# Row 282

Visit Number: f91bc1d4b707acc56774e44af8c7c1f887f25af2b7251524680229e5ac15efd5

Masked\_PatientID: 269

Order ID: bb97d6450c75d0997a4947db4cfcbf17b7363f13c2db932f732a468d7048e900

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 17/8/2016 11:06

Line Num: 1

Text: HISTORY 58% TBSA burns ongoing fever, WCC 35 uptrending despite poly B/mero/anidulafungin. LFTs deranged, new elevated R) hemidiaphragm. ? collection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Thorax There is extensive consolidation and loss of volume in both lower lobes. Minor atelectasis is seen in the middle lobe. The lungs are otherwise unremarkable. The airways are patent. No enlarged hilar or mediastinal lymph nodes are demonstrated. There is a small residual thymus. Surgical emphysema is present in the right hemithorax. The tracheostomy is in a satisfactory position. The scans of the abdomen shows no focal suspicious hepatic parenchymal lesion. No dilatation of the bile ducts is demonstrated. The nasogastric tube has its tip in the distal stomach. The pancreas, spleen and the adrenals are unremarkable. The gallbladder is contracted. Both kidneys are seen to enhance in a symmetrical manner. No enlarged abdominal or pelvic lymph nodes are detected. The bowel appears normal. The urinary bladder, prostate and the seminal vesicles are normal. CONCLUSION There is pulmonary consolidation present in both lower lobes. Infection is deemed likely. The abdomen and pelvis appears unremarkable. May need further action Finalised by: <DOCTOR>

Accession Number: 26c40dccb02349885abc40fb393901db683a0460028e479c17cfe3e754d3e70f

Updated Date Time: 17/8/2016 11:28

## Layman Explanation

The scan shows that both of your lower lungs have areas of inflammation. It's likely due to an infection. The rest of your lungs look okay. The scan also showed no problems in your abdomen or pelvic areas.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
\*\*1. Disease(s):\*\*  
\* \*\*Infection:\*\* The report mentions "extensive consolidation and loss of volume in both lower lobes" which is suggestive of infection.   
\* \*\*Burns:\*\* The history section mentions "58% TBSA burns" which are likely related to the patient's current condition.  
  
\*\*2. Organ(s):\*\*  
\* \*\*Lungs:\*\* There is extensive consolidation and loss of volume in both lower lobes, minor atelectasis in the middle lobe, and surgical emphysema in the right hemithorax. The airways are patent, no enlarged hilar or mediastinal lymph nodes are demonstrated. There is a small residual thymus.  
\* \*\*Liver:\*\* No focal suspicious hepatic parenchymal lesion.  
\* \*\*Bile ducts:\*\* No dilatation.  
\* \*\*Pancreas:\*\* Unremarkable.  
\* \*\*Spleen:\*\* Unremarkable.  
\* \*\*Adrenals:\*\* Unremarkable.  
\* \*\*Gallbladder:\*\* Contracted.  
\* \*\*Kidneys:\*\* Enhancing symmetrically.  
\* \*\*Abdominal/Pelvic Lymph Nodes:\*\* No enlarged nodes detected.  
\* \*\*Bowel:\*\* Appears normal.  
\* \*\*Urinary bladder:\*\* Normal.  
\* \*\*Prostate:\*\* Normal.  
\* \*\*Seminal vesicles:\*\* Normal.  
  
\*\*3. Symptoms/Phenomenon:\*\*  
\* \*\*Ongoing fever:\*\* This symptom is mentioned in the history section.   
\* \*\*Elevated right hemidiaphragm:\*\* This finding might be related to the infection and is a potential cause for concern.  
\* \*\*WCC 35 uptrending:\*\* This suggests an elevated white blood cell count which is another indicator of infection.  
\* \*\*LFTs deranged:\*\* This refers to abnormal liver function tests.   
\* \*\*Surgical emphysema:\*\* This indicates the presence of air in the chest wall, which can be a complication of surgery or injury.