# Row 4290

Visit Number: 76b69b310f3a85cf869e649950c8cf324a7e641b4b609c25b51e736f179f8930

Masked\_PatientID: 4287

Order ID: 2cabc54daea958bf72a9987805b7784ec46c07ccd716155f0635e011a28f1e20

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 14/3/2016 10:46

Line Num: 1

Text: HISTORY Smoker with 1/12 cough, new LLL 1cm nodular opacity on CXR. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS CHEST The prior chest radiograph dated 18 February 2016 was reviewed. Comparison is made to the prior CT enterography study dated 23 October 2015. No suspicious pulmonary nodule or mass is seen. An area of subsegmental atelectasis is noted in the inferior segment of the lingula, corresponding to the opacity seen in the left lower zone on the chest radiograph of 18 February 2016. Note is made of scarring in the posterior basal segment of the left lower lobe. The central airways are patent save for a minimal mucous in the intrathoracic trachea. No significantly enlarged mediastinal, hilar, supraclavicular or axillary node is seen. No pleural effusion is detected. The thyroid and visualised oesophagus are grossly unremarkable. The heart is not enlarged. Again noted is curvilinear calcification in the left ventricular apex in keeping with prior infarct. Low attenuation focus adjacent to it may represent infarcted tissue with fatty infiltration rather than thrombus (series 5/72). Note is made that this finding is seen at least from the CT study of 5 Aug 2004. Coronary artery calcification is noted. No pericardial effusion is seen. Incidental aberrant right subclavian artery is noted. ABDOMEN Few tiny hepatic hypodensities are again noted, the largest in segment 6/7 measuring 0.4 cm (series 9/21). These are too small to characterise. The portal and central hepatic veins opacify unremarkably. Focal gallbladder fundal thickening probably represents adenomyomatosis. Thebiliary tree is not dilated. The pancreas, spleen, adrenals are unremarkable. D2 diverticulum is noted. Bilateral kidneys show normal sizes and symmetrical enhancement. Few stable renal hypodensities are noted, the largest in the left lower pole measuring 3.1 x 2.5 cm and compatible with a simple cyst (series 9/57). No hydronephrosis is detected. The stomach, visualised small and large bowels are unremarkable in calibre save for focally distended loop of terminal ileum in the right iliac fossa with proximal collapsed bowel, likely secondary to peristalsis (series 9/63). Scattered uncomplicated colonic diverticula are noted. No significantly enlarged abdominal lymph node is detected. The abdominal aorta calibre is within normal limits, with minimal ectasia in its infrarenal portion measuring up to 2.4cm in maximum diameter (series 16/40). Scattered atherosclerotic change is noted. No destructive bone lesion is seen. CONCLUSION No suspicious pulmonary nodule or mass is seen. An area of subsegmental atelectasis is noted in the inferior segment of the lingula, corresponding to the opacity seen in the left lower zone on the chest radiograph of 18 February 2016. Other stable/minor findings as detailed above. Known / Minor Reported by: <DOCTOR>

Accession Number: 97e3f4c774bff364a5cdf7faab01676433651819b58828b1f0cb71395a2b97d4

Updated Date Time: 15/3/2016 16:56

## Layman Explanation

This radiology report discusses HISTORY Smoker with 1/12 cough, new LLL 1cm nodular opacity on CXR. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS CHEST The prior chest radiograph dated 18 February 2016 was reviewed. Comparison is made to the prior CT enterography study dated 23 October 2015. No suspicious pulmonary nodule or mass is seen. An area of subsegmental atelectasis is noted in the inferior segment of the lingula, corresponding to the opacity seen in the left lower zone on the chest radiograph of 18 February 2016. Note is made of scarring in the posterior basal segment of the left lower lobe. The central airways are patent save for a minimal mucous in the intrathoracic trachea. No significantly enlarged mediastinal, hilar, supraclavicular or axillary node is seen. No pleural effusion is detected. The thyroid and visualised oesophagus are grossly unremarkable. The heart is not enlarged. Again noted is curvilinear calcification in the left ventricular apex in keeping with prior infarct. Low attenuation focus adjacent to it may represent infarcted tissue with fatty infiltration rather than thrombus (series 5/72). Note is made that this finding is seen at least from the CT study of 5 Aug 2004. Coronary artery calcification is noted. No pericardial effusion is seen. Incidental aberrant right subclavian artery is noted. ABDOMEN Few tiny hepatic hypodensities are again noted, the largest in segment 6/7 measuring 0.4 cm (series 9/21). These are too small to characterise. The portal and central hepatic veins opacify unremarkably. Focal gallbladder fundal thickening probably represents adenomyomatosis. Thebiliary tree is not dilated. The pancreas, spleen, adrenals are unremarkable. D2 diverticulum is noted. Bilateral kidneys show normal sizes and symmetrical enhancement. Few stable renal hypodensities are noted, the largest in the left lower pole measuring 3.1 x 2.5 cm and compatible with a simple cyst (series 9/57). No hydronephrosis is detected. The stomach, visualised small and large bowels are unremarkable in calibre save for focally distended loop of terminal ileum in the right iliac fossa with proximal collapsed bowel, likely secondary to peristalsis (series 9/63). Scattered uncomplicated colonic diverticula are noted. No significantly enlarged abdominal lymph node is detected. The abdominal aorta calibre is within normal limits, with minimal ectasia in its infrarenal portion measuring up to 2.4cm in maximum diameter (series 16/40). Scattered atherosclerotic change is noted. No destructive bone lesion is seen. CONCLUSION No suspicious pulmonary nodule or mass is seen. An area of subsegmental atelectasis is noted in the inferior segment of the lingula, corresponding to the opacity seen in the left lower zone on the chest radiograph of 18 February 2016. Other stable/minor findings as detailed above. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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