# Row 10784

Visit Number: c298f52211b6076c0aad69b3564a62a21c7d3ca5a8c46a5183ba758c02d0bdda

Masked\_PatientID: 10784

Order ID: 9ddc5463d14a0ebdee4bdf64c4a8f35a1de7d2b8cb15cbbaf79b7f99d7b0859b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 03/3/2018 15:49

Line Num: 1

Text: HISTORY LOW and ? altered bowel habits TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No prior relevant scan was available for comparison at the time of reporting. Images are degraded by motion artefact. I note that scan was repeated with two boluses of contrast given, limiting assessment of the collecting system. There is a patch of ground-glass change along the periphery of the posterior right upper lobe which is probably infective or inflammatory in origin. Small amount of encysted fluid noted in the adjacent right oblique fissure could be reactive. There is also another small peripheral ground-glass opacity in the lateral right lower lobe, likely of similar cause. Patchy areas of mild bronchial wall thickening and tiny centrilobular nodularity are seen in both lungs for example in the posterior left lower lobe (401-58), inferior lingula and posterior right lower lobe.These are also probably infective or inflammatory. Biapical scarring and subpleural bullae. Prominent subcentimetre right hilar nodes could be reactive. No significant enlarged mediastinal lymph node. The heart is not enlarged. There is no pericardial effusion. Subcentimetre hypodensity in segment IVA/VIII of the liver is too small to characterise. Small gallstones ? sludge in the gallbladder with 8 mm gallstone in the cystic duct. No pericholecystic inflammatory changes. Mild dilataion of the central intrahepatic bile ducts. Suggestion of tiny densities in the distal common bile duct which could represent calculi. CBD is not dilated. The pancreas, spleen and adrenal glands are unremarkable. There is severe right hydronephrosis and hydroureter extending to the distal ureter about L5-S1 level, where there is narrowed segment which could represent a stricture. At about S2 level the ureter is again dilated down to the right VUJ. Several small calculiare also present at the distal portion. Contrast is also present. Right DJ is seen - The distal tip curled in urinary bladder and the proximal tip is in the proximal ureter. There is diffuse mild wall thickening and enhancement in the right ureter which could be reactive. Urinary bladder is partially distended. Prostate gland is mildly enlarged contains coarse calcification. Bowel loops are not dilated. There is no enlarged abdominal or pelvic lymph node. There is no free intraperitoneal fluid. There is no destructive bony lesion. CONCLUSION 1. Right hydronephrosis and hydroureter with possible partially obstructing stricture in the distal ureter. Right D J stent with proximal end coiled in the proximal ureter. 2. 8 mm gallstone in the cystic duct. Prominent intrahepatic ducts ? Mirizzi syndrome. Suggestion of tiny non-obstructing ductal calculi in the distal CBD. Please correlate clinically. 3. Mild ground-glass changes in the right lung, mainly posterior upper lobe and mild patchy bronchiolitis in both lungs. These are likely infective or inflammatory. 4. No suspicious mass or adenopathy is detected. May need further action Finalised by: <DOCTOR>

Accession Number: 39dc5a0c2f7a601732c59457a5bb149ae214b991bebf4e603d2da4c8a94af702

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