# Row 5433

Visit Number: 62ad5a2d75124b233dc1ec2d819df11d421f0ab5518f992d3542e4a5129f5bc5

Masked\_PatientID: 5431

Order ID: 5881524593377c7ca6eec61fa772f80db7ed9b3089b465fbd628d17ca7e20255

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 28/5/2016 12:22

Line Num: 1

Text: HISTORY ex smoker, admitted in march for infective exacerbation of ?copd . follow up xray shows persistent right UL infiltrates, new blunting of CP angle bilaterally and a small notch? lesion over right base. also noted raised alkaline phosphatase and GGT TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is emphysema in both lungs, attributed to cigarette smoking and is worse in the upper lobes. There is scarring in the right upper lobe with traction of the airway. Another area of scarring with airway traction is noted in the right lower lobe. There is no pleural or pericardial effusion. The blunting of the costophrenic angle is attributed to pleural thickening. There is no significantly enlarged axillary, mediastinal or hilar lymph node. A minute 3 mm focus of enhancement in the left lobe in segment IV (4-98) is not visualised in the portal venous phase. It is nonspecific, probably due to perfusion. No suspicious mass in the liver. There is no obvious gallstone. No biliary dilatation. The spleen, pancreas, adrenal glands and both kidneys are unremarkable. There is no hydronephrosis. There is no enlarged lymph node in the upper abdomen. Bowel loops are of normal calibre. An enhancing nodule adjacent to the inferior aspect of the spleen represents a splenunculus. No overt bony destruction. CONCLUSION Emphysema in both lungs, worse in the upper lobes, attributed to cigarette smoking. There is scarring with traction of the airways in the right upper lobe and right lower lobe, accounting for chest x-ray changes. These are likely post inflammatory change. There is no significant pleural effusion and blunting of the costophrenic angle is due to pleural thickening. No discrete pulmonary or mediastinal mass is detected. No sinister mass in the upper abdomen. The biliary tree is not dilated. May need further action Finalised by: <DOCTOR>

Accession Number: 3077c7c56818618d44aa89c29f6dece2b52cd93861e711cf9a255c00ec0208ab

Updated Date Time: 30/5/2016 17:37

## Layman Explanation

This radiology report discusses HISTORY ex smoker, admitted in march for infective exacerbation of ?copd . follow up xray shows persistent right UL infiltrates, new blunting of CP angle bilaterally and a small notch? lesion over right base. also noted raised alkaline phosphatase and GGT TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is emphysema in both lungs, attributed to cigarette smoking and is worse in the upper lobes. There is scarring in the right upper lobe with traction of the airway. Another area of scarring with airway traction is noted in the right lower lobe. There is no pleural or pericardial effusion. The blunting of the costophrenic angle is attributed to pleural thickening. There is no significantly enlarged axillary, mediastinal or hilar lymph node. A minute 3 mm focus of enhancement in the left lobe in segment IV (4-98) is not visualised in the portal venous phase. It is nonspecific, probably due to perfusion. No suspicious mass in the liver. There is no obvious gallstone. No biliary dilatation. The spleen, pancreas, adrenal glands and both kidneys are unremarkable. There is no hydronephrosis. There is no enlarged lymph node in the upper abdomen. Bowel loops are of normal calibre. An enhancing nodule adjacent to the inferior aspect of the spleen represents a splenunculus. No overt bony destruction. CONCLUSION Emphysema in both lungs, worse in the upper lobes, attributed to cigarette smoking. There is scarring with traction of the airways in the right upper lobe and right lower lobe, accounting for chest x-ray changes. These are likely post inflammatory change. There is no significant pleural effusion and blunting of the costophrenic angle is due to pleural thickening. No discrete pulmonary or mediastinal mass is detected. No sinister mass in the upper abdomen. The biliary tree is not dilated. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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