# Row 4852

Visit Number: 40541aab3d63940f81928a702e679853a4ee82546ec2bc99e0860c41db7a1483

Masked\_PatientID: 4852

Order ID: f82d11c928dc43a5839b49244c35d4ce027ec94cb8f7bc48e221c766cef2c497

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/9/2018 13:39

Line Num: 1

Text: HISTORY prolonged fever TRO TB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Previous ultrasound abdomen dated 22 September 2018 was reviewed. There are multiple tiny centrilobular nodules scattered in both lungs, predominantly in the periphery and most extensive in the right lower lobe. A couple more discrete subcentimetre nodules are seen for e.g. in the right upper lobe (6/53), left upper lobe(6/51). No suspicious pulmonary mass or consolidation. Trachea and central airways are patent. No significant peribronchial thickening. An irregular cluster of possibly necrotic right paratracheal nodes are seen (2.6 x 2.2 cm, 5/40). Several prominent bilateral supraclavicular nodes are also noted (up to 0.8 cm). No hilar or axillary lymphadenopathy. Heart size is normal. Mediastinal structures opacify satisfactorily. No pericardial or pleural effusion. Imaged thyroid gland is unremarkable. No suspicious focal hepatic lesion. Hepatic and portal veins opacify normally. No radiodense gallstone; biliary tree is not dilated. Pancreas, spleen and adrenals are unremarkable. Kidneys enhance symmetrically. No urinary calculus or hydronephrosis. Tiny hypodensity in the left renal lower pole is too small to accurately characterise. No perinephric fat stranding. There is mural thickening and enhancement associated with surrounding fat stranding of the right proximal ureter. Urinary bladder is unremarkable with no evidence of suspicious mural thickening or calculus. Uterus is normal in size; no adnexal mass. There are bilateral prominent pelvic vessels and gonadal veins. Bowel loops show normal calibre and distribution. No suspicious bowel mural thickening. No abdominopelvic lymphadenopathy, free air or ascites. There is no destructive bony lesion. Small sclerotic focus in the left femoral neck is probably a bone island. CONCLUSION 1. Multiple small centrilobular nodules in both lungs as described, likely infective/inflammatory in nature. 2. Mediastinal lymphadenopathy, prominent bilateral supraclavicular nodes. Some of these are probably necrotic. 3. Appearance of the right proximal ureter likely related to inflammatory changes (i.e. ureteritis). No gross obstructing calculus or mass. Taking overall findings to possibly be related to a single etiology, tuberculous infection with pulmonary, nodal and right ureteric involvement is the main consideration. A malignant process is less likely. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 65af5f1b3a8ba2cc4f135c51e2a54d260528712df52ef6d5dbed3bd043306d8b

Updated Date Time: 25/9/2018 14:30

## Layman Explanation

This radiology report discusses HISTORY prolonged fever TRO TB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Previous ultrasound abdomen dated 22 September 2018 was reviewed. There are multiple tiny centrilobular nodules scattered in both lungs, predominantly in the periphery and most extensive in the right lower lobe. A couple more discrete subcentimetre nodules are seen for e.g. in the right upper lobe (6/53), left upper lobe(6/51). No suspicious pulmonary mass or consolidation. Trachea and central airways are patent. No significant peribronchial thickening. An irregular cluster of possibly necrotic right paratracheal nodes are seen (2.6 x 2.2 cm, 5/40). Several prominent bilateral supraclavicular nodes are also noted (up to 0.8 cm). No hilar or axillary lymphadenopathy. Heart size is normal. Mediastinal structures opacify satisfactorily. No pericardial or pleural effusion. Imaged thyroid gland is unremarkable. No suspicious focal hepatic lesion. Hepatic and portal veins opacify normally. No radiodense gallstone; biliary tree is not dilated. Pancreas, spleen and adrenals are unremarkable. Kidneys enhance symmetrically. No urinary calculus or hydronephrosis. Tiny hypodensity in the left renal lower pole is too small to accurately characterise. No perinephric fat stranding. There is mural thickening and enhancement associated with surrounding fat stranding of the right proximal ureter. Urinary bladder is unremarkable with no evidence of suspicious mural thickening or calculus. Uterus is normal in size; no adnexal mass. There are bilateral prominent pelvic vessels and gonadal veins. Bowel loops show normal calibre and distribution. No suspicious bowel mural thickening. No abdominopelvic lymphadenopathy, free air or ascites. There is no destructive bony lesion. Small sclerotic focus in the left femoral neck is probably a bone island. CONCLUSION 1. Multiple small centrilobular nodules in both lungs as described, likely infective/inflammatory in nature. 2. Mediastinal lymphadenopathy, prominent bilateral supraclavicular nodes. Some of these are probably necrotic. 3. Appearance of the right proximal ureter likely related to inflammatory changes (i.e. ureteritis). No gross obstructing calculus or mass. Taking overall findings to possibly be related to a single etiology, tuberculous infection with pulmonary, nodal and right ureteric involvement is the main consideration. A malignant process is less likely. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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