# Row 5477

Visit Number: f0c85505c4954de6ea256f18a576c6f74262d8b505d48888551fe58800e37eee

Masked\_PatientID: 5472

Order ID: 45a1f7f44d384be1578c713468121fafb43df30774e252fb30f9c96801a66013

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 24/6/2015 14:00

Line Num: 1

Text: HISTORY inflammatory arthritis with weight loss 7 kg in 1 month TRO malignancy. CXR showed BL pulmonary nodules. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No previous study for comparison. CT chest: Small volume mediastinal lymph nodes are seen in the prevascular, pretracheal and subcarina stations. Small volume axillary lymph nodes are also present. Bilateral predominantly lower lobeperipheral opacities. There is suggestion of possible cavitation in some of the more confluent opacities in the lung bases, and some lesions in the right lower lobe appear nodular (5-70). No significant pleural or pericardial effusion. No aggressive osseous abnormality. CT abdomen pelvis: Small hypodensities in the liver, too small to characterise but likely cyst. Focal fatty infiltration adjacent to the falciform ligament. Normal adrenals, pancreas and gallbladder. Small wedge-shaped defects are seen in both kidneys (right 7-61 and left 7-65) of uncertain significance. No significant peri-renal fat stranding. Bilateral main renal vein appear patent. No dilated or thickened bowel loops. No free intraperitoneal air, fluid or collection. Mildly prominent bilateral inguinal nodes with fatty hila are present. No aggressive osseous abnormality seen. CONCLUSION 1. Bilateral mainly lower lobe subpleural pulmonary opacities and nodules, which are nonspecific but may be inflammatory or infectious in aetiology. Interval scan post treatment is suggested. 2. Small volume nodes in the mediastinum, axilla and both inguinal region. 3. Tiny wedge shaped defects in both kidneys of uncertain significance. Main renal vein is patent and no significant peri-renal fat stranding seen. Clinical correlation suggested. May need further action Finalised by: <DOCTOR>

Accession Number: d3f714ceb3b9bed7a135066d40a41582ee6f9fdd9509d5a166e9d8456688262c

Updated Date Time: 24/6/2015 18:58

## Layman Explanation

This radiology report discusses HISTORY inflammatory arthritis with weight loss 7 kg in 1 month TRO malignancy. CXR showed BL pulmonary nodules. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No previous study for comparison. CT chest: Small volume mediastinal lymph nodes are seen in the prevascular, pretracheal and subcarina stations. Small volume axillary lymph nodes are also present. Bilateral predominantly lower lobeperipheral opacities. There is suggestion of possible cavitation in some of the more confluent opacities in the lung bases, and some lesions in the right lower lobe appear nodular (5-70). No significant pleural or pericardial effusion. No aggressive osseous abnormality. CT abdomen pelvis: Small hypodensities in the liver, too small to characterise but likely cyst. Focal fatty infiltration adjacent to the falciform ligament. Normal adrenals, pancreas and gallbladder. Small wedge-shaped defects are seen in both kidneys (right 7-61 and left 7-65) of uncertain significance. No significant peri-renal fat stranding. Bilateral main renal vein appear patent. No dilated or thickened bowel loops. No free intraperitoneal air, fluid or collection. Mildly prominent bilateral inguinal nodes with fatty hila are present. No aggressive osseous abnormality seen. CONCLUSION 1. Bilateral mainly lower lobe subpleural pulmonary opacities and nodules, which are nonspecific but may be inflammatory or infectious in aetiology. Interval scan post treatment is suggested. 2. Small volume nodes in the mediastinum, axilla and both inguinal region. 3. Tiny wedge shaped defects in both kidneys of uncertain significance. Main renal vein is patent and no significant peri-renal fat stranding seen. Clinical correlation suggested. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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