# Row 1379

Visit Number: 21ba9a5435dec1c01c7d054c17b826d574f4e2a6184e22a0629b5e00cb19b7c2

Masked\_PatientID: 1376

Order ID: e891f85f954725e23db19feb809b9bdd74faf12f6765d621b28848bacc28dd08

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/2/2018 12:28

Line Num: 1

Text: HISTORY Cavitary lung lesions TRO malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Correlation was done with prior chest radiograph dated 13/02/2018.There are no prior CT studies available for comparison The patient is status post left mastectomy. There are multiple patchy consolidations in the bilateral upper lobes, bilateral lower lobes and the right middle lobe. Few nodular opacities are noted in the bilateral lower lobes some with tree in bud configuration. These findings likely represent consolidations of infective aetiology. No obvious cavitation is noted. No evidence of significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph nodes. The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. There is mild elevation of the left hemidiaphragm which could be due to underlying atelectasis of the leftlower lobe. Small left pleural effusion is present. No evidence of pericardial effusion. No suspicious focal hepatic lesions. The portal and hepatic veins demonstrate normal contrast opacification. Gallbladder is partially contracted. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, the right adrenal appear unremarkable. There is a nonspecific left adrenal nodule measuring 1.3 x 1 cm. The urinary bladder is well distended and appears unremarkable. No obvious adnexal masses. The bowel calibre appears unremarkable. No evidence of intra-abdominal or pelvic lymphadenopathy. No evidence of ascites or peritoneal nodules. There are no destructive bony lesions. CONCLUSION 1. Bilateral large consolidations with multiple nodular opacities, some with tree in bud configuration which are likely of infective aetiology. 2. Small left pleural effusion is present. 3. Incidental nonspecific left adrenal nodule. May need further action Finalised by: <DOCTOR>

Accession Number: 1be1ecbce8a6c04c8a26ac94006e20118f11fecd7998fbd11613ea154b7a38b1

Updated Date Time: 15/2/2018 13:59

## Layman Explanation

This radiology report discusses HISTORY Cavitary lung lesions TRO malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Correlation was done with prior chest radiograph dated 13/02/2018.There are no prior CT studies available for comparison The patient is status post left mastectomy. There are multiple patchy consolidations in the bilateral upper lobes, bilateral lower lobes and the right middle lobe. Few nodular opacities are noted in the bilateral lower lobes some with tree in bud configuration. These findings likely represent consolidations of infective aetiology. No obvious cavitation is noted. No evidence of significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph nodes. The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. There is mild elevation of the left hemidiaphragm which could be due to underlying atelectasis of the leftlower lobe. Small left pleural effusion is present. No evidence of pericardial effusion. No suspicious focal hepatic lesions. The portal and hepatic veins demonstrate normal contrast opacification. Gallbladder is partially contracted. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, the right adrenal appear unremarkable. There is a nonspecific left adrenal nodule measuring 1.3 x 1 cm. The urinary bladder is well distended and appears unremarkable. No obvious adnexal masses. The bowel calibre appears unremarkable. No evidence of intra-abdominal or pelvic lymphadenopathy. No evidence of ascites or peritoneal nodules. There are no destructive bony lesions. CONCLUSION 1. Bilateral large consolidations with multiple nodular opacities, some with tree in bud configuration which are likely of infective aetiology. 2. Small left pleural effusion is present. 3. Incidental nonspecific left adrenal nodule. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.