# Row 5248

Visit Number: 609377cbf2f2a3c10ff25d3fcb2f9788177cb6c3d43d282127e4d687b4a16497

Masked\_PatientID: 5241

Order ID: 4ac80147a6bf8e40c681c00308dddb30870f1ce27243c875d2f438f78d8d8ef0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/5/2015 19:08

Line Num: 1

Text: HISTORY Worsening infiltrates on CXR despite broad spectrum abx. ?pneumonia ?CCF. Also for restaging; Newly diagnosed DLBCL s/p 1st cycle chemo TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS Comparison with previous studies dated 25 April 2015 and 28 April 2015. There is significant increase in size of bilateral pleural effusions. A large bullae is visualised at the left lung apex, stable. Completeconsolidation of the middle lobe is noted. There is consolidation in both lower lobes as well as patchy consolidation in the upper lobes, suspicious for chest infection. There are small paratracheal and precarinal lymph nodes, probably reactive. There is low density ascites in the abdomen and pelvis. Significant improvement in the confluent soft tissue around the left kidney which extends into the pelvis. There remains residual soft tissue in the left perinephric region and around the renal pelvis. There is satisfactory enhancement in the kidneys, slightly decreased on the left. Adrenal glands are unremarkable. Hypodensity in the left renal midpole is likely cyst. The liver and spleen are not significantly enlarged. Biliary tree is not dilated. No focal lesion in the pancreas. The visualised bowel loops are of normal calibre. Foley catheter in the urinary bladder. The urinary bladder is collapsed. Enhancing soft tissue noted in the left scrotum. No overt bony destruction. CONCLUSION Moderately large bilateral pleural effusions. Complete consolidation in the middle lobe as well as consolidation in both lower lobes and patchy consolidation in the upper lobes are suspicious for chest infection. Large bullae is seen in the left lung apex. Significant improvement of confluent soft tissue encasing the left kidney and extending into the pelvis. Enhancing soft tissue in the left scrotum is in keeping with known lymphoma. Low density ascites in the abdomen and pelvis. May need further action Finalised by: <DOCTOR>

Accession Number: 707c8092c0cca166941db2a1a4f52df728f94273764f5f8c00e9937fa6e0f012

Updated Date Time: 12/5/2015 19:47

## Layman Explanation

This radiology report discusses HISTORY Worsening infiltrates on CXR despite broad spectrum abx. ?pneumonia ?CCF. Also for restaging; Newly diagnosed DLBCL s/p 1st cycle chemo TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS Comparison with previous studies dated 25 April 2015 and 28 April 2015. There is significant increase in size of bilateral pleural effusions. A large bullae is visualised at the left lung apex, stable. Completeconsolidation of the middle lobe is noted. There is consolidation in both lower lobes as well as patchy consolidation in the upper lobes, suspicious for chest infection. There are small paratracheal and precarinal lymph nodes, probably reactive. There is low density ascites in the abdomen and pelvis. Significant improvement in the confluent soft tissue around the left kidney which extends into the pelvis. There remains residual soft tissue in the left perinephric region and around the renal pelvis. There is satisfactory enhancement in the kidneys, slightly decreased on the left. Adrenal glands are unremarkable. Hypodensity in the left renal midpole is likely cyst. The liver and spleen are not significantly enlarged. Biliary tree is not dilated. No focal lesion in the pancreas. The visualised bowel loops are of normal calibre. Foley catheter in the urinary bladder. The urinary bladder is collapsed. Enhancing soft tissue noted in the left scrotum. No overt bony destruction. CONCLUSION Moderately large bilateral pleural effusions. Complete consolidation in the middle lobe as well as consolidation in both lower lobes and patchy consolidation in the upper lobes are suspicious for chest infection. Large bullae is seen in the left lung apex. Significant improvement of confluent soft tissue encasing the left kidney and extending into the pelvis. Enhancing soft tissue in the left scrotum is in keeping with known lymphoma. Low density ascites in the abdomen and pelvis. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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