# Row 4186

Visit Number: 769dcd6cafde4c8d71c84f9949d3caecd515fa3db838d14112465ce3ebcb8882

Masked\_PatientID: 4181

Order ID: bcdc99eb059030c2afd105bb9988e96d887c219e7ec4b57d5b836972c3e0f8ec

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/7/2017 18:59

Line Num: 1

Text: HISTORY chronic smoker, hyperthyroidism, with ocular MG, now with LOW 6 kg, dysphagia, possibly related to MG to exclude SOL/thymoma in chest/abdomen TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS CHEST The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No suspicious pulmonary nodules, ground glass changes or focal areas of consolidation. No evidence of pericardial or pleural effusion. The thyroid is enlarged. ABDOMEN AND PELVIS No suspicious focal hepatic lesions are noted. The gallbladder appears unremarkable. There are small hypodensities in the liver which are too small to characterise. Few periportal lymph nodes are noted measuring up to 2.3 x 1.3 cm. The, pancreas, adrenals and both kidneys appear unremarkable. The bowel calibre appears unremarkable. No evidence of intra-abdominal pelvic lymphadenopathy. No evidence of ascites or peritoneal nodules. The urinary bladder is well distended and appears unremarkable. The prostate is mildly enlarged. The bowel calibre appears unremarkable. There are no destructive bony lesions. CONCLUSION -No evidence of malignancy in the thorax, abdomen and pelvis. -Few enlarged periportal lymph nodes are indeterminate could be reactive. Known / Minor Reported by: <DOCTOR>

Accession Number: 11660ae706851389860feff7fc2f22ce96bf7b991f8e529d8cb830019705ebc1

Updated Date Time: 28/7/2017 17:26

## Layman Explanation

This radiology report discusses HISTORY chronic smoker, hyperthyroidism, with ocular MG, now with LOW 6 kg, dysphagia, possibly related to MG to exclude SOL/thymoma in chest/abdomen TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS CHEST The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No suspicious pulmonary nodules, ground glass changes or focal areas of consolidation. No evidence of pericardial or pleural effusion. The thyroid is enlarged. ABDOMEN AND PELVIS No suspicious focal hepatic lesions are noted. The gallbladder appears unremarkable. There are small hypodensities in the liver which are too small to characterise. Few periportal lymph nodes are noted measuring up to 2.3 x 1.3 cm. The, pancreas, adrenals and both kidneys appear unremarkable. The bowel calibre appears unremarkable. No evidence of intra-abdominal pelvic lymphadenopathy. No evidence of ascites or peritoneal nodules. The urinary bladder is well distended and appears unremarkable. The prostate is mildly enlarged. The bowel calibre appears unremarkable. There are no destructive bony lesions. CONCLUSION -No evidence of malignancy in the thorax, abdomen and pelvis. -Few enlarged periportal lymph nodes are indeterminate could be reactive. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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