# Row 2537

Visit Number: 679a550c74ad54f446bcc92ee046f395ae258dbfb166f2f4c5e9dabb169fc17c

Masked\_PatientID: 2532

Order ID: b8a8cfe32f1edbeab326df5d4db8485ca649c47a08e186e8eba79335cb4c9547

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 24/7/2020 14:22

Line Num: 1

Text: HISTORY 67 yo lady on ESRF on HD 1/3/5 via R IJ PC admitted for fever a/w significantly raised inflammatory markers - initially treated for CAP however unlikely source of infection Concerns of occult infection / abscess L Axillary lymphadenopathy for investigation - for source and spread; Also has Hb drop on b/g of warfarin f/u w ACC cx by deranged INR (most recent >9) Concerns of occult bleed TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No previous relevant scan was available for comparison at the time of reporting. Right internal jugular haemodialysis catheter is seen with the tip in the right atrium. There are multiple enlarged left axillary nodes measuring up to rule 17 mm short axis, with majority of them demonstrating foci of coarse calcification. No overt necrosis. There are also multiple enlarged left supraclavicular nodes similarly containing foci of coarse calcification. No overt necrosis. There also small calcified right hilar and subcarinal nodes. No significant enlarged mediastinal or hilar lymph node. Focal fibrocalcific changes are present in the right upper lobe apex. No suspicious nodule or consolidation seen. No bronchiectasis. Central airways are grossly patent. There is a small left pleural effusion with associated atelectasis. The heart is not enlarged. Minimal pericardial fluid. No gross mass detected in the breasts. Small hypodensity in the right thyroid lobe is nonspecific. The liver, spleen, pancreas, gallbladder and adrenal glands appear normal. bilateral kidneys are atrophic with multiple cysts, compatible with chronic renal parenchymal disease. Bilateral renal calcifications are nonspecific and may be vascular. There is no hydronephrosis. The urinary bladder is under distended. The uterus and both ovaries are grossly normal. Bowel loops are normal in calibre . there is no enlarged abdominal or pelvic lymph node. Small low-density free fluid in the pelvis. There is no destructive bony lesions. CONCLUSION No definite abscess or collection is identified in the thorax, abdomen or pelvis. There are multiple calcified mediastinal, left supraclavicular and left axillary nodes which could be related to previous granulomatous disease. There is associated left supraclavicular and axillary adenopathy which are of indeterminate nature. No definite necrosis is seen. No convincing features of active infection in the lungs.. Small left pleural effusion. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: f9e1e244ffea9c2b935982615ed0a9cf4a960db7a3c9d67a829cc8490508cfff

Updated Date Time: 24/7/2020 15:10

## Layman Explanation

This radiology report discusses HISTORY 67 yo lady on ESRF on HD 1/3/5 via R IJ PC admitted for fever a/w significantly raised inflammatory markers - initially treated for CAP however unlikely source of infection Concerns of occult infection / abscess L Axillary lymphadenopathy for investigation - for source and spread; Also has Hb drop on b/g of warfarin f/u w ACC cx by deranged INR (most recent >9) Concerns of occult bleed TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS No previous relevant scan was available for comparison at the time of reporting. Right internal jugular haemodialysis catheter is seen with the tip in the right atrium. There are multiple enlarged left axillary nodes measuring up to rule 17 mm short axis, with majority of them demonstrating foci of coarse calcification. No overt necrosis. There are also multiple enlarged left supraclavicular nodes similarly containing foci of coarse calcification. No overt necrosis. There also small calcified right hilar and subcarinal nodes. No significant enlarged mediastinal or hilar lymph node. Focal fibrocalcific changes are present in the right upper lobe apex. No suspicious nodule or consolidation seen. No bronchiectasis. Central airways are grossly patent. There is a small left pleural effusion with associated atelectasis. The heart is not enlarged. Minimal pericardial fluid. No gross mass detected in the breasts. Small hypodensity in the right thyroid lobe is nonspecific. The liver, spleen, pancreas, gallbladder and adrenal glands appear normal. bilateral kidneys are atrophic with multiple cysts, compatible with chronic renal parenchymal disease. Bilateral renal calcifications are nonspecific and may be vascular. There is no hydronephrosis. The urinary bladder is under distended. The uterus and both ovaries are grossly normal. Bowel loops are normal in calibre . there is no enlarged abdominal or pelvic lymph node. Small low-density free fluid in the pelvis. There is no destructive bony lesions. CONCLUSION No definite abscess or collection is identified in the thorax, abdomen or pelvis. There are multiple calcified mediastinal, left supraclavicular and left axillary nodes which could be related to previous granulomatous disease. There is associated left supraclavicular and axillary adenopathy which are of indeterminate nature. No definite necrosis is seen. No convincing features of active infection in the lungs.. Small left pleural effusion. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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