# Row 11644

Visit Number: 6b9ec90b78e8cf086b304ee2e38922b1bfbf797f2fdb2a551357aaa6b62b521a

Masked\_PatientID: 11643

Order ID: 4a82022a89221f400f0fa04c428f559e975d3bcbad95557a2bccebe9cf93150d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 27/6/2018 10:16

Line Num: 1

Text: HISTORY progressive dypshagia, SOB and LOW ?underlying malignancy b/g RA with ILD on immunosuppressants TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml):70 FINDINGS There are small nodes at the hila, largest is at right hila measures 8mm image 402-35. No significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. There is honeycombing appearance in subpleural areas, more marked in lower lobe and upper lobe. There is traction bronchiectasis noted. Several fibrotic bands are present especially in the lower lobe. There is right apical pleural thickening and thickening of the oblique fissure. The lung appearance is consistent with interstitial lung disease. No pleural effusion is present. The trachea and proximal bronchi have regular appearance. Pulmonary arteries are unremarkable in appearance. There is a hiatus hernia. There is thickening of the wall of the lower oesophagus and hiatal junction, images 501-26 to 501-30. The proximal oesophagus is not dilated in appearance. Stomach is under distended. There is thickening of the wall of the ascending colon with negative Hounsfield unit due to fatty material, images 501-90 to 501-94. No pericolic stranding is seen. The rest of the colonic outline has regular appearance. Rest of bowel loops are not dilated.The liver has homogenous attenuation, no focal lesion is seen. Liver has a high position due to eventration of right diaphragm. The spleen, pancreas, adrenal glands and right kidneys appear unremarkable. Left kidney has a tiny low attenuationfocus that is too small to characterise. Gallbladder is septated in appearance and a tiny gallstone noted. The biliary system is not dilated. The uterus, urinary bladder have normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. No focal bony lesion is seen. CONCLUSION Both lungs have honeycomb appearance in subpleural areas, fibrotic bands, traction bronchiectasis, features consistent with interstitial lung disease. Small nodes in the hilar region. Hiatus hernia. Thickening of wall of the lower oesophagus- hernia junction, suspicious for tumour, clinical correlation with endoscopy may be necessary. Medial wall of the ascending colon has thickened appearance with negative Hounsfield reading consistent with fat. Gallbladder is septated with a tiny gallstone. May need further action Finalised by: <DOCTOR>

Accession Number: e93838b83787bae9d49b4295daa740becd60e48535416908949e1e4ae43942c2

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