# Row 4970

Visit Number: 56381090c37f73b8cfe3535c2ddd282889b19d3bc6721c74d3b04fe1cf5829bc

Masked\_PatientID: 4964

Order ID: 6b278383e2477c56646da72980e8f727fa1696bf06e2ca3e2c7f47855a93c02d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 03/1/2017 17:13

Line Num: 1

Text: HISTORY Gram negative bactaremia transamintis, pancreatitis background of newly diagosed SLE with multisystem involvement. TRO intra: abdominal sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS No comparison study. There are widespread nodular ground-glass opacities in the lungs bilaterally, suspicious for infective/inflammatory change. Mild septal thickening is noted. Atypical organisms are not excluded. There aremild secretions in the lower trachea. No collapse is noted. There are associated small bilateral pleural effusions. Borderline prominent right lower paratracheal lymph node is probably reactive. No significant pericardial effusion is seen.A NG tube is noted in situ. Within the limits of this unenhanced study, no gross mass is detected in the liver, spleen and adrenal glands. The pancreas, particularly its head, appears swollen with associated peripancreatic stranding and fluid, tracking inferiorly along the anterior pararenal spaces and into the paracolic gutters and pelvis. Findings may represent acute pancreatitis, clinical correlation is suggested. No large loculated peripancreatic collection is noted. The gallbladder also shows nonspecific mural thickening. No calcified biliary calculus or significant biliary ductal dilatation is noted. The renal pelvis appear prominent. No obvious calyceal dilatation is noted. No cortical deforming renal massis seen. The duodenum and proximal jejunum show mural thickening which is however non-specific in aetiology. Differentials include oedema, vasculitis, inflammatory and infective aetiology. Ischaemia cannot be entirely excluded, clinical correlation is suggested. The distal small and large bowel appear grossly unremarkable. No pneumoperitoneum is noted. The urinary bladder is grossly unremarkable with a catheter in situ. No suspicious adnexal mass is seen. Diffuse subcutaneous oedema is noted. CONCLUSION 1. Extensive nodular ground-glass opacities in the lungs bilaterally, suspicious for infective/inflammatory change. Small bilateral pleural effusions. 2. Peripancreatic fat stranding and fluid. The pancreatichead appears swollen and findings are suggestive of acute pancreatitis, clinical correlation suggested. 3. Mural thickening of the duodenum and proximal jejunum, suggestive of duodenitis/jejunitis. This is however of non-specific aetiology with differentials include oedema, vasculitis, inflammatory and infective causes. Ischaemia is not excluded if there is relevant clinical suspicion. 4. Diffuse subcutaneous oedema. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 2b2c171937ef0721e9ae8b9e77794e895aabdb76892a1b03c01602e4d1be45fa

Updated Date Time: 03/1/2017 20:45

## Layman Explanation

This radiology report discusses HISTORY Gram negative bactaremia transamintis, pancreatitis background of newly diagosed SLE with multisystem involvement. TRO intra: abdominal sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS No comparison study. There are widespread nodular ground-glass opacities in the lungs bilaterally, suspicious for infective/inflammatory change. Mild septal thickening is noted. Atypical organisms are not excluded. There aremild secretions in the lower trachea. No collapse is noted. There are associated small bilateral pleural effusions. Borderline prominent right lower paratracheal lymph node is probably reactive. No significant pericardial effusion is seen.A NG tube is noted in situ. Within the limits of this unenhanced study, no gross mass is detected in the liver, spleen and adrenal glands. The pancreas, particularly its head, appears swollen with associated peripancreatic stranding and fluid, tracking inferiorly along the anterior pararenal spaces and into the paracolic gutters and pelvis. Findings may represent acute pancreatitis, clinical correlation is suggested. No large loculated peripancreatic collection is noted. The gallbladder also shows nonspecific mural thickening. No calcified biliary calculus or significant biliary ductal dilatation is noted. The renal pelvis appear prominent. No obvious calyceal dilatation is noted. No cortical deforming renal massis seen. The duodenum and proximal jejunum show mural thickening which is however non-specific in aetiology. Differentials include oedema, vasculitis, inflammatory and infective aetiology. Ischaemia cannot be entirely excluded, clinical correlation is suggested. The distal small and large bowel appear grossly unremarkable. No pneumoperitoneum is noted. The urinary bladder is grossly unremarkable with a catheter in situ. No suspicious adnexal mass is seen. Diffuse subcutaneous oedema is noted. CONCLUSION 1. Extensive nodular ground-glass opacities in the lungs bilaterally, suspicious for infective/inflammatory change. Small bilateral pleural effusions. 2. Peripancreatic fat stranding and fluid. The pancreatichead appears swollen and findings are suggestive of acute pancreatitis, clinical correlation suggested. 3. Mural thickening of the duodenum and proximal jejunum, suggestive of duodenitis/jejunitis. This is however of non-specific aetiology with differentials include oedema, vasculitis, inflammatory and infective causes. Ischaemia is not excluded if there is relevant clinical suspicion. 4. Diffuse subcutaneous oedema. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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