRO any fungal infection TRO any intra-abdo source of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 57 FINDINGS Comparison made with CT of 1/6/2018. ABDOMEN AND PELVIS No tiny granulomata are noted in the liver and spleen. Multiple cysts are again seen in the spleen and liver, especially numerous in the spleen, some are too small to characterise and few of which in the spleen shows wall calcifications. These are relatively unchanged from before. The spleen and liver are not enlarged. No suspicious mass or abscess is identified. No hydronephrosis noted. A tiny 2 mm stone is seen in the right mid upper calix (501-54). A few tiny hypodensities in both kidneys are too small to characterise. The adrenals, pancreas, gallbladder, urinary bladder and both adnexa are unremarkable. The uterus again shows a 20 mm focus at the fundus indenting on the endometrial cavity, likely a submucosal fibroid. A small amount of free fluid in the pouch of Douglas is likely physiological. No free air or collection is noted. There is no inflammatory fat stranding in the abdomen and pelvis. A few uncomplicated right colonic diverticula are present. The bowel otherwise shows no focal mass or abnormal thickening. There is no peritoneal thickening or omental caking. No ascites or enlarged abdominopelvic nodes. There is mildly prominent left inguinal node measuring up to 8 mm in short axis (501-124). THORAX AND BONES There is relative scarring at the anterior aspect of the basal left lower lobe. Minimal atelectasis noted in the lung bases. No lung mass or sinister nodule is noted. There are no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Mediastinal vasculature enhance normally. Heart size is not enlarged. No pericardial and pleural effusion is seen. No destructive bony lesion is seen. CONCLUSION Since last CT of Jun 2018, 1. No obvious focus of inflammation is seen in the thorax, abdomen and pelvis. 2. Hepatic and splenic cysts as described. 3. Probable uterine fibroid unchanged from before. Suggest correlation on ultrasound. 4. Mildly prominent left inguinal node may be reactive. 5. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 0093a2d667081acf2db06cfa77445b1e9b2a42eb8c90bd080ba921efda8fad33

Updated Date Time: 27/11/2018 9:06

## Layman Explanation

This radiology report discusses HISTORY 65yo with AML on Azacytidine and venetoclax on Posa prophylaxis Noted to have persistent fever spikes, but patient otherwise non-toxic TRO any fungal infection TRO any intra-abdo source of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 57 FINDINGS Comparison made with CT of 1/6/2018. ABDOMEN AND PELVIS No tiny granulomata are noted in the liver and spleen. Multiple cysts are again seen in the spleen and liver, especially numerous in the spleen, some are too small to characterise and few of which in the spleen shows wall calcifications. These are relatively unchanged from before. The spleen and liver are not enlarged. No suspicious mass or abscess is identified. No hydronephrosis noted. A tiny 2 mm stone is seen in the right mid upper calix (501-54). A few tiny hypodensities in both kidneys are too small to characterise. The adrenals, pancreas, gallbladder, urinary bladder and both adnexa are unremarkable. The uterus again shows a 20 mm focus at the fundus indenting on the endometrial cavity, likely a submucosal fibroid. A small amount of free fluid in the pouch of Douglas is likely physiological. No free air or collection is noted. There is no inflammatory fat stranding in the abdomen and pelvis. A few uncomplicated right colonic diverticula are present. The bowel otherwise shows no focal mass or abnormal thickening. There is no peritoneal thickening or omental caking. No ascites or enlarged abdominopelvic nodes. There is mildly prominent left inguinal node measuring up to 8 mm in short axis (501-124). THORAX AND BONES There is relative scarring at the anterior aspect of the basal left lower lobe. Minimal atelectasis noted in the lung bases. No lung mass or sinister nodule is noted. There are no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Mediastinal vasculature enhance normally. Heart size is not enlarged. No pericardial and pleural effusion is seen. No destructive bony lesion is seen. CONCLUSION Since last CT of Jun 2018, 1. No obvious focus of inflammation is seen in the thorax, abdomen and pelvis. 2. Hepatic and splenic cysts as described. 3. Probable uterine fibroid unchanged from before. Suggest correlation on ultrasound. 4. Mildly prominent left inguinal node may be reactive. 5. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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