# Row 5041

Visit Number: 127ac7fe662e2f658c3019491243ac6a3bfb2897e283b790ac509001f7e3f2d5

Masked\_PatientID: 5039

Order ID: 0df0301c5405c98557a38264340a16c9cf1ef0ded79e04a2eb25553183a4e710

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 01/4/2015 11:16

Line Num: 1

Text: HISTORY Rising inflammatory markers (procal 48) despite IV Tazo has history of antral tumour too Need tro occult source of sepsis; ESRF on peritoneal dialysis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS Comparison was made with 15/10/2014 CT. THORAX In both lungs, there are new foci of ground-glass changes which appear confluent at the lower lobes bilaterally. Numerous patchy foci are seen in bilateral upper lobes and the middle lobe. These are indeterminate in appearance but in the correct clinical context, these can be infective or inflammatory. Mild bronchial thickening is seen in the lower lobes. There is minimal sliver of leftpleural effusion. No significantly enlarged intrathoracic lymph node is seen. There are two calcified small volume subcarinal lymph nodes which may be due to prior granulomatous infection. There is no mediastinal mass. Coronary arterialand other vascular calcifications are present. The cardiac size appears prominent but there is no pericardial effusion. ABDOMEN PELVIS The tip of the Tenckhoff catheter lies in the pelvis. Intraperitoneal fluid is presumably peritoneal dialysate. No pneumoperitoneum is identified. There is no intra-abdominal abscess. A calculus is seen at the gallbladder neck but there is no significant gallbladder wall thickening. The biliary tree is not dilated. Both kidneys are slightly small in size, in keeping with known end-stage renal disease. There are small calcifications in both kidneys which are probably due to vascular calcifications. No focal renal lesion is identified. There is no hydronephrosis. There is no focal hepatic lesion and portal and hepatic veins are patent. The spleen, pancreas and adrenal glands are unremarkable. The prostate gland is not enlarged and contains nonspecific calcification. There is no overt mass in the urinary bladder. There are uncomplicated colonic diverticula. Appendix is normal in appearance and bowel is normal in calibre. There is likely a small left fat-containing indirect inguinal hernia. Right dynamic hip screw is in situ. CONCLUSION There are extensive ground-glass changes in both lungs which are nonspecific in appearance but in the correct clinical context, can be infective or inflammatory. Minimal left pleural effusion. Please correlate clinically. No new significant findings in the abdomen or pelvis. May need further action Finalised by: <DOCTOR>

Accession Number: a2c2a3917f354d82f2576a22d26d483a726f4eee59f7a56f96b9178d8b910f15

Updated Date Time: 01/4/2015 11:45

## Layman Explanation

This radiology report discusses HISTORY Rising inflammatory markers (procal 48) despite IV Tazo has history of antral tumour too Need tro occult source of sepsis; ESRF on peritoneal dialysis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS Comparison was made with 15/10/2014 CT. THORAX In both lungs, there are new foci of ground-glass changes which appear confluent at the lower lobes bilaterally. Numerous patchy foci are seen in bilateral upper lobes and the middle lobe. These are indeterminate in appearance but in the correct clinical context, these can be infective or inflammatory. Mild bronchial thickening is seen in the lower lobes. There is minimal sliver of leftpleural effusion. No significantly enlarged intrathoracic lymph node is seen. There are two calcified small volume subcarinal lymph nodes which may be due to prior granulomatous infection. There is no mediastinal mass. Coronary arterialand other vascular calcifications are present. The cardiac size appears prominent but there is no pericardial effusion. ABDOMEN PELVIS The tip of the Tenckhoff catheter lies in the pelvis. Intraperitoneal fluid is presumably peritoneal dialysate. No pneumoperitoneum is identified. There is no intra-abdominal abscess. A calculus is seen at the gallbladder neck but there is no significant gallbladder wall thickening. The biliary tree is not dilated. Both kidneys are slightly small in size, in keeping with known end-stage renal disease. There are small calcifications in both kidneys which are probably due to vascular calcifications. No focal renal lesion is identified. There is no hydronephrosis. There is no focal hepatic lesion and portal and hepatic veins are patent. The spleen, pancreas and adrenal glands are unremarkable. The prostate gland is not enlarged and contains nonspecific calcification. There is no overt mass in the urinary bladder. There are uncomplicated colonic diverticula. Appendix is normal in appearance and bowel is normal in calibre. There is likely a small left fat-containing indirect inguinal hernia. Right dynamic hip screw is in situ. CONCLUSION There are extensive ground-glass changes in both lungs which are nonspecific in appearance but in the correct clinical context, can be infective or inflammatory. Minimal left pleural effusion. Please correlate clinically. No new significant findings in the abdomen or pelvis. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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