# Row 5211

Visit Number: fccbf59253b82d9bed7fc14a6cfb6280220c3717898f49a29b123a741cfc0dd6

Masked\_PatientID: 5210

Order ID: baa58430d8939f6dabeb1029ebeeca5d1fb20fc085e3a00e256f5d9239f6e54a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/4/2018 14:24

Line Num: 1

Text: HISTORY septic shock ? source b/g severe aplastic anaemia TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The CT Urography of 30/12/2015 and CT Chest, Abdomen and Pelvis of 14/09/2013 were reviewed. THORAX There is air-space consolidation and ground-glass opacification in the upper lobe of the right lung. Multiple small centrilobular nodules are also seen in the lungs, most numerous on the right. Intra- and inter-lobular septal thickening is also identified in the right upper lobe. There are small bilateral pleural effusions with associated compressive atelectasis. A small lung cyst is again seen in the right upper lobe. Scarring/atelectasis is seen in the middle lobe and lingula. There are mildly enlarged lymph nodes in the mediastinum and pulmonary hila, likely reactive in aetiology. Subcentimetre calcified left hilar lymph nodes may be related toprior granulomatous infection. The mediastinal vessels are seen to opacify in a normal fashion. The heart size is normal. There is no pericardial effusion. ABDOMEN AND PELVIS No focal hepatic lesion is detected. There is uncomplicated cholelithiasis. The biliary tree is not dilated. There are again two subcentimetre hypodense lesions in the body of the pancreas (0.7 cm, image 501-39 and 0.6 cm, image 501-41). These may represent small cystic lesions of the pancreas. The main pancreatic duct is not dilated. The spleen and adrenal glands are unremarkable. Mild scarring is seen in the lower pole of the left kidney. A stable 0.8 cm cyst is seen in the interpolar region of the right kidney. No solid renal mass is detected. There is no hydronephrosis. The urinary bladder appears unremarkable. The prostate gland shows no abnormality. The bowel appears normal. The appendix is unremarkable. There is a small amount of ascites in the pelvis and pre-sacral space. There is no free intraperitoneal gas. No enlarged abdominal or pelvic lymph node is detected. The bones appear osteopenic. Degenerative changes are seen in the visualised spine. No destructive bony lesion is detected. CONCLUSION There is air-space consolidation and ground-glass opacification in the right lung, consistent with a pneumonia. Multiple small nodules are also seen in the lungs, probably representing an infective bronchiolitis. May need further action Reported by: <DOCTOR>

Accession Number: 785b65ec316610070b2d5509726d6fe188ce03d0760bcd2298ec157e74de37c6

Updated Date Time: 10/4/2018 16:16

## Layman Explanation

This radiology report discusses HISTORY septic shock ? source b/g severe aplastic anaemia TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The CT Urography of 30/12/2015 and CT Chest, Abdomen and Pelvis of 14/09/2013 were reviewed. THORAX There is air-space consolidation and ground-glass opacification in the upper lobe of the right lung. Multiple small centrilobular nodules are also seen in the lungs, most numerous on the right. Intra- and inter-lobular septal thickening is also identified in the right upper lobe. There are small bilateral pleural effusions with associated compressive atelectasis. A small lung cyst is again seen in the right upper lobe. Scarring/atelectasis is seen in the middle lobe and lingula. There are mildly enlarged lymph nodes in the mediastinum and pulmonary hila, likely reactive in aetiology. Subcentimetre calcified left hilar lymph nodes may be related toprior granulomatous infection. The mediastinal vessels are seen to opacify in a normal fashion. The heart size is normal. There is no pericardial effusion. ABDOMEN AND PELVIS No focal hepatic lesion is detected. There is uncomplicated cholelithiasis. The biliary tree is not dilated. There are again two subcentimetre hypodense lesions in the body of the pancreas (0.7 cm, image 501-39 and 0.6 cm, image 501-41). These may represent small cystic lesions of the pancreas. The main pancreatic duct is not dilated. The spleen and adrenal glands are unremarkable. Mild scarring is seen in the lower pole of the left kidney. A stable 0.8 cm cyst is seen in the interpolar region of the right kidney. No solid renal mass is detected. There is no hydronephrosis. The urinary bladder appears unremarkable. The prostate gland shows no abnormality. The bowel appears normal. The appendix is unremarkable. There is a small amount of ascites in the pelvis and pre-sacral space. There is no free intraperitoneal gas. No enlarged abdominal or pelvic lymph node is detected. The bones appear osteopenic. Degenerative changes are seen in the visualised spine. No destructive bony lesion is detected. CONCLUSION There is air-space consolidation and ground-glass opacification in the right lung, consistent with a pneumonia. Multiple small nodules are also seen in the lungs, probably representing an infective bronchiolitis. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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