# Row 11974

Visit Number: 2955ae208074a20e76fc5d8a44060365911cd628f788e0d62e4fa6f980cad5fb

Masked\_PatientID: 11974

Order ID: b87b1191503dd75ad5def49770bae9a74a52da1768e5053041e9a56bb74f7273

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 30/9/2016 11:09

Line Num: 1

Text: HISTORY Smoker; suspicious lesions in left lung field on CXR; LOW ++ ; TRO malignacy; ? concurrent pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Thorax There is dense consolidation seen in the left lower lobe mainly centred in the postero-basal segment with surrounding ground glass changes. No obvious abnormal enhancing lesion noted within the consolidation. There is subsegmental air space infiltration (ground glass) noted in the apico- posterior segment of the left upper lobe. No focal mass is identified within the lung fields. There are scattered centri-lobular (tree in bud) airspace opacification in the right lower lobe with associated bronchiolitis changes which are suggestive for infective change. Minimal bronchiolitis is also seen within the right middle lobe. These changes are infective and an atypical mycobacterial infection should be ruled out. Emphysematous changes are seen in both lungs more marked in both upper lobes. Bilateral apical pleural thickening present. No pleural effusions or enlarged mediastinal lymphadenopathy seen. The heart is normal. The pulmonary vasculature opacifies normally and there is no suggestion of pulmonary embolism. The aorta is non-dilated. Abdomen and pelvis The liver is normal in size and shows normal enhancement. No suspicious focal mass lesions seen. A small round 1cm hypodensity is seen in seg 6 in keeping with a simple cyst. The portal veins and hepatic veins are patent. The gallbladder is distended and shows a 2.2 cm multi density calculus in the fundus. No changes of cholecystitis seen. The spleen, pancreas and both adrenalglands are normal. Both kidneys are normal in size and show symmetrical enhancement. No hydronephrosis seen. Multiple small subcentimetre hypodensity noted within the kidneys which are too small to characterise. The bowel loops are unremarkable. The bladder and prostate are within normal limits. The aorta is non-aneurysmal and shows calcific plaque mainly in the infra-renal segment and in the common iliac arteries. No free fluid or free gas noted in the abdomen. Mild degenerativechanges seen within the spine. No obvious destructive lesion noted within the bones. CONCLUSION 1. Dense consolidation within the left lower lobe with ground glass air space infiltration in the left apico-posterior highly suggestive of infective aetiology. 2. Tree in bud centri-lobular airspace changes in the right lower lobe associated with bronchioloitis in the right lower and middle lobes – to consider atypical mycobacterial infection. 3. Emphysematous changes and bronchiectasis in keeping with the history of smoking. 4. Uncomplicated gall stone. As the consolidation is very dense it is not possible to rule out an underlying small mass lesion. Hence please repeat imaging (CXR or CT thorax) in 4 weeks after completion of antibiotic therapy. May need further action Reported by: <DOCTOR>

Accession Number: aa07cdfbb2684260a636b3ba3fa02adee0c710ceff978fa1aebd593e8c6a5dab

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