# Row 3549

Visit Number: 28c9354e914b481ab6b3f86fbb3169a30ecc60587d6758b3abf40088109bdfda

Masked\_PatientID: 3542

Order ID: 179b0f4aa9f139f54f2eed7a7b508732b932a137e18c173b183cc34736e58284

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 02/5/2018 14:03

Line Num: 1

Text: HISTORY liver cirrhosis with HCC segment 7 S/P ablation lesion in the lung biopsy : inflammatory for surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Comparison was done with prior MRI dated 10/11/2017 and CT liver dated 01/02/2018, CT Chest dated 4/1/18 The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No evidence of pericardial or pleural effusion. The patchy consolidation noted in the right middle lobe with mildly airway prominence and thickening shows interval progression. There is a new nodular opacity in the lingula of the left lobe and patchy opacity in the right upper lobe. Mild airway thickening is also noted in the adjacent lung in the right upper lobe. The liver demonstrates nodularity and irregular surface likely representing cirrhosis. The patient is status post recent RFA of the segment VII. No suspicious enhancing lesions with washout noted to suggest residual or new foci of HCC. The portal and hepatic veins demonstrate normal contrast opacification. Multiple collaterals are noted in the left upper abdomen and peri-oesophageal region. No suspicious focal splenic lesions. Pancreas, adrenals, both kidneys appear unremarkable. No evidence of intra-abdominal lymphadenopathy. Minimal ascites is noted. No suspicious peritoneal nodules. The infrarenal abdominal aorta is mildly ectatic. There are no destructive bony lesions. CONCLUSION -The patchy consolidation in the right middle lobe with mildly airway prominence and thickening shows interval progression. There is a new nodular opacity in the lingula of the left lobe and patchy opacity in the right upper lobe. Considering the multifocal patchy distribution, these are more likely of infective/ inflammatory aetiology. -Liver cirrhosiswith stable post RFA changes. No suspicious arterial enhancement with washout to suggest HCC. Minimal ascites. May need further action Reported by: <DOCTOR>

Accession Number: 90733efad0e033867df7c15824bd77c3ec26401813441b88c1823481728e2e2e

Updated Date Time: 16/5/2018 9:06

## Layman Explanation

This radiology report discusses HISTORY liver cirrhosis with HCC segment 7 S/P ablation lesion in the lung biopsy : inflammatory for surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Comparison was done with prior MRI dated 10/11/2017 and CT liver dated 01/02/2018, CT Chest dated 4/1/18 The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No evidence of pericardial or pleural effusion. The patchy consolidation noted in the right middle lobe with mildly airway prominence and thickening shows interval progression. There is a new nodular opacity in the lingula of the left lobe and patchy opacity in the right upper lobe. Mild airway thickening is also noted in the adjacent lung in the right upper lobe. The liver demonstrates nodularity and irregular surface likely representing cirrhosis. The patient is status post recent RFA of the segment VII. No suspicious enhancing lesions with washout noted to suggest residual or new foci of HCC. The portal and hepatic veins demonstrate normal contrast opacification. Multiple collaterals are noted in the left upper abdomen and peri-oesophageal region. No suspicious focal splenic lesions. Pancreas, adrenals, both kidneys appear unremarkable. No evidence of intra-abdominal lymphadenopathy. Minimal ascites is noted. No suspicious peritoneal nodules. The infrarenal abdominal aorta is mildly ectatic. There are no destructive bony lesions. CONCLUSION -The patchy consolidation in the right middle lobe with mildly airway prominence and thickening shows interval progression. There is a new nodular opacity in the lingula of the left lobe and patchy opacity in the right upper lobe. Considering the multifocal patchy distribution, these are more likely of infective/ inflammatory aetiology. -Liver cirrhosiswith stable post RFA changes. No suspicious arterial enhancement with washout to suggest HCC. Minimal ascites. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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