# Row 1612

Visit Number: 6fecf624be62151f602d5ae73eadc31b0caf706519949862749bdf0a9c1b135c

Masked\_PatientID: 1611

Order ID: a3d3f70f81fdf9d1d8e2f2474e73a757b11e835de3fe21f920c242929297c175

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/1/2015 18:44

Line Num: 1

Text: HISTORY - p/w persistent fever, nasal pain and epistaxi - for restaging CT to look for recurrence - CXR: new noduels seen B/L. angioimmunoblastic t cell lymphoma s/p autologous transplant with previous deep pharyngeal infectoin TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS Comparison is made with the previous examination performed on 25 September 2014. There are new bilateral pulmonary nodules. The distribution of the nodules are random and the larger opacities that are present appear to be in a bronchovascular distribution and appear consolidative. These areas of consolidation are best demonstrated at the apical segments of both lowerlobes. Smaller peripheral nodules are also identified in both lungs. The speed of development of these nodules would favour an inflammatory aetiology rather than that due to a neoplastic process. Multiple small volume lymph nodes are presentwithin the mediastinum and these appear to show some enhancement. The lymph nodes are similar in size to that seen on the September examination. No overt enlargement of the axillary or supraclavicular lymph nodes is seen. Scans of the abdomen shows the presence of a moderate splenomegaly with the spleen measuring approximately 15 cm. The liver appears unremarkable with no focal abnormality. There is no dilatation of the bile ducts and gallbladder appears normal. Small volume lymph nodes are seen in the para-aortic region. There is a borderline enlarged left external iliac lymph node that is unchanged in size (series nine image 127) The pancreas and adrenals are unremarkable. Both kidneys are seen to enhance in asymmetrical fashion. A parapelvic cyst is present in the upper pole of the left kidney. Both kidneys show prominent foetal lobulation. A few subcentimetre hypodensities are present presumably due to small cysts. The bowel shows no focal suspicious thickening or dilatation. The urinary bladder, prostate and seminal vesicles are unremarkable. CONCLUSION There is interim development of extensive bilateral pulmonary opacities. These are predominantly consolidated smaller peripheral nodules may have a haematogenous mode of spread. The speed of development favours an inflammatory aetiology although a very aggressive malignancy is not excluded. No overt enlargement or change in the size of the lymph nodes in the thorax or abdomen is demonstrated. May need further action Finalised by: <DOCTOR>

Accession Number: 8a0f41efb129c88c46a8ffea25a9a85d0831f83022610b5adde6e649a422bf6a

Updated Date Time: 10/1/2015 9:51

## Layman Explanation

This radiology report discusses HISTORY - p/w persistent fever, nasal pain and epistaxi - for restaging CT to look for recurrence - CXR: new noduels seen B/L. angioimmunoblastic t cell lymphoma s/p autologous transplant with previous deep pharyngeal infectoin TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS Comparison is made with the previous examination performed on 25 September 2014. There are new bilateral pulmonary nodules. The distribution of the nodules are random and the larger opacities that are present appear to be in a bronchovascular distribution and appear consolidative. These areas of consolidation are best demonstrated at the apical segments of both lowerlobes. Smaller peripheral nodules are also identified in both lungs. The speed of development of these nodules would favour an inflammatory aetiology rather than that due to a neoplastic process. Multiple small volume lymph nodes are presentwithin the mediastinum and these appear to show some enhancement. The lymph nodes are similar in size to that seen on the September examination. No overt enlargement of the axillary or supraclavicular lymph nodes is seen. Scans of the abdomen shows the presence of a moderate splenomegaly with the spleen measuring approximately 15 cm. The liver appears unremarkable with no focal abnormality. There is no dilatation of the bile ducts and gallbladder appears normal. Small volume lymph nodes are seen in the para-aortic region. There is a borderline enlarged left external iliac lymph node that is unchanged in size (series nine image 127) The pancreas and adrenals are unremarkable. Both kidneys are seen to enhance in asymmetrical fashion. A parapelvic cyst is present in the upper pole of the left kidney. Both kidneys show prominent foetal lobulation. A few subcentimetre hypodensities are present presumably due to small cysts. The bowel shows no focal suspicious thickening or dilatation. The urinary bladder, prostate and seminal vesicles are unremarkable. CONCLUSION There is interim development of extensive bilateral pulmonary opacities. These are predominantly consolidated smaller peripheral nodules may have a haematogenous mode of spread. The speed of development favours an inflammatory aetiology although a very aggressive malignancy is not excluded. No overt enlargement or change in the size of the lymph nodes in the thorax or abdomen is demonstrated. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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