# Row 2597

Visit Number: 8aa8612052977bde56ffad1bd642871440305bfb5332d0df54c7421a1f88f549

Masked\_PatientID: 2596

Order ID: 22f32f189772d87e0d77f7ef85ceeb02eb5a6c520a712630fdc68ff29f646756

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/2/2018 10:34

Line Num: 1

Text: HISTORY loss of weight TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75. FINDINGS CHEST Comparison was made with the CT scanof 13 October 2014. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. Trace of pericardial fluid is noted. Chronic consolidation in apico-posterior segment of the left upper lobe with calcifications and surrounding scarring is grossly stable since prior study. Minimal scarring is also noted in the right lung apex. Multiple scattered nodules in both lungs with calcification representing calcified granulomas are stable. No suspicious pulmonary nodule noted. No pleural effusion is present. Tiny hypodense nodule and a small calcific focus in the right lobe of the thyroid are nonspecific. Old left fourth rib fracture is noted. ABDOMEN AND PELVIS Comparison was made with the previous CT done on 10 April 2014. The liver, gallbladder, spleen, pancreas, adrenal glands appear unremarkable. Bilateral renal cysts are noted; largest one in the left renal lower pole measures 3.3 x 3.2 cm. 1.1 x 1.2 cm hyperdense lesion (+ 50 HU) in the right lower pole, without change in density on the delayed phase likely represents hyperdense cyst. Prostate is mildly enlarged. Urinary bladder is partially distended. No bowel wall thickening or dilatation. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. Degenerative changes are noted in the spine. No destructive osseous lesion. CONCLUSION -Stable scarring and chronic consolidation in the left upper lobe. Multiple calcified granulomas in both lungs are stable. - No new suspicious lesion noted. - Bilateral renal cysts; possible hyperdense cyst in the right lower pole. - Mild prostatoemgaly. May need further action Finalised by: <DOCTOR>

Accession Number: d5b97c6445af57d9681744d52de27cfebea6d77195d501d3883970ef27640017

Updated Date Time: 01/3/2018 11:39

## Layman Explanation

This radiology report discusses HISTORY loss of weight TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75. FINDINGS CHEST Comparison was made with the CT scanof 13 October 2014. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. Trace of pericardial fluid is noted. Chronic consolidation in apico-posterior segment of the left upper lobe with calcifications and surrounding scarring is grossly stable since prior study. Minimal scarring is also noted in the right lung apex. Multiple scattered nodules in both lungs with calcification representing calcified granulomas are stable. No suspicious pulmonary nodule noted. No pleural effusion is present. Tiny hypodense nodule and a small calcific focus in the right lobe of the thyroid are nonspecific. Old left fourth rib fracture is noted. ABDOMEN AND PELVIS Comparison was made with the previous CT done on 10 April 2014. The liver, gallbladder, spleen, pancreas, adrenal glands appear unremarkable. Bilateral renal cysts are noted; largest one in the left renal lower pole measures 3.3 x 3.2 cm. 1.1 x 1.2 cm hyperdense lesion (+ 50 HU) in the right lower pole, without change in density on the delayed phase likely represents hyperdense cyst. Prostate is mildly enlarged. Urinary bladder is partially distended. No bowel wall thickening or dilatation. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. Degenerative changes are noted in the spine. No destructive osseous lesion. CONCLUSION -Stable scarring and chronic consolidation in the left upper lobe. Multiple calcified granulomas in both lungs are stable. - No new suspicious lesion noted. - Bilateral renal cysts; possible hyperdense cyst in the right lower pole. - Mild prostatoemgaly. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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