# Row 5510

Visit Number: ab596c9fd8c8b6d4ee3297226637304fd69bdb55fec256a488a1bdbb83712eb8

Masked\_PatientID: 5509

Order ID: fe5db44801825ac818c9d804574a08aa35dacc23d7aa66e0bf9a3e435420c064

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 08/8/2015 10:08

Line Num: 1

Text: HISTORY TRO lung lesions/metasasis (recent finding of kidney masses probable renal cell carcinoma); APO secondary to fluid indiscretion, suspicious infective endocarditis, IHD S/P CABG TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The rounded 1.5 cm opacity at the lateral basal segment of the left lower lobe is again identified. A smaller opacity is present adjacent to the lateral basal segmental artery (series six image 52). The right upper lobe (posterior segment) contains a 4 mm spherical nodule. There is significant atelectasis and loss of volume in the right lower lobe with some loss of volume and scarring in the middle lobe. Some loss of volume and atelectasis is also seen in the lingular segment of the left upper lobe. Small bilateral pleural effusions are present. There are small volume hilar lymph nodes. No enlarged mediastinal lymph nodes are seen. Markedcardiomegaly is present. No significant pericardial effusion is demonstrated. The enlarged right kidney and the enlarged retrocaval lymph node is again identified. CONCLUSION Bilateral peripheral, spherical opacities in both lungs are compatible with those due to metastatic deposits, presumed secondary deposits from the right kidney. Bilateral pleural effusions are present. The right lower lobe shows some atelectasis. No overt pulmonary oedema is seen. May need further action Finalised by: <DOCTOR>

Accession Number: 15c7393bdcab7ea5d6a9b12930de7e516d10a092a73db5a933b826bb81bc7147

Updated Date Time: 08/8/2015 10:30

## Layman Explanation

This radiology report discusses HISTORY TRO lung lesions/metasasis (recent finding of kidney masses probable renal cell carcinoma); APO secondary to fluid indiscretion, suspicious infective endocarditis, IHD S/P CABG TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The rounded 1.5 cm opacity at the lateral basal segment of the left lower lobe is again identified. A smaller opacity is present adjacent to the lateral basal segmental artery (series six image 52). The right upper lobe (posterior segment) contains a 4 mm spherical nodule. There is significant atelectasis and loss of volume in the right lower lobe with some loss of volume and scarring in the middle lobe. Some loss of volume and atelectasis is also seen in the lingular segment of the left upper lobe. Small bilateral pleural effusions are present. There are small volume hilar lymph nodes. No enlarged mediastinal lymph nodes are seen. Markedcardiomegaly is present. No significant pericardial effusion is demonstrated. The enlarged right kidney and the enlarged retrocaval lymph node is again identified. CONCLUSION Bilateral peripheral, spherical opacities in both lungs are compatible with those due to metastatic deposits, presumed secondary deposits from the right kidney. Bilateral pleural effusions are present. The right lower lobe shows some atelectasis. No overt pulmonary oedema is seen. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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