# Row 2838

Visit Number: 95e0e0002af38cd1982ff4777f016099b39633dc0142f1a9096fcf94dd39a4ad

Masked\_PatientID: 2836

Order ID: eb6675b2637eba4e027d35e752ff1880b8a9edb4c65ed617755271990a57daec

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/12/2016 11:49

Line Num: 1

Text: HISTORY New onset fever ? source ESRF, S/P Rtx 1989 currently c/o tenderness near the renal graft TECHNIQUE Unenhanced scans of the thorax, abdomen and pelvis were acquired Intravenous contrast : nil FINDINGS There are no prior relevant scans available for comparison. There is no suspicious pulmonary nodule or consolidation in the lungs. Small cluster of tiny nodules in the lateral middle lobe could be post-inflammatory. bilateral small low density pleural effusions with basal atelectasis. Emphysematous changes are noted in the upper lobes, in keeping with chronic smoking. There also a few small subpleural cysts in the left upper lobe apex Within limits of this noncontrastedscan, is no enlarged supraclavicular, mediastinal, hilar or axillary node. The trachea and major bronchi are patent. The heart is enlarged. There is a small pericardial effusion. Multiple tiny hypodensities in both thyroid lobes are nonspecific. Bilateral gynecomastia. A 1.7 cm calcified gallstones seen in the gallbladder. No diffuse gallbladder wall oedema is nonspecific. A 5 mm hypodensity in the pancreatic neck is nonspecific. Small calcific focus noted in the head of the pancreas. No contour deforming mass in the unenhanced or adrenal glands. Native kidneys are atrophic, compatible with chronic renal parenchymal disease. Transplanted kidney in the right iliac fossa with mild perinephric fluid. 4 mm nonobstructing calyceal calculus in the lower pole of the transplant kidney. Other calcifications could be vascular. There is no hydronephrosis. Foley catheter is seen within the urinary bladder which is collapsed. 3 mm focus of calcification along the anterior bladder wall is nonspecific. Prostate gland is not enlarged. The bowel loops are normal in calibre. The appendix is seen and appears normal. Multiple uncomplicated colonic diverticula seen in the sigmoid colon. There is no significant enlarged abdominal or pelvic lymph node. Minimal free fluid in the rectovesical pouch. mild presacral fluid stranding, nonspecific. There is also mild ill-defined fat stranding around the superior mesenteric vessels There is no destructive bony lesion. Left L5pars defect. A 1.4 x 0.9 cm subcutaneous nodule in the back at the level of T5, could represent sebaceous cyst. Diffuse subcutaneous fluid stranding, especially in the flanks, in keeping with anasarca. . CONCLUSION No consolidation or lobar collapse in the lungs. No focal fluid collection in the abdomen or pelvis. No definite focal source of inflammation is observed. Bilateral small pleurak effusion. Non-specific cluster of tiny nodules in the lateral middle lobe could be post-inflammatory. Gallstone in the gallbladder. Diffuse gallbladder wall thickening is non-specific. Bilateral atrophic native kidneys with transplant kidney in the right iliac fossa. No evidence of obstruction. No perinephric collection. Colonic diverticulosis. Known / Minor Finalised by: <DOCTOR>

Accession Number: 13b7188227ac78ff5e8dfbd6d2c85d00fa5dec8c1428700944ce6da84040e81c

Updated Date Time: 29/12/2016 14:08

## Layman Explanation

This radiology report discusses HISTORY New onset fever ? source ESRF, S/P Rtx 1989 currently c/o tenderness near the renal graft TECHNIQUE Unenhanced scans of the thorax, abdomen and pelvis were acquired Intravenous contrast : nil FINDINGS There are no prior relevant scans available for comparison. There is no suspicious pulmonary nodule or consolidation in the lungs. Small cluster of tiny nodules in the lateral middle lobe could be post-inflammatory. bilateral small low density pleural effusions with basal atelectasis. Emphysematous changes are noted in the upper lobes, in keeping with chronic smoking. There also a few small subpleural cysts in the left upper lobe apex Within limits of this noncontrastedscan, is no enlarged supraclavicular, mediastinal, hilar or axillary node. The trachea and major bronchi are patent. The heart is enlarged. There is a small pericardial effusion. Multiple tiny hypodensities in both thyroid lobes are nonspecific. Bilateral gynecomastia. A 1.7 cm calcified gallstones seen in the gallbladder. No diffuse gallbladder wall oedema is nonspecific. A 5 mm hypodensity in the pancreatic neck is nonspecific. Small calcific focus noted in the head of the pancreas. No contour deforming mass in the unenhanced or adrenal glands. Native kidneys are atrophic, compatible with chronic renal parenchymal disease. Transplanted kidney in the right iliac fossa with mild perinephric fluid. 4 mm nonobstructing calyceal calculus in the lower pole of the transplant kidney. Other calcifications could be vascular. There is no hydronephrosis. Foley catheter is seen within the urinary bladder which is collapsed. 3 mm focus of calcification along the anterior bladder wall is nonspecific. Prostate gland is not enlarged. The bowel loops are normal in calibre. The appendix is seen and appears normal. Multiple uncomplicated colonic diverticula seen in the sigmoid colon. There is no significant enlarged abdominal or pelvic lymph node. Minimal free fluid in the rectovesical pouch. mild presacral fluid stranding, nonspecific. There is also mild ill-defined fat stranding around the superior mesenteric vessels There is no destructive bony lesion. Left L5pars defect. A 1.4 x 0.9 cm subcutaneous nodule in the back at the level of T5, could represent sebaceous cyst. Diffuse subcutaneous fluid stranding, especially in the flanks, in keeping with anasarca. . CONCLUSION No consolidation or lobar collapse in the lungs. No focal fluid collection in the abdomen or pelvis. No definite focal source of inflammation is observed. Bilateral small pleurak effusion. Non-specific cluster of tiny nodules in the lateral middle lobe could be post-inflammatory. Gallstone in the gallbladder. Diffuse gallbladder wall thickening is non-specific. Bilateral atrophic native kidneys with transplant kidney in the right iliac fossa. No evidence of obstruction. No perinephric collection. Colonic diverticulosis. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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