# Row 1088

Visit Number: c3f444c804789abbe284903fadefcab28d46764a5204292476fa902241d6534f

Masked\_PatientID: 1077

Order ID: 5b645c05558428ba16fb0e17a2397cf26007848c711c332cf0d4ac9892113537

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/9/2020 14:57

Line Num: 1

Text: HISTORY 1. ?intestinal obstruction ivo large amount of biliou vomiting this morning \E&E\gt;800ml with paraumbilical hernia 2. HAP, persistent fever, TRO sources of infection b/g Circumferential stenosing tumour @distal transverse/splenic flexure s/p lap assisted left hemicolectomy (1/9) - with 5cm defect TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 90 FINDINGS Comparison made with previous CT abdomen and pelvis dated 6 September 2020 and CTPA dated 5 September 2020. THORAX Right PICC in situ, tip in the right atrium. Previously noted consolidation and ground-glass changes in the right upper and lower lobes have mostly resolved. Stable mild nonspecific mosaic attenuation and dependent changes again noted. There is no suspicious pulmonary lesion. Small bilateral pleural effusions have resolved. The trachea and main bronchus are unremarkable. No enlarged supraclavicular, axillary, mediastinum or hilar lymph node is detected. The heart size is enlarged. No pericardial effusion is seen. The mediastinal vessels are of normal calibre. The thyroid gland is unremarkable. Multiple small nodules noted within the imaged breast parenchyma, better assessed on the dedicated US breasts dated 25 August 2020. ABDOMEN/PELVIS Status post left hemicolectomy on 1 September 2020. Midline surgical staples noted along the anterior abdominal wall. Surgical drain is in stable position with tip in the left paracolic gutter. The tip of a feeding tube is noted within the gastric fundus. The anastomosis appears unremarkable. No intra-abdominal collection is noted. There is improvement in the mild mesenteric fat stranding which islikely secondary to recent surgery. Anterior abdominal wall gas locules and stranding in the anterior abdominal fat are probably post surgical. Stable non-specific fat stranding is noted along the right lateral abdominal wall. A stable largeanterior midline abdominal wall hernia is seen containing bowel loops, fat and mesenteric vessels. No evidence of bowel incarceration. The rest of the bowel loops are of normal calibre. Scattered uncomplicated colonic diverticula noted. Hepatic steatosis. No focal hepatic lesion. The hepatic and portal veins opacify normally.The gallbladder, biliary tree, pancreas, spleen and adrenal glands are unremarkable. The kidneys enhance symmetrically. Stable tiny renal hypodensities are too small to characterise and non-obstructing renal calyceal calculi are noted. Stable 1.4 cm hyperdensity in the left renal mid pole is probably a hyperdense/complicated cyst. The urinary bladder is collapsed with an indwelling catheter noted in situ. Enlarged uterus with fibroids, some calcified. No adnexal mass is demonstrated. Stable multiple prominent lymph nodes are again seen in the left para-aortic, aortocaval and bilateral external iliac regions. The abdominal aorta is normal in calibre. Mild generalised subcutaneous oedema may be related to third spacing. CONCLUSION Since 5 and 6 September 2020: Status post left hemicolectomy with post surgical changes. Anastomosis appears unremarkable. No intra-abdominal fluid collection is noted. Known large midline abdominal hernia. No evidence of bowel obstruction or incarceration. Right lung consolidation and pleural effusions have mostly resolved. No source of sepsis identified in chest, abdomen and pelvis. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: d99e3c2ae785e322690d2dc03beab2dc714093e4e8dc3d668e1ae940c398bd4e

Updated Date Time: 12/9/2020 16:35

## Layman Explanation

This radiology report discusses HISTORY 1. ?intestinal obstruction ivo large amount of biliou vomiting this morning \E&E\gt;800ml with paraumbilical hernia 2. HAP, persistent fever, TRO sources of infection b/g Circumferential stenosing tumour @distal transverse/splenic flexure s/p lap assisted left hemicolectomy (1/9) - with 5cm defect TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 90 FINDINGS Comparison made with previous CT abdomen and pelvis dated 6 September 2020 and CTPA dated 5 September 2020. THORAX Right PICC in situ, tip in the right atrium. Previously noted consolidation and ground-glass changes in the right upper and lower lobes have mostly resolved. Stable mild nonspecific mosaic attenuation and dependent changes again noted. There is no suspicious pulmonary lesion. Small bilateral pleural effusions have resolved. The trachea and main bronchus are unremarkable. No enlarged supraclavicular, axillary, mediastinum or hilar lymph node is detected. The heart size is enlarged. No pericardial effusion is seen. The mediastinal vessels are of normal calibre. The thyroid gland is unremarkable. Multiple small nodules noted within the imaged breast parenchyma, better assessed on the dedicated US breasts dated 25 August 2020. ABDOMEN/PELVIS Status post left hemicolectomy on 1 September 2020. Midline surgical staples noted along the anterior abdominal wall. Surgical drain is in stable position with tip in the left paracolic gutter. The tip of a feeding tube is noted within the gastric fundus. The anastomosis appears unremarkable. No intra-abdominal collection is noted. There is improvement in the mild mesenteric fat stranding which islikely secondary to recent surgery. Anterior abdominal wall gas locules and stranding in the anterior abdominal fat are probably post surgical. Stable non-specific fat stranding is noted along the right lateral abdominal wall. A stable largeanterior midline abdominal wall hernia is seen containing bowel loops, fat and mesenteric vessels. No evidence of bowel incarceration. The rest of the bowel loops are of normal calibre. Scattered uncomplicated colonic diverticula noted. Hepatic steatosis. No focal hepatic lesion. The hepatic and portal veins opacify normally.The gallbladder, biliary tree, pancreas, spleen and adrenal glands are unremarkable. The kidneys enhance symmetrically. Stable tiny renal hypodensities are too small to characterise and non-obstructing renal calyceal calculi are noted. Stable 1.4 cm hyperdensity in the left renal mid pole is probably a hyperdense/complicated cyst. The urinary bladder is collapsed with an indwelling catheter noted in situ. Enlarged uterus with fibroids, some calcified. No adnexal mass is demonstrated. Stable multiple prominent lymph nodes are again seen in the left para-aortic, aortocaval and bilateral external iliac regions. The abdominal aorta is normal in calibre. Mild generalised subcutaneous oedema may be related to third spacing. CONCLUSION Since 5 and 6 September 2020: Status post left hemicolectomy with post surgical changes. Anastomosis appears unremarkable. No intra-abdominal fluid collection is noted. Known large midline abdominal hernia. No evidence of bowel obstruction or incarceration. Right lung consolidation and pleural effusions have mostly resolved. No source of sepsis identified in chest, abdomen and pelvis. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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