# Row 3625

Visit Number: 4bd5702d0873224eee4df03e4d026b5969ccb6a564cc7fe69a0601453d2631a9

Masked\_PatientID: 3625

Order ID: 9c3bc0c29269961374e872187b7b130c737714021004215180ef2e8783e341fc

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/10/2015 17:46

Line Num: 1

Text: HISTORY iron deficiency anaemia, weight loss, enlarged superficial cervical lymph nodes TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 75 FINDINGS No comparison study available at the time reporting. THORAX Prominent sternocleidomastoid and scalene muscles are noted bilaterally at the base of the neck. The thyroid is not enlarged. No enlarged supraclavicular, axillary, mediastinal or hilar adenopathy is noted. The heart size is not enlarged. Heavy coronary calcification of the triple vessel is noted. No pericardial or pleural effusion is seen. A large right apical bulla measures 85 x 50 mm. No pneumothorax is noted. Extensive moderate centrilobular emphysema are scattered in both lungs, especially in the upper zones. There is fibrocalcific scarring noted at the right lung apex. No lung mass or sinister nodule is seen bilaterally. There is no consolidation, or ground-glass changes. ABDOMEN AND PELVIS No focal hepatic mass is seen. There is mild periportal oedema. The portal and hepatic veins enhance normally. No biliary dilatation is visualised. Multiple laminated gallstones are identified. The gallbladder wall shows minimal wall thickening, probably related to chronic cholecystitis or adenomyomatosis. No overt fat stranding is noted adjacent to the gallbladder to suggest acute inflammation. No intrahepatic biliary dilatation or pancreatic duct dilatation is seen. The common duct is tortuous and measures up to 11 mm. There is no calcified stone or mass at the distal common duct and the pancreatic head. No abnormal soft tissue or stranding noted adjacent to the pancreas is seen. The pancreas, spleen, adrenals, kidneys, urinary bladder, and seminal vesicles are unremarkable. The prostate is mildly enlarged. There is a paucity of mesenteric fat limiting assessment, nevertheless no focal bowel mass or abnormal wall thickening is identified. There is no ascites, omental caking, peritoneal nodularity or enlarged nodes in the abdomen and pelvis. No destructive bony lesion is identified. CONCLUSION 1. No enlarged node or sinister mass is noted in the thorax, abdomen and pelvis. 2. Extensive lung emphysema. 3. Uncomplicated gallstones. 4. Slightly prominent common duct with no intrahepatic biliary dilatation or pancreatic duct dilatation. No definite mass is identified at the distal common duct. Suggest correlation to serial LFT. May need further action Finalised by: <DOCTOR>

Accession Number: d97a52d9a2711ab5dba519ddf9994c55ae96e4b69677590c95059a47ec8cf077

Updated Date Time: 10/10/2015 9:07

## Layman Explanation

This radiology report discusses HISTORY iron deficiency anaemia, weight loss, enlarged superficial cervical lymph nodes TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 75 FINDINGS No comparison study available at the time reporting. THORAX Prominent sternocleidomastoid and scalene muscles are noted bilaterally at the base of the neck. The thyroid is not enlarged. No enlarged supraclavicular, axillary, mediastinal or hilar adenopathy is noted. The heart size is not enlarged. Heavy coronary calcification of the triple vessel is noted. No pericardial or pleural effusion is seen. A large right apical bulla measures 85 x 50 mm. No pneumothorax is noted. Extensive moderate centrilobular emphysema are scattered in both lungs, especially in the upper zones. There is fibrocalcific scarring noted at the right lung apex. No lung mass or sinister nodule is seen bilaterally. There is no consolidation, or ground-glass changes. ABDOMEN AND PELVIS No focal hepatic mass is seen. There is mild periportal oedema. The portal and hepatic veins enhance normally. No biliary dilatation is visualised. Multiple laminated gallstones are identified. The gallbladder wall shows minimal wall thickening, probably related to chronic cholecystitis or adenomyomatosis. No overt fat stranding is noted adjacent to the gallbladder to suggest acute inflammation. No intrahepatic biliary dilatation or pancreatic duct dilatation is seen. The common duct is tortuous and measures up to 11 mm. There is no calcified stone or mass at the distal common duct and the pancreatic head. No abnormal soft tissue or stranding noted adjacent to the pancreas is seen. The pancreas, spleen, adrenals, kidneys, urinary bladder, and seminal vesicles are unremarkable. The prostate is mildly enlarged. There is a paucity of mesenteric fat limiting assessment, nevertheless no focal bowel mass or abnormal wall thickening is identified. There is no ascites, omental caking, peritoneal nodularity or enlarged nodes in the abdomen and pelvis. No destructive bony lesion is identified. CONCLUSION 1. No enlarged node or sinister mass is noted in the thorax, abdomen and pelvis. 2. Extensive lung emphysema. 3. Uncomplicated gallstones. 4. Slightly prominent common duct with no intrahepatic biliary dilatation or pancreatic duct dilatation. No definite mass is identified at the distal common duct. Suggest correlation to serial LFT. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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