# Row 3118

Visit Number: 760001ee023a8faccf9fb58b4dc634d7f3a738c5520592825264beb7c7d10ca5

Masked\_PatientID: 3112

Order ID: f1f3bdeb72a3dfb13b08f17a1e6e273c807f6589ca79962b2232052c8e600824

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/9/2018 18:15

Line Num: 6

Text: Small amount of free fluid is present. Small soft tissue density anterior to the aorta ( 501-56), appears nonspecific. Urinary catheter in situ. Urinary bladder appears unremarkable. The prostate gland is mildly enlarged. In chest, the mediastinal vasculature enhances normally. No significantly enlarged lymph nodes . no pleural or pericardial effusions. Airways are patent. Interval development of patchy areas of ground-glass densities in both lungs, mainly subpleural region, asymmetric being more prominent in the left lower lobe. Background reticulations and cystic changes are present., which were also present on previous CT study. These appear to have increased in the interval. There is a 3 mm nodule in left lower lobe (406-17), indeterminate. No destructive bony lesions. Sclerotic focus in left proximal femur is stable, likely benign. CONCLUSION Compared with previous CT study dated 28/09/2017. Significant breathing related artefacts limit sensitivity of this study. 1. Status post cholecystectomy and hepaticojejunostomy. Anastomosis appears patent with presence of pneumobilia. Stable mild prominence of intrahepatic biliary tree, as before. 2. The nodal mass at porta shows significantinterval increase in size. There is narrowing of the main portal vein with resultant collaterals at gastric fundal region. 3. Background reticular changes in lung bases which appear increased in the interval. Interval development of ground-glass opacities in both lungs, asymmetrically, most prominently in the left lower lobe. Some of the background lung changes are likely due to interstitial lung disease. The ground-glass opacities could be part of the same inflammatory interstitial disease process, clinical correlation and follow-up will be required. A 3 mm nodule in the left lower lobe, indeterminate whether part of inflammatory process or neoplastic. May need further action Finalised by: <DOCTOR>

Accession Number: 63c51c6f7d34bb73250640c712cd826b3224062ef747cb1432cb9f36003c9bc6

Updated Date Time: 06/9/2018 9:47

## Layman Explanation

This radiology report discusses Small amount of free fluid is present. Small soft tissue density anterior to the aorta ( 501-56), appears nonspecific. Urinary catheter in situ. Urinary bladder appears unremarkable. The prostate gland is mildly enlarged. In chest, the mediastinal vasculature enhances normally. No significantly enlarged lymph nodes . no pleural or pericardial effusions. Airways are patent. Interval development of patchy areas of ground-glass densities in both lungs, mainly subpleural region, asymmetric being more prominent in the left lower lobe. Background reticulations and cystic changes are present., which were also present on previous CT study. These appear to have increased in the interval. There is a 3 mm nodule in left lower lobe (406-17), indeterminate. No destructive bony lesions. Sclerotic focus in left proximal femur is stable, likely benign. CONCLUSION Compared with previous CT study dated 28/09/2017. Significant breathing related artefacts limit sensitivity of this study. 1. Status post cholecystectomy and hepaticojejunostomy. Anastomosis appears patent with presence of pneumobilia. Stable mild prominence of intrahepatic biliary tree, as before. 2. The nodal mass at porta shows significantinterval increase in size. There is narrowing of the main portal vein with resultant collaterals at gastric fundal region. 3. Background reticular changes in lung bases which appear increased in the interval. Interval development of ground-glass opacities in both lungs, asymmetrically, most prominently in the left lower lobe. Some of the background lung changes are likely due to interstitial lung disease. The ground-glass opacities could be part of the same inflammatory interstitial disease process, clinical correlation and follow-up will be required. A 3 mm nodule in the left lower lobe, indeterminate whether part of inflammatory process or neoplastic. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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