# Row 2761

Visit Number: e2e34f7d250e4badbba1e1f4d47d1c83cfb264ac8acb37261d7edefc56bef996

Masked\_PatientID: 2694

Order ID: 10f6b8b4e1bb1c8b54f69a96af35917dd11c4a49028405a598ed973c2bee5cc4

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/10/2016 20:50

Line Num: 1

Text: HISTORY Type 2 respiratory failure due to critical illness neuropathy/pneumonia Previous R external iliac artery pseudoaneurysm s/p stenting, New HB drop to reassess TECHNIQUE Scans acquired as per department protocol. FINDINGS The previous CT dated 14/06/2016 and 02/10/2016 are noted. No intravenous contrast was given due to poor renal function. Oral contrast was administered. THORAX The tip of the endotracheal tube is approximately 3.4 cm from the carina and the tip of the central venous line is in the superior vena cava. The tip of the nasogastric tube is in the distal gastric body. Consolidations are again seen in the right upper lobe with new consolidation in the apical segment of the right upper lobe. Interval resolution of the left upper lobe consolidation is noted. The middle lobe, right lower lobe and most of the left lower lobe are collapsed. Secretions are noted in the trachea. Bilateral pleural effusions are again noted; right more than left The hypodense nodule in the left thyroid lobe is nonspecific. No enlarged axillary, mediastinal or left hilar lymph node is detected. The right hilar nodal station is not well evaluated due to the adjacent lung collapse. The heart is enlarged. There are arterial calcifications are present. No significant pericardial effusion is seen. ABDOMEN AND PELVIS Right hepatic lobe atrophy with corresponding left hepatic lobe and caudate lobe hypertrophy are suggestive of hepatic cirrhosis. Contour deforming mass in hepatic segment five is largely stable in size at 4.9 x 4.6 cm (10/38, previous 6/35). Perihepatic fluid is hypodense. Tiny hypodensities in segment seven is too small to characterise. Gallbladder calculi without significant pericholecystic fat stranding are noted. The 2.0 cm cystic lesion in the pancreatic head, which is largely stable in size was previously thought to be due to a side branch IPMN. Bilateral adrenal glands remain bulky. No contour deforming lesion is seen in the spleen or the kidneys. Nonobstructive bilateral renal calculi are present. Surgical clips are seen in the gastric pylorus. Presence of intraluminal contrast prevents the assessment for intraluminal haemorrhage. The bowel is of normal calibre. No enlarged lymph node detected. There is interval increase in intraperitoneal fluid that is hypodense. There is much streak artefacts arising from the right total hip replacement that limit assessment of the external iliac stent. Its adjacent pseudoaneurysm is largely unchanged. The tips of the fixation screws are again noted to lie within the pseudoaneurysm sac. Sclerosis of the L3 -4 vertebral bodies with loss of disc space and endplates erosions are in keeping with previous osteomyelitis and disciitis. Generalised soft tissue swelling is likely due to third space fluid loss. CONCLUSION Streak artefacts arising from the right total hip replacement limits the assessment around the right external iliac stent. Appearance of the adjacent pseudoaneurysm is largely unchanged. There is no CT evidence for intraperitoneal haemorrhage. The free intraperitoneal fluid which has increased in amount is hypodense. Presence of intraluminal contrast prevents assessment for intraluminal haemorrhage. New consolidation in the right upper lobe, while that in the left upper lobe has resolved. Other known findings as in the main text. May need further action Kheok Si Wei , Senior Resident , 15535G Finalised by: <DOCTOR>

Accession Number: f7f2ff9a7a08af14e6d22f3521c22493ab5ca599ffb7144b61a49a7a54e03d09

Updated Date Time: 19/10/2016 7:36

## Layman Explanation

This radiology report discusses HISTORY Type 2 respiratory failure due to critical illness neuropathy/pneumonia Previous R external iliac artery pseudoaneurysm s/p stenting, New HB drop to reassess TECHNIQUE Scans acquired as per department protocol. FINDINGS The previous CT dated 14/06/2016 and 02/10/2016 are noted. No intravenous contrast was given due to poor renal function. Oral contrast was administered. THORAX The tip of the endotracheal tube is approximately 3.4 cm from the carina and the tip of the central venous line is in the superior vena cava. The tip of the nasogastric tube is in the distal gastric body. Consolidations are again seen in the right upper lobe with new consolidation in the apical segment of the right upper lobe. Interval resolution of the left upper lobe consolidation is noted. The middle lobe, right lower lobe and most of the left lower lobe are collapsed. Secretions are noted in the trachea. Bilateral pleural effusions are again noted; right more than left The hypodense nodule in the left thyroid lobe is nonspecific. No enlarged axillary, mediastinal or left hilar lymph node is detected. The right hilar nodal station is not well evaluated due to the adjacent lung collapse. The heart is enlarged. There are arterial calcifications are present. No significant pericardial effusion is seen. ABDOMEN AND PELVIS Right hepatic lobe atrophy with corresponding left hepatic lobe and caudate lobe hypertrophy are suggestive of hepatic cirrhosis. Contour deforming mass in hepatic segment five is largely stable in size at 4.9 x 4.6 cm (10/38, previous 6/35). Perihepatic fluid is hypodense. Tiny hypodensities in segment seven is too small to characterise. Gallbladder calculi without significant pericholecystic fat stranding are noted. The 2.0 cm cystic lesion in the pancreatic head, which is largely stable in size was previously thought to be due to a side branch IPMN. Bilateral adrenal glands remain bulky. No contour deforming lesion is seen in the spleen or the kidneys. Nonobstructive bilateral renal calculi are present. Surgical clips are seen in the gastric pylorus. Presence of intraluminal contrast prevents the assessment for intraluminal haemorrhage. The bowel is of normal calibre. No enlarged lymph node detected. There is interval increase in intraperitoneal fluid that is hypodense. There is much streak artefacts arising from the right total hip replacement that limit assessment of the external iliac stent. Its adjacent pseudoaneurysm is largely unchanged. The tips of the fixation screws are again noted to lie within the pseudoaneurysm sac. Sclerosis of the L3 -4 vertebral bodies with loss of disc space and endplates erosions are in keeping with previous osteomyelitis and disciitis. Generalised soft tissue swelling is likely due to third space fluid loss. CONCLUSION Streak artefacts arising from the right total hip replacement limits the assessment around the right external iliac stent. Appearance of the adjacent pseudoaneurysm is largely unchanged. There is no CT evidence for intraperitoneal haemorrhage. The free intraperitoneal fluid which has increased in amount is hypodense. Presence of intraluminal contrast prevents assessment for intraluminal haemorrhage. New consolidation in the right upper lobe, while that in the left upper lobe has resolved. Other known findings as in the main text. May need further action Kheok Si Wei , Senior Resident , 15535G Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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