# Row 12406

Visit Number: 957a3eefcf6b5fb126629c0335f320eb00bb058eb960617e5918636745e18238

Masked\_PatientID: 12400

Order ID: 711588f23c0715d1ec4daa9a23bd6d7714f8d7de77265442a65a4dadd8ec66e8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/5/2017 10:37

Line Num: 1

Text: HISTORY ?bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast:Nil FINDINGS No previous examination available for comparison. Limited interpretation due to unenhanced nature of the study. Thoracic images are degraded due to motion artefacts. The heart is mildly enlarged. There are coronary atheromatous calcifications. No significantly enlarged hilar, mediastinal or axillary lymph node is seen. No pleural or pericardial effusion detected. There are mild bronchiectatic changes involving the basal segments of the lower lobes bilaterally. There is associated bronchial wall thickening more prominent in the left posterior and lateral basal segments with distal mucusplugging and atelectasis. Several ill-defined ground-glass nodular changes in centrilobular distribution in both lower lobes are likely to reflect underlying small airway inflammatory changes. There is relatively minimal bronchiectatic changes are present in left upper and possibly right upper lobe. Several tiny branching centrilobular nodules in the upper lobes are in keeping with further small airway inflammation. The trachea and main bronchi are patent. The liver and spleen are normal in size with no overt contour deforming lesion. No radiopaque gallstone detected. The adrenal glands are unremarkable. The pancreas shows no gross abnormality. The kidneys are normal in size. A 2 cm hypodense lesion with fluid attenuation in the interpolar region of the right kidney is probably cyst. No urinary tract calculus or hydronephrosis seen. The urinary bladder is not distended for further evaluation. The uterus is mildly bulky with a lobulated outline raisingpossibility of underlying fibroids. No pelvic adnexal mass or free fluid is detected. A few small volume subcentimetre left para-aortic nodes are below significant size threshold. The bowel loops are nondilated and no overt bowel related mass is seen. There is a diverticulum arising from the third part of the duodenum. A few scattered uncomplicated colonic diverticula are also noted. There are atheromatous changes along the abdominal aorta and branch vessels. Nonspecific calcifications are also seen in the IVC and iliac veins. Degenerative changes are present in the spine. CONCLUSION Minimal to mild bronchiectatic changes in both lungs, slightly worse in the left lower lobe. There is associated bronchial wall thickening due to inflammation. Extensive centrilobular branching nodular changes indicate underlying small airway inflammation. No urinary tract calculus or evidence of obstructive uropathy. Right renal cyst. May need further action Finalised by: <DOCTOR>

Accession Number: 58b207af180e0bf9d3f74483be3cf7ac3ee0bbcc9f7e1d5514fd84896abf1cba

Updated Date Time: 14/5/2017 12:37