# Row 976

Visit Number: 7fc8e327f8bc3633ded23b044e7fdb65c423da479a79977c937543f21b0af0ad

Masked\_PatientID: 948

Order ID: adba5fd089ed351d68148244a492dc2b0ab24b728cd26861ab7704e4aa9ba566

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/6/2016 15:15

Line Num: 1

Text: HISTORY HB dropping despite giving multiple PCT. Hb currently 6.2 ( baseline normally 7.5-8). -- Given 1 pint PCT DAILY for the last 4 days. For CTAP with contrast before dialysis today in order to see if patient having an slow ooze from the previously kidney biopsy.; History of mixed connective tissue disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the previous CTstudies of 5 June and 25 April 2016. THORAX Interval enlargement of bilateral pleural effusions, larger on the right. No suspicious pleural enhancement is seen. There is also worsening perihilar consolidation and ground-glass opacities, as well as interstitial septal thickening. An endotracheal tube is in situ. The heart is enlarged. A small pericardial effusion is noted, smaller since the prior CT. No enlarged mediastinal lymph node is seen. ABDOMEN & PELVIS The large right perinephric haematoma is grossly stable in size. There is no active contrast extravasation, nor increased density on the delayed phase to suggest active haemorrhage. Right renal embolization clips are again noted. The right renal artery pseudoaneurysm is stable. Scarring of the right kidney is noted. No suspicious left renal mass, hydronephrosis or obstructing calculi noted. There is a stable wedge-shaped hypodensity in the inferior tip of the liver in segment 6, likely representing an infarct. Vicarious excretion of contrast into the gallbladder is noted. The spleen, pancreas and adrenal glands are unremarkable. The urinary bladder is collapsed. The bowel is not dilated. Free fluid is again noted in the abdomen and pelvis. There is no evidence of haemoperitoneum. A nasogastric tube is in situ. Diffuse anasarca is noted. No enlarged para-aortic lymph node is seen. There is no destructive bony lesion. CONCLUSION Since 5 June 2016: 1. Large right perinephric haematoma is grossly stable in size, with no evidence of active contrast extravasation. Stable right renal artery pseudoaneurysm. 2. Worsening bilateral pleural effusions. Bilateral perihilar consolidation and ground-glass opacities amidst background of anasarca is suggestive of fluid overload. Other differentials include ARDS or infection. May need further action Reported by: <DOCTOR>

Accession Number: 39bbb5604ee8371131278295c2325aaf6029af38d0c5b03f9872b9012396cc12

Updated Date Time: 15/6/2016 17:06

## Layman Explanation

This radiology report discusses HISTORY HB dropping despite giving multiple PCT. Hb currently 6.2 ( baseline normally 7.5-8). -- Given 1 pint PCT DAILY for the last 4 days. For CTAP with contrast before dialysis today in order to see if patient having an slow ooze from the previously kidney biopsy.; History of mixed connective tissue disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the previous CTstudies of 5 June and 25 April 2016. THORAX Interval enlargement of bilateral pleural effusions, larger on the right. No suspicious pleural enhancement is seen. There is also worsening perihilar consolidation and ground-glass opacities, as well as interstitial septal thickening. An endotracheal tube is in situ. The heart is enlarged. A small pericardial effusion is noted, smaller since the prior CT. No enlarged mediastinal lymph node is seen. ABDOMEN & PELVIS The large right perinephric haematoma is grossly stable in size. There is no active contrast extravasation, nor increased density on the delayed phase to suggest active haemorrhage. Right renal embolization clips are again noted. The right renal artery pseudoaneurysm is stable. Scarring of the right kidney is noted. No suspicious left renal mass, hydronephrosis or obstructing calculi noted. There is a stable wedge-shaped hypodensity in the inferior tip of the liver in segment 6, likely representing an infarct. Vicarious excretion of contrast into the gallbladder is noted. The spleen, pancreas and adrenal glands are unremarkable. The urinary bladder is collapsed. The bowel is not dilated. Free fluid is again noted in the abdomen and pelvis. There is no evidence of haemoperitoneum. A nasogastric tube is in situ. Diffuse anasarca is noted. No enlarged para-aortic lymph node is seen. There is no destructive bony lesion. CONCLUSION Since 5 June 2016: 1. Large right perinephric haematoma is grossly stable in size, with no evidence of active contrast extravasation. Stable right renal artery pseudoaneurysm. 2. Worsening bilateral pleural effusions. Bilateral perihilar consolidation and ground-glass opacities amidst background of anasarca is suggestive of fluid overload. Other differentials include ARDS or infection. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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