# Patient ID: 269, Performed Date: 17/8/2016 11:06

## Raw Radiology Report Extracted

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

Error generating summary.

## Summary

Error generating summary.