# Row 5241

Visit Number: 609377cbf2f2a3c10ff25d3fcb2f9788177cb6c3d43d282127e4d687b4a16497

Masked\_PatientID: 5241

Order ID: ff91e319e70055ede15b50efd824a706abd4524ce089a4e80492925e61c3fc9f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 25/4/2015 12:51

Line Num: 1

Text: HISTORY large lower abdominal/ pelvic mass with testicular mass likely lymphoma. For staging of disease before chemotherapy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS The plain radiographs performed on the 21 April 2015 were reviewed. No suspicious pulmonary nodule or mass is detected. There are mild, nonspecific patchy ground-glass changes in the right lower lobe (Se 4/66) as well as in the periphery of the left upper lobe (Se 4/62). Bilateral small basal pleural effusions are present. The visualised major airways are patent. There is a large apical bulla seen in the left upper lobe and a few small paraseptal bullae noted in the right upper lobe. No evidence of pneumothorax. No overtly enlarged mediastinal or hilar lymph nodes seen. The heart is normal in size. No pericardial effusion detected. Background scattered triple-vessel coronary artery calcification is noted. Included sections of the upper abdomen reveal a partially imaged large, relatively hyperdense mass essentially encasing the left kidney and appears to extend across the midline with possible involvement of the right kidney as well. Small amount of ascites is noted. There is no evidence of bony destruction. CONCLUSION 1) No suspicious pulmonary nodule or mass detected. 2) Mild patchy ground glass changes in the right lower lobe and the left upper lobe which could be infective / inflammatory although close interval follow-up is advised as pulmonary lymphoma can mimic ground glass / alveolar infiltrates. 3) Small pleural effusions. 4) Partially imaged large abdominal mass which appears to almost encase the left kidney and extendacross the midline to possibly involve the right kidney. May need further action Finalised by: <DOCTOR>

Accession Number: c8aae675802b572d26c12982963642b06feb0f07d61868eb9b0eb14d4a440a6c

Updated Date Time: 25/4/2015 13:24

## Layman Explanation

This radiology report discusses HISTORY large lower abdominal/ pelvic mass with testicular mass likely lymphoma. For staging of disease before chemotherapy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS The plain radiographs performed on the 21 April 2015 were reviewed. No suspicious pulmonary nodule or mass is detected. There are mild, nonspecific patchy ground-glass changes in the right lower lobe (Se 4/66) as well as in the periphery of the left upper lobe (Se 4/62). Bilateral small basal pleural effusions are present. The visualised major airways are patent. There is a large apical bulla seen in the left upper lobe and a few small paraseptal bullae noted in the right upper lobe. No evidence of pneumothorax. No overtly enlarged mediastinal or hilar lymph nodes seen. The heart is normal in size. No pericardial effusion detected. Background scattered triple-vessel coronary artery calcification is noted. Included sections of the upper abdomen reveal a partially imaged large, relatively hyperdense mass essentially encasing the left kidney and appears to extend across the midline with possible involvement of the right kidney as well. Small amount of ascites is noted. There is no evidence of bony destruction. CONCLUSION 1) No suspicious pulmonary nodule or mass detected. 2) Mild patchy ground glass changes in the right lower lobe and the left upper lobe which could be infective / inflammatory although close interval follow-up is advised as pulmonary lymphoma can mimic ground glass / alveolar infiltrates. 3) Small pleural effusions. 4) Partially imaged large abdominal mass which appears to almost encase the left kidney and extendacross the midline to possibly involve the right kidney. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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