# Row 3516

Visit Number: ed1730632dfc3fdf6c0248ebe3c197a4ba6bbacb0505263db720842c38f05992

Masked\_PatientID: 3516

Order ID: 6784316cd2dafd6075a695079f9cbae540f73854085e1df78f5cbe64ee3fe039

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/11/2015 19:33

Line Num: 1

Text: HISTORY multiple pulmonary nodules bilaterally, no respiratory symtoms ?malignancy TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Thereare no prior relevant scans available for comparison. The mediastinal vessels opacify normally. There is a right paratracheal, anterior mediastinal, precarinal, subcarinal and bilateral hilar lymphadenopathy. The heart is normal in size. No pericardial effusion is seen. Multiple pulmonary nodules of varying sizes are noted throughout both lungs, largest in the anterior segment of the left upper lobe measuring 2.7 x 2.8 cm. Some of these nodules shows signs of cavitation. There isno ground-glass changes or consolidation. No pleural effusion is present. The liver, gallbladder, spleen, pancreas, adrenal glands and kidneys appear unremarkable. No overt mass arising from the small and large bowel loops. The urinary bladder and prostate gland appears unremarkable. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. Areas of mixed sclerotic and lytic lesions involving the L1, L3 and L5 vertebral bodies, the whole bony pelvis, anterior aspect of the right 6th rib and sternum. CONCLUSION 1. Multiple pulmonary nodules throughout both lungs, some of which show cavitations. Largest nodule in the anterior segment of the left upper lobe is amenable to biopsy. Lung primary is a consideration. There is mediastinal lymphadenopathy. 2. Diffuse mixed sclerotic and thin lytic lesions involving the axial skeleton. May need further action Finalised by: <DOCTOR>

Accession Number: d78d737ae62c18c07f60a6b9cf768a52ea4f8df77c2d6575186d648783d99adc

Updated Date Time: 12/11/2015 20:17

## Layman Explanation

This radiology report discusses HISTORY multiple pulmonary nodules bilaterally, no respiratory symtoms ?malignancy TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Thereare no prior relevant scans available for comparison. The mediastinal vessels opacify normally. There is a right paratracheal, anterior mediastinal, precarinal, subcarinal and bilateral hilar lymphadenopathy. The heart is normal in size. No pericardial effusion is seen. Multiple pulmonary nodules of varying sizes are noted throughout both lungs, largest in the anterior segment of the left upper lobe measuring 2.7 x 2.8 cm. Some of these nodules shows signs of cavitation. There isno ground-glass changes or consolidation. No pleural effusion is present. The liver, gallbladder, spleen, pancreas, adrenal glands and kidneys appear unremarkable. No overt mass arising from the small and large bowel loops. The urinary bladder and prostate gland appears unremarkable. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. Areas of mixed sclerotic and lytic lesions involving the L1, L3 and L5 vertebral bodies, the whole bony pelvis, anterior aspect of the right 6th rib and sternum. CONCLUSION 1. Multiple pulmonary nodules throughout both lungs, some of which show cavitations. Largest nodule in the anterior segment of the left upper lobe is amenable to biopsy. Lung primary is a consideration. There is mediastinal lymphadenopathy. 2. Diffuse mixed sclerotic and thin lytic lesions involving the axial skeleton. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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