# Patient ID: 1929, Performed Date: 15/12/2019 18:35

## Raw Radiology Report Extracted

Visit Number: 39d818d822919dbe138ac2220043cba004d8904fd81fe60ac0e379269218cb13

Masked\_PatientID: 1929

Order ID: 20d537642f2926200f9201fcb9cfdca25dc1c3f72e0e24e64d0bee49b1e2f201

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/12/2019 18:35

Line Num: 1

Text: HISTORY MELENA, AIR UNDER DIAPHRAGM PLT 100 TECHNIQUE Scans of the chest, abdomen and pelvis were acquired after the administration of intravenous contrast medium. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 70 FINDINGS There are no relevant prior scans available for comparison. Note is made of the prior chest radiograph performed earlier today (15/12/2019, 16:53hrs). Motion artifacts limit interpretation. ABDOMEN AND PELVIS The liver, gallbladder, spleen, pancreas, adrenal glands, and kidneys appear unremarkable. The urinary bladder is catheterised and collapsed. The uterus is retroverted. No adnexal mass is detected. There is a tiny subhepatic locule of gas adjacent to the gallbladder fundus (se 6/59), difficult to delineate if this is intraluminal or extraluminal. It may still represent gas within the proximal duodenum. Otherwise, the visualised bowel is grossly unremarkable. Small fat density lesion posterolateral to the left psoas (se 6/98) is probably a lipoma. Small amounts of ascites is noted in the pelvis. No significantly enlarged intra-abdominal lymph node is seen. Small mesenteric nodes are non-specific. Fat stranding and fluid is seen around both psoas muscles with no rim-enhancing collection seen within. This is non-specific and may possibly represent inflammation/infection. CHEST AND BONES There is bilateral extensive patchy ground glass densities and consolidation, predominantly subpleural and peribronchial, more confluent in the upper lobes. This appearance may represent infection or inflammatory changes, with atypical infection or an underlying rheumatological condition as considerations. Heart size is top normal. No pericardial or pleural effusion is seen. The mediastinal vessels show normal opacification. Small left supraclavicular lymph node is seen (se 3/12). Borderline right hilar lymph node measuring up to 0.9 cm (Se 3-40), and borderline subcarinal node measuring up to 1.0 cm. No enlarged mediastinal, axillary or supraclavicular lymph nodes are seen. No bony lesion is detected. CONCLUSION 1. There is bilateral extensive patchy ground glass densities and consolidation, predominantly subpleural and peribronchial, more confluent in the upper lobes. This appearance may represent infection or inflammatory changes, with atypical infection or an underlying rheumatological condition as considerations. 2. There is a tiny subhepatic locule of gas adjacent to the gallbladder fundus, difficult to delineate if this is intraluminal or extraluminal. It may still represent gas within the proximal duodenum. 3. Fat stranding and fluid seen around both psoas muscles with no rim-enhancing collection is is non-specific and may possibly represent inflammation/infection. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: d775275d5cbde6782bbb0ada5db94bf61702bbab6dceb5752056061cb8721cdd

Updated Date Time: 16/12/2019 9:19

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.