# Row 3160

Visit Number: d38a2a392b84df5bf0da6fabd7c53f6f3f525d4f52d14670075077c1770c13c2

Masked\_PatientID: 3154

Order ID: 897f32cf375050b8cc6a54ac95d5ae07e0ce981e0a7851a572c5023c930f498d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/6/2017 16:15

Line Num: 1

Text: HISTORY L neck cervical lymphadenopathy new onset dysphagia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS THORAX Enlarged left supraclavicular lymph nodes are seen. Several prominent small volume bilateral axillary lymph nodes are seen. There is no enlarged mediastinal or hilar lymph node. There are small bilateral pleural effusions with compressive atelectasis in the dependent portions ofthe lungs. There is mild septal thickening in the upper lobes. Moderate pericardial effusion is present. In the upper thoracic oesophagus (5/15), there is intraluminal hyperdensities which is of uncertain clinical significance (?ingested material). Nasogastric tube is in situ with the tip in the stomach. ABDOMEN PELVIS CT abdomen of 30/08/2007 was reviewed. There is no focal hepatic lesion. Portal and hepatic veins are patent. The biliary tree is not dilated. The spleen, pancreas, adrenal glands and gallbladder are unremarkable. A 3 mm right renal midpole cortical hypodensity is too small to characterise but likely a cyst. There is no suspicious renal lesion or hydronephrosis. The uterus is heterogeneous and nodular in appearance, with a few calcifications, These are most probably due to underlying fibroids. Small amount of fluid in the pouch of Douglas is nonspecific in nature. No pneumoperitoneum is seen. No significantly enlarged lymph node is seen in the abdomen and pelvis. The stomach is collapsed and nasogastric tube is in situ. Bowel is normal in calibre. Left total knee replacement is in situ. This causes streak artefacts in the pelvis which limits assessment ofthe pelvic structures. There are T12, L1 and L3 compression fractures, with L3 vertebroplasty. Diffuse subcutaneous oedema. CONCLUSION Enlarged left supraclavicular lymph nodes. No other significantly enlarged nodes elsewhere on this scan. Small pleural effusion, small ascites, subcutaneous oedema, moderate pericardial effusion. Mild septal thickening in the lungs. Please correlate for pulmonary oedema/ fluid overload. T12, T1 and T3 compression fractures. May need further action Finalised by: <DOCTOR>

Accession Number: ee9046eb4b6bc31286ea34a476941110f413cd9f94f647183f054970da321067

Updated Date Time: 20/6/2017 16:45

## Layman Explanation

This radiology report discusses HISTORY L neck cervical lymphadenopathy new onset dysphagia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS THORAX Enlarged left supraclavicular lymph nodes are seen. Several prominent small volume bilateral axillary lymph nodes are seen. There is no enlarged mediastinal or hilar lymph node. There are small bilateral pleural effusions with compressive atelectasis in the dependent portions ofthe lungs. There is mild septal thickening in the upper lobes. Moderate pericardial effusion is present. In the upper thoracic oesophagus (5/15), there is intraluminal hyperdensities which is of uncertain clinical significance (?ingested material). Nasogastric tube is in situ with the tip in the stomach. ABDOMEN PELVIS CT abdomen of 30/08/2007 was reviewed. There is no focal hepatic lesion. Portal and hepatic veins are patent. The biliary tree is not dilated. The spleen, pancreas, adrenal glands and gallbladder are unremarkable. A 3 mm right renal midpole cortical hypodensity is too small to characterise but likely a cyst. There is no suspicious renal lesion or hydronephrosis. The uterus is heterogeneous and nodular in appearance, with a few calcifications, These are most probably due to underlying fibroids. Small amount of fluid in the pouch of Douglas is nonspecific in nature. No pneumoperitoneum is seen. No significantly enlarged lymph node is seen in the abdomen and pelvis. The stomach is collapsed and nasogastric tube is in situ. Bowel is normal in calibre. Left total knee replacement is in situ. This causes streak artefacts in the pelvis which limits assessment ofthe pelvic structures. There are T12, L1 and L3 compression fractures, with L3 vertebroplasty. Diffuse subcutaneous oedema. CONCLUSION Enlarged left supraclavicular lymph nodes. No other significantly enlarged nodes elsewhere on this scan. Small pleural effusion, small ascites, subcutaneous oedema, moderate pericardial effusion. Mild septal thickening in the lungs. Please correlate for pulmonary oedema/ fluid overload. T12, T1 and T3 compression fractures. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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