# Row 5475

Visit Number: 00bef31699a62cb1b22263bcbe3b127a35af9a0aa8968e9f93983c51b3f96334

Masked\_PatientID: 5472

Order ID: 567a86e1684b5ef09b9a2b9bc3b3b55a8e73e67f4b29fce95fce9c69a194c131

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 27/2/2016 11:43

Line Num: 1

Text: HISTORY LOW, myositis for investigation; organising pneumonia s/p pred; TRO underlying malignancy, reassess lungs TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made with the CT scan of June 24, 2015. CHEST Multiple prominent lymph nodes in the prevascular, paratracheal, subcarinal, bilateral hilar and axillary regions are grossly stable. The mediastinal vessels opacify normally. The heart is normal in size. No pericardial effusion is seen. Extensive subpleural opacities in bilateral lungs predominantly in the lower lobes are again noted. There is also evidence of interlobular septal thickening and architectural distortion. There is mild interval improvement of the changes in both lower lobes; however there is mild interval worsening in the left upper lobe. No honeycombing or bronchiectasis. Few scattered ground glass changes are noted in the left upper lobe. No suspicious pulmonary mass identified. No pleural effusion is present. ABDOMEN AND PELVIS A 19 x 13 mm ill-defined hypodense lesion in the left lobe of the liver in the periportal region is indeterminate (Im 501/31). Few other tiny subcentimetre hypodensities in liver are too small to characterise. The tail of the pancreas is mildly bulky with loss of the normal lobulated contour. Main pancreatic duct is not dilated. The gallbladder, spleen, adrenal glands and kidneys appear unremarkable. Previously demonstrated tiny subcentimetre renal hypodensities are not visualised in the current study. The prostate gland, seminal vesicles, urinary bladder and bowel loops shownormal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Multiple prominent inguinal nodes are noted bilaterally. No free intraperitoneal fluid is detected. The bones appear unremarkable. CONCLUSION -Extensive subpleural opacities in bilateral lungs predominantly in the lower lobes with evidence of interlobular septal thickening. There is mild interval improvement of the changes in both lower lobes; however there is mild interval worsening in the left upper lobe. These may be related to inflammatory aetiology. -No suspicious lung mass identified. -New ill-defined hypodense lesion in the left lobe of the liver in the periportal region is indeterminate. Further evaluation with MRI issuggested. -The tail of the pancreas is mildly bulky with loss of the normal lobulated contour. May need further action Viswanath Anand Chidambaram , Associate Consultant , 17212Z Finalised by: <DOCTOR>

Accession Number: dabf84f5fa3cc6399a995f3b95b72d38e64837ddc58698dfe5f4a9c9b4f7da2f

Updated Date Time: 27/2/2016 15:18

## Layman Explanation

This radiology report discusses HISTORY LOW, myositis for investigation; organising pneumonia s/p pred; TRO underlying malignancy, reassess lungs TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made with the CT scan of June 24, 2015. CHEST Multiple prominent lymph nodes in the prevascular, paratracheal, subcarinal, bilateral hilar and axillary regions are grossly stable. The mediastinal vessels opacify normally. The heart is normal in size. No pericardial effusion is seen. Extensive subpleural opacities in bilateral lungs predominantly in the lower lobes are again noted. There is also evidence of interlobular septal thickening and architectural distortion. There is mild interval improvement of the changes in both lower lobes; however there is mild interval worsening in the left upper lobe. No honeycombing or bronchiectasis. Few scattered ground glass changes are noted in the left upper lobe. No suspicious pulmonary mass identified. No pleural effusion is present. ABDOMEN AND PELVIS A 19 x 13 mm ill-defined hypodense lesion in the left lobe of the liver in the periportal region is indeterminate (Im 501/31). Few other tiny subcentimetre hypodensities in liver are too small to characterise. The tail of the pancreas is mildly bulky with loss of the normal lobulated contour. Main pancreatic duct is not dilated. The gallbladder, spleen, adrenal glands and kidneys appear unremarkable. Previously demonstrated tiny subcentimetre renal hypodensities are not visualised in the current study. The prostate gland, seminal vesicles, urinary bladder and bowel loops shownormal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Multiple prominent inguinal nodes are noted bilaterally. No free intraperitoneal fluid is detected. The bones appear unremarkable. CONCLUSION -Extensive subpleural opacities in bilateral lungs predominantly in the lower lobes with evidence of interlobular septal thickening. There is mild interval improvement of the changes in both lower lobes; however there is mild interval worsening in the left upper lobe. These may be related to inflammatory aetiology. -No suspicious lung mass identified. -New ill-defined hypodense lesion in the left lobe of the liver in the periportal region is indeterminate. Further evaluation with MRI issuggested. -The tail of the pancreas is mildly bulky with loss of the normal lobulated contour. May need further action Viswanath Anand Chidambaram , Associate Consultant , 17212Z Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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