# Row 3940

Visit Number: fbd5b5b0e935a1c0d056d1b5fd7170eb56a924504ab2e91f90c505f9477f6a89

Masked\_PatientID: 3936

Order ID: e9a56a12dc2d387de4d347d71c03fb30859a4a7d49c2ca7c6c6aa0bdac234e65

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/6/2015 12:30

Line Num: 1

Text: HISTORY fever + chills + rigors b/g klatskin tumour s/p hepatectomy and cholecystectomy post op cx subhepatic fluid collection s/p drainage and iv erta now admf or fever and chills ?intraabdo collection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Abdomen and pelvis Comparison is made with the previous examination performed on 17 April 2015. The fluid collection immediately adjacent to theresection margin has decreased in size. It currently measures 2.7 x 1.0 cm. No overt inflammatory changes seen in the resection margin. The adjacent loops of bowel show no suspicious features. There are multiple hypodense lesions present within the remnant liver. The two dominant lesions were present on the previous CT scan and on MRI performed prior surgery and appear cystic. These lesions shows some evidence of septation and have lobulated outline and are similar in size. On the arterial phase, these lesions show evidence of rim enhancement (series five image 24). This would suggest that there is an inflammatory reaction around the edge of the lesion and a suggesting that there lesions may be infected. A small cystic lesions seen on the previous scan (series two image 36, CT 17 April 2015) appear to have resolved and is no longer identified on the current examination. No dilatation of the biliary tree is seen on the current examination. There is attenuation of the portal vein similar in appearance to the previous examination. Portosystemic collaterals with a splenorenal shunt is present. The pancreas, spleen and the adrenals are unremarkable. Both kidneys are seen to enhance in a normal fashion. A small amount of free fluid is present within the abdomen. The prostate is mildly enlarged and seminal vesicles are unremarkable. The urinary bladder appears normal. No enlarged abdominal or pelvic lymph nodes are seen. Thorax thereis some atelectasis at the lower lobes of both lungs associated with loss of volume. Minor atelectasis is also present in the lingula and middle lobe. No suspicious mass is demonstrated and the airways are patent. No enlarged hilar or mediastinal lymph nodes are seen. CONCLUSION No significant intra-abdominal fluid collection is seen. The previously identified collection appears to have improved. There are two cystic lesions which show evidence of rim enhancement raising the possibility that they are infected. May need further action Finalised by: <DOCTOR>

Accession Number: 68e00d87e0752e813c19299d11ebfc1904f4b4a57e552ce94c887fd9982d94f1

Updated Date Time: 13/6/2015 13:15

## Layman Explanation

This radiology report discusses HISTORY fever + chills + rigors b/g klatskin tumour s/p hepatectomy and cholecystectomy post op cx subhepatic fluid collection s/p drainage and iv erta now admf or fever and chills ?intraabdo collection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Abdomen and pelvis Comparison is made with the previous examination performed on 17 April 2015. The fluid collection immediately adjacent to theresection margin has decreased in size. It currently measures 2.7 x 1.0 cm. No overt inflammatory changes seen in the resection margin. The adjacent loops of bowel show no suspicious features. There are multiple hypodense lesions present within the remnant liver. The two dominant lesions were present on the previous CT scan and on MRI performed prior surgery and appear cystic. These lesions shows some evidence of septation and have lobulated outline and are similar in size. On the arterial phase, these lesions show evidence of rim enhancement (series five image 24). This would suggest that there is an inflammatory reaction around the edge of the lesion and a suggesting that there lesions may be infected. A small cystic lesions seen on the previous scan (series two image 36, CT 17 April 2015) appear to have resolved and is no longer identified on the current examination. No dilatation of the biliary tree is seen on the current examination. There is attenuation of the portal vein similar in appearance to the previous examination. Portosystemic collaterals with a splenorenal shunt is present. The pancreas, spleen and the adrenals are unremarkable. Both kidneys are seen to enhance in a normal fashion. A small amount of free fluid is present within the abdomen. The prostate is mildly enlarged and seminal vesicles are unremarkable. The urinary bladder appears normal. No enlarged abdominal or pelvic lymph nodes are seen. Thorax thereis some atelectasis at the lower lobes of both lungs associated with loss of volume. Minor atelectasis is also present in the lingula and middle lobe. No suspicious mass is demonstrated and the airways are patent. No enlarged hilar or mediastinal lymph nodes are seen. CONCLUSION No significant intra-abdominal fluid collection is seen. The previously identified collection appears to have improved. There are two cystic lesions which show evidence of rim enhancement raising the possibility that they are infected. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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