# Patient ID: 1115, Performed Date: 10/6/2019 15:26

## Raw Radiology Report Extracted

Visit Number: c1620a44bcd374d14984b9345eaaaad7ca007f10ab5ef585abe88af10656e116

Masked\_PatientID: 1115

Order ID: ad7097915b7a0836348eed9ee97128ef713eff80a842e0f1433aaf0e4f838cea

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/6/2019 15:26

Line Num: 1

Text: HISTORY Persistent fever despite broad-spectrum antibiotics Previous pyelonephritis and aspiration pneumonia To assess for possible sources of infection B/g locally advanced oesophageal CA s/p chemoRT - planned for surgical resection TECHNIQUEUnenhanced scans of the thorax, abdomen and pelvis. No intravenous contrast medium administered. Positive Oral Contrast given. FINDINGS Comparison made with the CT KUB of 23 May 2019 and CT thorax of 15 May 2019. Image quality is significantly degraded by movement artefact. No new grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is grossly stable mural thickening at the lower oesophagus (2-78). Heart size is normal. No pericardial effusion is detected. New patchy bilateral airspace opacities are present, more prominent in the upper lobes bilaterally where there are areas of focal consolidation (3-50). The central airways are patent. Small bilateral pleural effusions are present, larger since 15 May 2019. No gross contour deforming hepatic mass is identified. The partially contracted gallbladder, spleen, pancreas and adrenal glands appear grossly unremarkable. There is a 4.2 x 1.7 cm crescent-shaped fluid collection at the posteroinferior aspect of the left kidney (2-134 and 7-27). Mild stranding of the adjacent fat is present. No underlying renal calculus or hydronephrosis is seen. The urinary bladder appears grossly unremarkable. The prostate glandis normal in size. There is mild colonic faecal loading. No grossly dilated bowel loop is seen. There is a small right inguinal hernia containing fat and a few small bowel loops. No grossly enlarged para-aortic or pelvic lymph node is identified. No ascites or pneumoperitoneum is seen. No destructive bone lesion detected. CONCLUSION 1. Perinephric collection (4.2 x 1.7 cm) at the left renal lower pole. In the context of persistent sepsis, this is suspicious for a perinephric abscess. 2. New patchy bilateral air-space opacities, worse in the upper lobes. These may be due to infection or inflammation. Small bilateral pleural effusions. 3. Stable mural thickening of the lower oesophagus. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 8bc43b469e6f913afd3b450f97d26b1cb95ba5d2a6018b06754ad4810e644539

Updated Date Time: 10/6/2019 16:29

## Layman Explanation

The scan shows a fluid collection near the left kidney. This may be an abscess, which is a pocket of infection. There are also new areas of inflammation in both lungs, which could be due to infection. The scan also shows fluid around the lungs, which has increased since the last scan. The thickening in the lower part of the esophagus is unchanged.

## Summary

This report is extracted from a \*\*CT scan\*\*.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Perinephric abscess:\*\* A 4.2 x 1.7 cm fluid collection is found at the posteroinferior aspect of the left kidney, suggestive of a perinephric abscess. This suspicion is further heightened by the patient's persistent fever despite antibiotics.  
\* \*\*Infection or inflammation:\*\* New patchy bilateral airspace opacities, more prominent in the upper lobes, suggest possible infection or inflammation.  
\* \*\*Locally advanced oesophageal carcinoma (CA):\*\* The report mentions previous chemoRT for oesophageal CA. This is not a new finding but a relevant context for the report.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* New patchy bilateral airspace opacities and small bilateral pleural effusions are noted. The effusions are larger compared to a previous scan.  
\* \*\*Oesophagus:\*\* Grossly stable mural thickening is observed at the lower oesophagus.  
\* \*\*Heart:\*\* Normal size and no pericardial effusion.  
\* \*\*Liver:\*\* No gross contour deforming hepatic mass identified.  
\* \*\*Gallbladder:\*\* Partially contracted, appearing unremarkable.  
\* \*\*Spleen:\*\* Unremarkable.  
\* \*\*Pancreas:\*\* Unremarkable.  
\* \*\*Adrenal glands:\*\* Unremarkable.  
\* \*\*Kidneys:\*\* A 4.2 x 1.7 cm fluid collection is present at the posteroinferior aspect of the left kidney. Mild stranding of the adjacent fat is observed. No underlying renal calculus or hydronephrosis is seen.  
\* \*\*Urinary bladder:\*\* Unremarkable.  
\* \*\*Prostate gland:\*\* Normal size.  
\* \*\*Bowel:\*\* Mild colonic faecal loading and a small right inguinal hernia containing fat and small bowel loops. No dilated bowel loops.  
\* \*\*Lymph nodes:\*\* No new grossly enlarged mediastinal, hilar, axillary, supraclavicular, para-aortic, or pelvic lymph nodes.  
  
\*\*3. Symptoms or phenomenon causing attention:\*\*  
  
\* \*\*Persistent fever:\*\* This is a significant concern, particularly in the context of the patient's previous pyelonephritis and aspiration pneumonia.  
\* \*\*New patchy bilateral airspace opacities:\*\* This is a new finding, and the report indicates it may be due to infection or inflammation.  
\* \*\*Small bilateral pleural effusions:\*\* These are larger than on a previous scan, raising further concern.  
\* \*\*Perinephric collection:\*\* The size and location of the fluid collection, along with the patient's persistent fever, strongly suggest a perinephric abscess.  
  
\*\*Overall, the report highlights several concerning findings that require further investigation and potential intervention.\*\*