# Row 4054

Visit Number: 196355e975f4c1e44d29c19cfcd13cabdc548be75ce38e9e87a0c529d30808e2

Masked\_PatientID: 4046

Order ID: 1dc1a2d9b0a605823acc7942c53609a3669f65cd283aa082428d7af2a6c339d7

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/6/2017 23:09

Line Num: 1

Text: HISTORY post laparpotomy to rule out intra abd collection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made with the previous CT studies dated 17 May 2017. A right sided central line is in situ with its tip in the right atrium. Feeding tube is also noted, with the tip coiled in the stomach seen in the Bochdalek hernia. There is persistent thrombosis involving the left main pulmonary artery and extending into its lobar and segmental branches. Stable web in the truncus anterior with resolution of thrombosis in the apical segmental branch. No filling defect is seen in the right main pulmonary artery and right lower lobar artery and its branches. New collapse-consolidation involving the right lower lobe is seen, without a definite cause visualized. No hilar or mediastinal lymphadenopathy. Patchy scarring and atelectasis is noted in both lungs, predominantly in the periphery. Bronchiectasis in the anterior segment of the left upper lobe. There is a small left pleural effusion. The heart is enlarged. There is hypertrophy of the right atrium and ventricle with straightening of the interventricular septum,suggestive of right heart strain. No pericardial effusion. Status post high anterior resection and defunctioning ileostomy creation. A surgical drain is in situ, with its tip coiled in the pelvis. Fluid densities in both adnexae are probablycontained within bowel. No extraluminal gas or focal fluid collection seen around the anastomotic site to suggest anastomotic leakage. No intra-abdominal collection is detected. The liver, spleen, pancreas, gallbladder and adrenal glands are unremarkable. No biliary tree dilatation. No hydronephrosis. Urinary bladder is partially collapsed around a urinary catheter. Small locule of gas in the right hemipelvis (501-107) is probably postsurgical. No enlarged abdominopelvic lymph nodes. An IVC filter is noted in situ. There is extensive atherosclerosis of the aortoiliac trunk. Stable sclerotic lesion in the T8 vertebral body is probably a bone island. No destructive bony lesion is detected. Scoliosis of the lumbar spine with convexity to the right. Calcified right gluteal injection granuloma noted. Nodular densities in the paraumbilical subcutaneous fat may be related to subcutaneous injections. CONCLUSION Since 17 May 2017, 1. New collapse-consolidation of the right lower lobe, the cause of which is not visualized on this study. 2. Stable appearance of extensive thrombosis involving the left main pulmonary artery and its branches. Stable web in the truncus anterior likely due to chronic thrombosis. 3. Status post high anterior resection with defunctioning ileostomy. No definite evidence of anastomotic leakage or drainable fluid collection is detected. May need further action Finalised by: <DOCTOR>

Accession Number: 1dbeb2f153ec820a3ea07f9b5ae4a6da4d2aa2f617067b6f7097148ec4808ef8

Updated Date Time: 06/6/2017 0:45

## Layman Explanation

This radiology report discusses HISTORY post laparpotomy to rule out intra abd collection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made with the previous CT studies dated 17 May 2017. A right sided central line is in situ with its tip in the right atrium. Feeding tube is also noted, with the tip coiled in the stomach seen in the Bochdalek hernia. There is persistent thrombosis involving the left main pulmonary artery and extending into its lobar and segmental branches. Stable web in the truncus anterior with resolution of thrombosis in the apical segmental branch. No filling defect is seen in the right main pulmonary artery and right lower lobar artery and its branches. New collapse-consolidation involving the right lower lobe is seen, without a definite cause visualized. No hilar or mediastinal lymphadenopathy. Patchy scarring and atelectasis is noted in both lungs, predominantly in the periphery. Bronchiectasis in the anterior segment of the left upper lobe. There is a small left pleural effusion. The heart is enlarged. There is hypertrophy of the right atrium and ventricle with straightening of the interventricular septum,suggestive of right heart strain. No pericardial effusion. Status post high anterior resection and defunctioning ileostomy creation. A surgical drain is in situ, with its tip coiled in the pelvis. Fluid densities in both adnexae are probablycontained within bowel. No extraluminal gas or focal fluid collection seen around the anastomotic site to suggest anastomotic leakage. No intra-abdominal collection is detected. The liver, spleen, pancreas, gallbladder and adrenal glands are unremarkable. No biliary tree dilatation. No hydronephrosis. Urinary bladder is partially collapsed around a urinary catheter. Small locule of gas in the right hemipelvis (501-107) is probably postsurgical. No enlarged abdominopelvic lymph nodes. An IVC filter is noted in situ. There is extensive atherosclerosis of the aortoiliac trunk. Stable sclerotic lesion in the T8 vertebral body is probably a bone island. No destructive bony lesion is detected. Scoliosis of the lumbar spine with convexity to the right. Calcified right gluteal injection granuloma noted. Nodular densities in the paraumbilical subcutaneous fat may be related to subcutaneous injections. CONCLUSION Since 17 May 2017, 1. New collapse-consolidation of the right lower lobe, the cause of which is not visualized on this study. 2. Stable appearance of extensive thrombosis involving the left main pulmonary artery and its branches. Stable web in the truncus anterior likely due to chronic thrombosis. 3. Status post high anterior resection with defunctioning ileostomy. No definite evidence of anastomotic leakage or drainable fluid collection is detected. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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