# Row 1615

Visit Number: 6fecf624be62151f602d5ae73eadc31b0caf706519949862749bdf0a9c1b135c

Masked\_PatientID: 1611

Order ID: 0aa024b59a016c08b85b2d5e3c2390609e5003f306780f3f645fe49ee5176943

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 20/1/2015 19:10

Line Num: 1

Text: HISTORY PNS abscess with newly diagnosed EBV related lymphoma of PNS ?hematogenous spread to lung Lung nodule for ix (fungal infection vs malignancy) >> high risk for biopsy. Underlying AITL s/p auto SCT sepsis 2 deep pharyngeal abscess TECHNIQUE Scans acquired as per department protocol. The scan was part of the multi-regional study and no additional contrast was given after the contrast enhanced neck CT scan. Hence, the contrast opacification of the mediastinal vessels is suboptimal. Intravenous contrast: Optiray 350 - Volume (ml): 50 was administered. FINDINGS Prior CT scan of 9 January 2015 was reviewed. Right central venous catheter is noted with tip seen in the right atrium. A few small volume lymph nodes are noted in the right paratracheal region, precarinal and subcarinal regions, stable. No axillary lymphadenopathy is detected. Once again, there are multiple peripheral, irregularly marginated consolidative nodules seen scattered in both lungs, predominantly in the lower lobes, along the broncho-vascular bundles. In view of given clinical history and prior CT scan neck findings, possibility of septic emboli cannot be entirely excluded. No pleural effusion or pericardial effusion is detected. Hepatosplenomegaly is suggested. CONCLUSION There are multiple peripheral, irregularly marginated consolidative nodules seen scattered in both lungs, predominantly in the lower lobes, along the broncho-vascular bundles. In view of given clinical history and prior CT scan neck findings, possibility of septic emboli cannot be entirely excluded. Follow up is suggested. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 3274236888edefd4a101813534261c03373c7e1729077ac40da6fb338aefbbf9

Updated Date Time: 20/1/2015 20:04

## Layman Explanation

This radiology report discusses HISTORY PNS abscess with newly diagnosed EBV related lymphoma of PNS ?hematogenous spread to lung Lung nodule for ix (fungal infection vs malignancy) >> high risk for biopsy. Underlying AITL s/p auto SCT sepsis 2 deep pharyngeal abscess TECHNIQUE Scans acquired as per department protocol. The scan was part of the multi-regional study and no additional contrast was given after the contrast enhanced neck CT scan. Hence, the contrast opacification of the mediastinal vessels is suboptimal. Intravenous contrast: Optiray 350 - Volume (ml): 50 was administered. FINDINGS Prior CT scan of 9 January 2015 was reviewed. Right central venous catheter is noted with tip seen in the right atrium. A few small volume lymph nodes are noted in the right paratracheal region, precarinal and subcarinal regions, stable. No axillary lymphadenopathy is detected. Once again, there are multiple peripheral, irregularly marginated consolidative nodules seen scattered in both lungs, predominantly in the lower lobes, along the broncho-vascular bundles. In view of given clinical history and prior CT scan neck findings, possibility of septic emboli cannot be entirely excluded. No pleural effusion or pericardial effusion is detected. Hepatosplenomegaly is suggested. CONCLUSION There are multiple peripheral, irregularly marginated consolidative nodules seen scattered in both lungs, predominantly in the lower lobes, along the broncho-vascular bundles. In view of given clinical history and prior CT scan neck findings, possibility of septic emboli cannot be entirely excluded. Follow up is suggested. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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