# Row 1429

Visit Number: 3737cb96c4403e79c66ef34fe40b32ddb4750240891c03760ddc2cbb33a774e8

Masked\_PatientID: 1422

Order ID: bb0e624f84caddd2757bbd4623bac7eb089e517b6bd3c687b3e81af8c0423f71

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/10/2016 21:16

Line Num: 1

Text: HISTORY persistent fever in neutropenic patient (AML s/p chemo) Previous MSA bacteraemia TECHNIQUE Contrast-enhanced CT chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The ultrasound abdomen study of 11/10/16 was reviewed. A right PICC is insitu. A subcentimetre hypodense nodule is seen in the right lobe of the thyroid. There is an area of consolidation at the inferior aspect of the middle lobe, with a few air-bronchograms and surrounding groundglass changes. Scattered tiny (<5mm) nodules are seen in both lungs, possibly infective/inflammatory in nature. Mild scarring and ground-glass changes are seen in the posterior basal segment of the right lower lobe. The central airways are largely patent. No pleural or pericardial effusion is seen. There are a few necrotic pretracheal and subcarinal lymph nodes – for example, a subcarinal node measuring 1.4 x 1.1 cm (Se 4-47). Small volume necrotic looking right hilar nodes are also seen. A few subcentimetre hypodensities are seen in the right hepatic lobe, too small to characterise. There are also a few nonspecific calcific densities in segment VIII of the liver. The portal and hepatic veins are largely patent. The gallbladder is compartmentalised and contains a few tiny calculi. The spleen, pancreas and adrenals show no significant abnormality. Ill-defined areas of hypoenhancement at the upper poles of both kidneys. No significant perinephric inflammatory changes. No hydronephrosis is seen. The partially distended urinary bladder is grossly unremarkable. Prostate is mildly enlarged. There are no enlarged para-aortic or pelvic lymph nodes. No overt destructive bony lesion is detected. CONCLUSION There is an area of consolidation in the middle lobe of right lung, presumably infective in aetiology. Scattered tiny (<5mm) nodules are seen in both lungs, possibly infective/inflammatory in nature. Necrotic mediastinal nodes, likely related to leukemia. Cholelithiasis, with no overt evidence of acute cholecystitis. Ill-defined areas of hypoenhancement at the upper poles of both kidneys. Differentials include ischaemia, pyelonephritis and leukemic involvement. Please correlate with clinical details. May need further action Reported by: <DOCTOR>

Accession Number: 5920f9b7f37492ba86703a3ffa8531cf88e8a22846958cb4d3f7d6afbec939f3

Updated Date Time: 15/10/2016 14:47

## Layman Explanation

This radiology report discusses HISTORY persistent fever in neutropenic patient (AML s/p chemo) Previous MSA bacteraemia TECHNIQUE Contrast-enhanced CT chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The ultrasound abdomen study of 11/10/16 was reviewed. A right PICC is insitu. A subcentimetre hypodense nodule is seen in the right lobe of the thyroid. There is an area of consolidation at the inferior aspect of the middle lobe, with a few air-bronchograms and surrounding groundglass changes. Scattered tiny (<5mm) nodules are seen in both lungs, possibly infective/inflammatory in nature. Mild scarring and ground-glass changes are seen in the posterior basal segment of the right lower lobe. The central airways are largely patent. No pleural or pericardial effusion is seen. There are a few necrotic pretracheal and subcarinal lymph nodes – for example, a subcarinal node measuring 1.4 x 1.1 cm (Se 4-47). Small volume necrotic looking right hilar nodes are also seen. A few subcentimetre hypodensities are seen in the right hepatic lobe, too small to characterise. There are also a few nonspecific calcific densities in segment VIII of the liver. The portal and hepatic veins are largely patent. The gallbladder is compartmentalised and contains a few tiny calculi. The spleen, pancreas and adrenals show no significant abnormality. Ill-defined areas of hypoenhancement at the upper poles of both kidneys. No significant perinephric inflammatory changes. No hydronephrosis is seen. The partially distended urinary bladder is grossly unremarkable. Prostate is mildly enlarged. There are no enlarged para-aortic or pelvic lymph nodes. No overt destructive bony lesion is detected. CONCLUSION There is an area of consolidation in the middle lobe of right lung, presumably infective in aetiology. Scattered tiny (<5mm) nodules are seen in both lungs, possibly infective/inflammatory in nature. Necrotic mediastinal nodes, likely related to leukemia. Cholelithiasis, with no overt evidence of acute cholecystitis. Ill-defined areas of hypoenhancement at the upper poles of both kidneys. Differentials include ischaemia, pyelonephritis and leukemic involvement. Please correlate with clinical details. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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