# Row 4668

Visit Number: c6bacf3089d98ceebaa85eddcd6ba601ea8c73cbc9a7379df598611035e5121f

Masked\_PatientID: 4664

Order ID: 298a8c4a0ab699dda02bbdb82da0debe67f357b2460e407546e2a624902151fd

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/9/2018 20:32

Line Num: 1

Text: HISTORY renal transplant with EBV virus - to look out for lymph node to exclude lymphoproliferative disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison made with CT chest of 22/4/2017. No prior CTAP for comparison. There is interval resolution of left basal consolidation and adjacent pleural effusion. No new consolidation is seen. There is no lung mass or sinister nodule. No ground-glass changes noted. Thereis no interstitial fibrosis, bronchiectasis or emphysema. Incidentally, stable 11 x 9 mm lobulated soft tissue is seen at the right posterior wall of the distal trachea just superior to the carina (3-33) unchanged in size and location from before. This is separate from the adjacent azygous vein with a thin fat plane better seen on coronal view (7-37). There is no significant narrowing of the lumen. Major airways are patent. No enlarged supraclavicular, axillary or mediastinal nodesseen. The visualised thyroid is not enlarged. Aortic and coronary calcifications present. Heart size is not overtly enlarged. Sliver of pericardial effusion is noted. No pleural effusions seen. The spleen is of normal size. No enlarged nodes or ominous mass seen in the abdomen, pelvis and inguinal region. Both native kidneys are atrophic with a few small cysts and non-obstructive renal stones. The transplant kidney in the right iliac fossa shows normal size and a 20 mm simple interpolar cyst with wall calcification (6-114), and with no hydronephrosis or perinephric stranding. No contour deforming mass seen along the unenhanced liver, gallbladder, pancreas, spleen, adrenals, seminal vesicles and urinary bladder. The prostate is mildly prominent. Uncomplicated D2 duodenal diverticulum noted. Several colonic diverticula are also noted, mostly along the sigmoid and right-sided colon. No focal mass or abnormal thickening is noted. Abdominal aorta is of normal calibre, with scanty calcifications. Lower lumbar spondylosis and bilateral hip osteoarthritis noted. No destructive bony lesion is seen. CONCLUSION Since last CT chest of Apr 2017, 1. Interval resolution of the left basal consolidationand pleural effusion. 2. No new infective changes in the lungs. 3. No lymphadenopathy noted in the thorax, abdomen and pelvis. Spleen is not enlarged. 4. Atrophic native kidneys. Transplant kidney with simple cyst, showing normal volume with no hydronephrosis or perinephric stranding. 5. Incidental soft tissue nodule at right distal trachea stable from last CT, possibly a papilloma. 6. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 8874b7f9925a7f871258a4eebe25ecabc5ff829e3d8c27ebbba3d6472a50b66d

Updated Date Time: 25/9/2018 10:48

## Layman Explanation

This radiology report discusses HISTORY renal transplant with EBV virus - to look out for lymph node to exclude lymphoproliferative disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison made with CT chest of 22/4/2017. No prior CTAP for comparison. There is interval resolution of left basal consolidation and adjacent pleural effusion. No new consolidation is seen. There is no lung mass or sinister nodule. No ground-glass changes noted. Thereis no interstitial fibrosis, bronchiectasis or emphysema. Incidentally, stable 11 x 9 mm lobulated soft tissue is seen at the right posterior wall of the distal trachea just superior to the carina (3-33) unchanged in size and location from before. This is separate from the adjacent azygous vein with a thin fat plane better seen on coronal view (7-37). There is no significant narrowing of the lumen. Major airways are patent. No enlarged supraclavicular, axillary or mediastinal nodesseen. The visualised thyroid is not enlarged. Aortic and coronary calcifications present. Heart size is not overtly enlarged. Sliver of pericardial effusion is noted. No pleural effusions seen. The spleen is of normal size. No enlarged nodes or ominous mass seen in the abdomen, pelvis and inguinal region. Both native kidneys are atrophic with a few small cysts and non-obstructive renal stones. The transplant kidney in the right iliac fossa shows normal size and a 20 mm simple interpolar cyst with wall calcification (6-114), and with no hydronephrosis or perinephric stranding. No contour deforming mass seen along the unenhanced liver, gallbladder, pancreas, spleen, adrenals, seminal vesicles and urinary bladder. The prostate is mildly prominent. Uncomplicated D2 duodenal diverticulum noted. Several colonic diverticula are also noted, mostly along the sigmoid and right-sided colon. No focal mass or abnormal thickening is noted. Abdominal aorta is of normal calibre, with scanty calcifications. Lower lumbar spondylosis and bilateral hip osteoarthritis noted. No destructive bony lesion is seen. CONCLUSION Since last CT chest of Apr 2017, 1. Interval resolution of the left basal consolidationand pleural effusion. 2. No new infective changes in the lungs. 3. No lymphadenopathy noted in the thorax, abdomen and pelvis. Spleen is not enlarged. 4. Atrophic native kidneys. Transplant kidney with simple cyst, showing normal volume with no hydronephrosis or perinephric stranding. 5. Incidental soft tissue nodule at right distal trachea stable from last CT, possibly a papilloma. 6. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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