# Row 58

Visit Number: 56bfe7ac899609d783b98036d32f1c312e5c1bbb3a869c9361007403d9eff2f4

Masked\_PatientID: 57

Order ID: 4ae2d3a9ca505df95e3283658220fede89b2b75e5bda6f32a2951165976ba5c8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/11/2016 12:37

Line Num: 1

Text: HISTORY persistent swinging fever 39.9 for 1/52 with no clear clinical source. persisting despite Augmentin. Blood cultures/urine cultures /UFEME so far unexplanatory. b/g breast ca s/p op, on adjuvant chemo TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison was made with the CT scan of July 15, 2016. CHEST Post right mastectomy with axillary clearance. No recurrent mass identified. 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. Scattered ground-glass opacities in bilateral lungs are new since the previous study. Few stable tiny subpleural nodules in bilateral lungs are nonspecific (for example, Im 401/23, 26 in left upper lobe). No new suspicious pulmonary nodule, consolidation is detected. Small amount of right pleural effusion is noted. Sliver of left pleural effusion is seen. Subsegmental atelectasis is noted in basal segments of both lower lobes. ABDOMEN AND PELVIS The liver, gallbladder, pancreas, adrenal glands and kidneys appear unremarkable. Stable few tiny subcentimetre hypodensities in the spleen are too small to characterise but likely to represent small cysts. Spleen is not enlarged. The uterus, ovaries, urinary bladder shows normal features. No bowel wall thickening or dilatation. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. The bones appear unremarkable. CONCLUSION Post right mastectomy with axillary clearance. No recurrent mass identified. No evidence of distant metastasis. Scattered ground-glass opacities in bilateral lungs are new since the previous study and may be due to infective aetiology. No evidence of intra-abdominal abscess. May need further action Finalised by: <DOCTOR>

Accession Number: 105282c9b6a47702a4995bfa3a686b597de2b81eb430fb0e884819ca4065e361

Updated Date Time: 15/11/2016 14:20

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.