# Row 2710

Visit Number: e2e34f7d250e4badbba1e1f4d47d1c83cfb264ac8acb37261d7edefc56bef996

Masked\_PatientID: 2694

Order ID: 218193c80addc9d0e1bbdfaff9f6bf8e50c3978c4b24284acca64dc60c2a2235

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 01/5/2016 12:42

Line Num: 1

Text: HISTORY sepsis. ?new pneumonia, ?fungal ?looking for gross source of intraabdo sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Reference is made of the prior chest radiograph dated 29/04/2016. The tip of the tracheostomy tube lies at the trachea. The tip of the feeding tube is within the stomach whilst the tip of the right subclavian venous catheter is in the superior vena cava. No pericardial effusion. Patchy ground-glass changes as well as a few foci of consolidation in the right upper lobe, middle and lingula segment most likely infective changes. The lower lobes are largely atelectatic/consolidated. Bilateral small to moderate pleural effusions are present. No significantly enlarged mediastinal lymph node is seen. A few gallstones are noted with the largest measuring 0.6cm. No evidence of pericholecystic fluid or gallbladder wall oedema to suggest acute cholecystitis. Both intrahepaticand common bile ducts are not dilated. Lobulated hepatic outline is again with cirrhosis. No overt lesion is seen in the liver, spleen or pancreas. There are bilateral nonobstructing small renal calculi but no hydronephrosis. No contour deforming renal mass is detected. Mild diffuse bulkiness of the adrenal glands are unchanged. Curvilinear calcification along the right lateroconal fascia is difficult to be further characterised. This was not seen previously. There is no ascites or pneumoperitoneum, intra-abdominal collection or lymphadenopathy in the imaged sections. Imaged bowel is of normal calibre. No destructive bone lesion seen. Incidentally, there is a sternal foramen which is an anatomical l variant. CONCLUSION 1. Patchy ground glass changes and consolidation in the lungs are most likely infective in nature. Bilateral pleural effusions. 2. Uncomplicated gallstones. 3. Both adrenals are bulky in appearance raisingpossibility of adrenal hyperplasia. 4. Hepatic cirrhosis. 5. Renal stones. May need further action Chung Siok Li , Senior Resident , 16076H Finalised by: <DOCTOR>

Accession Number: e87c6cfb0c066883af0afcf3f1ae99a2dcd2b6371329121f5088e4197d36a60e

Updated Date Time: 02/5/2016 12:32

## Layman Explanation

This radiology report discusses HISTORY sepsis. ?new pneumonia, ?fungal ?looking for gross source of intraabdo sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Reference is made of the prior chest radiograph dated 29/04/2016. The tip of the tracheostomy tube lies at the trachea. The tip of the feeding tube is within the stomach whilst the tip of the right subclavian venous catheter is in the superior vena cava. No pericardial effusion. Patchy ground-glass changes as well as a few foci of consolidation in the right upper lobe, middle and lingula segment most likely infective changes. The lower lobes are largely atelectatic/consolidated. Bilateral small to moderate pleural effusions are present. No significantly enlarged mediastinal lymph node is seen. A few gallstones are noted with the largest measuring 0.6cm. No evidence of pericholecystic fluid or gallbladder wall oedema to suggest acute cholecystitis. Both intrahepaticand common bile ducts are not dilated. Lobulated hepatic outline is again with cirrhosis. No overt lesion is seen in the liver, spleen or pancreas. There are bilateral nonobstructing small renal calculi but no hydronephrosis. No contour deforming renal mass is detected. Mild diffuse bulkiness of the adrenal glands are unchanged. Curvilinear calcification along the right lateroconal fascia is difficult to be further characterised. This was not seen previously. There is no ascites or pneumoperitoneum, intra-abdominal collection or lymphadenopathy in the imaged sections. Imaged bowel is of normal calibre. No destructive bone lesion seen. Incidentally, there is a sternal foramen which is an anatomical l variant. CONCLUSION 1. Patchy ground glass changes and consolidation in the lungs are most likely infective in nature. Bilateral pleural effusions. 2. Uncomplicated gallstones. 3. Both adrenals are bulky in appearance raisingpossibility of adrenal hyperplasia. 4. Hepatic cirrhosis. 5. Renal stones. May need further action Chung Siok Li , Senior Resident , 16076H Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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