# Row 936

Visit Number: cf2ea5b6c1955869c031ab4fbae7e377b6fe3d605929efa5f86b646ecd885dfb

Masked\_PatientID: 930

Order ID: eac6519c115e37a04457d4af1b68e8bad96b281004ccec9b82fbc2fcd83cdaab

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 17/5/2017 11:58

Line Num: 1

Text: HISTORY PD peritonitis s/p removal, still spiking fever, ?collection TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the CT scan of May 8, 2017. CHEST Tip of the central venous catheter is noted in the distal superior vena cava. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. 15 x 10 mm cystic lesion in the anterior mediastinum is stable. No pulmonary nodule, consolidation or ground-glass opacity is detected. Bilateral moderate pleural effusions with adjacent atelectasis show interval progression. ABDOMEN AND PELVIS There is interval removal of the peritoneal dialysis catheter. Moderate to severe low attenuation free intraperitoneal fluid shows interval progression. Mild smooth peritoneal thickening is noted in the pelvis. No free intraperitoneal air. No loculated fluid collection. Few liver cysts are stable. Few other tiny subcentimetre hypodensities in the liver are too small to characterise. The gallbladder, spleen, adrenal glands appear unremarkable. Small cyst in the tail of the pancreas and coarse calcifications in the head are stable. Main pancreatic duct is not dilated. Both kidneys are small in size consistent with known end-stage renal disease. Renal cysts are noted bilaterally;the larger ones are noted in the left renal lower pole. Urinary bladder is empty. Prostate is mildly enlarged. No bowel wall thickening or dilatation. There is interval resolution of the previously noted proximal small bowel thickening. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No destructive osseous lesion . CONCLUSION - Moderate to severe low attenuation ascites shows interval progression. Mild smooth peritoneal thickening is noted in the pelvis. No loculated fluid collection. - Bilateral moderate pleural effusions show mild interval progression. -Other known / minor findings. May need further action Finalised by: <DOCTOR>

Accession Number: d4c17cc2f27ce34c8a9bd302e2be57716e7bfbeef716000dd48d4cd7f5a1fc45

Updated Date Time: 17/5/2017 12:27

## Layman Explanation

This radiology report discusses HISTORY PD peritonitis s/p removal, still spiking fever, ?collection TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the CT scan of May 8, 2017. CHEST Tip of the central venous catheter is noted in the distal superior vena cava. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. 15 x 10 mm cystic lesion in the anterior mediastinum is stable. No pulmonary nodule, consolidation or ground-glass opacity is detected. Bilateral moderate pleural effusions with adjacent atelectasis show interval progression. ABDOMEN AND PELVIS There is interval removal of the peritoneal dialysis catheter. Moderate to severe low attenuation free intraperitoneal fluid shows interval progression. Mild smooth peritoneal thickening is noted in the pelvis. No free intraperitoneal air. No loculated fluid collection. Few liver cysts are stable. Few other tiny subcentimetre hypodensities in the liver are too small to characterise. The gallbladder, spleen, adrenal glands appear unremarkable. Small cyst in the tail of the pancreas and coarse calcifications in the head are stable. Main pancreatic duct is not dilated. Both kidneys are small in size consistent with known end-stage renal disease. Renal cysts are noted bilaterally;the larger ones are noted in the left renal lower pole. Urinary bladder is empty. Prostate is mildly enlarged. No bowel wall thickening or dilatation. There is interval resolution of the previously noted proximal small bowel thickening. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No destructive osseous lesion . CONCLUSION - Moderate to severe low attenuation ascites shows interval progression. Mild smooth peritoneal thickening is noted in the pelvis. No loculated fluid collection. - Bilateral moderate pleural effusions show mild interval progression. -Other known / minor findings. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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