# Row 3285

Visit Number: ed5d604cdd13704d797c71638face465ffebcef125a4c20620cf7dfe69d85f27

Masked\_PatientID: 3285

Order ID: a5435da68dec73a29dca64d57b255de9e213597225a8a21539ffc05aa2280819

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/9/2018 13:31

Line Num: 1

Text: HISTORY young female with agranocytosis from thyroid med - please do not do contrast scan febrile, borderline hypotensive, N&V, RIF tenderness and rebound TRO appenditcitis/collections pending UPT TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No significantly enlarged axillary or mediastinal lymph node. There are subcentimetre paratracheal lymph nodes which are not enlarged by size criteria. There is no pleural or pericardial effusion. There are small foci of inflammatory centrilobular nodularity in the right upper lobe, middle lobe and right lower lobe in keeping with small airway inflammation. There is mild traction of the airways in the lingula lobe and middle lobe with mucous plugging. No focal consolidation is seen. There is mild mural thickening of the cecum and ascending colon with mild pericolic fat stranding and subcentimetre pericolic lymph nodes. The appendix is normal. Terminal ileum appears grossly unremarkable. There is no dilatation of the bowel loops. Small amount of free fluid in the pelvis is likely physiological fluid. Gallstones are present. The liver is hypodense in appearance suggesting steatosis. No contour deformity in the visualised liver, spleen or pancreas. The spleen is mildly enlarged measuring 13 cm in length. No adrenal mass. No hydronephrosis or contour deforming renal mass. There are subcentimetre para-aortic, aortocaval and mesenteric lymph nodes which are not significantly enlarged and nonspecific. Urinary bladder is not well distended. No gross abnormality in the uterus and adnexa. There is no aggressive bony lesion. CONCLUSION There are foci of inflammatory centrilobular nodularity in the right lung as described, suspicion for small airway inflammation. Traction of the airways with mucous plugging in the middle lobe and lingula lobe. No overt consolidation in the lungs. There is mural thickening with mild pericolic fat stranding and subcentimetre pericolic lymph nodes in the ascending colon and cecum which is suspicious for colitis. Suggest clinical correlation. The appendix and terminal ileum appears unremarkable. Known / Minor Finalised by: <DOCTOR>

Accession Number: a463622f66780ae23bd13633fa00ef174645f54e6b1651a1eb5c135e0dd56855

Updated Date Time: 20/9/2018 14:31

## Layman Explanation

This radiology report discusses HISTORY young female with agranocytosis from thyroid med - please do not do contrast scan febrile, borderline hypotensive, N&V, RIF tenderness and rebound TRO appenditcitis/collections pending UPT TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No significantly enlarged axillary or mediastinal lymph node. There are subcentimetre paratracheal lymph nodes which are not enlarged by size criteria. There is no pleural or pericardial effusion. There are small foci of inflammatory centrilobular nodularity in the right upper lobe, middle lobe and right lower lobe in keeping with small airway inflammation. There is mild traction of the airways in the lingula lobe and middle lobe with mucous plugging. No focal consolidation is seen. There is mild mural thickening of the cecum and ascending colon with mild pericolic fat stranding and subcentimetre pericolic lymph nodes. The appendix is normal. Terminal ileum appears grossly unremarkable. There is no dilatation of the bowel loops. Small amount of free fluid in the pelvis is likely physiological fluid. Gallstones are present. The liver is hypodense in appearance suggesting steatosis. No contour deformity in the visualised liver, spleen or pancreas. The spleen is mildly enlarged measuring 13 cm in length. No adrenal mass. No hydronephrosis or contour deforming renal mass. There are subcentimetre para-aortic, aortocaval and mesenteric lymph nodes which are not significantly enlarged and nonspecific. Urinary bladder is not well distended. No gross abnormality in the uterus and adnexa. There is no aggressive bony lesion. CONCLUSION There are foci of inflammatory centrilobular nodularity in the right lung as described, suspicion for small airway inflammation. Traction of the airways with mucous plugging in the middle lobe and lingula lobe. No overt consolidation in the lungs. There is mural thickening with mild pericolic fat stranding and subcentimetre pericolic lymph nodes in the ascending colon and cecum which is suspicious for colitis. Suggest clinical correlation. The appendix and terminal ileum appears unremarkable. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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