# Row 5716

Visit Number: f35fb70172666980ec869d440ed82dcf3c7573afdb0b047d7ca7d4893c1a78c5

Masked\_PatientID: 5711

Order ID: 5042584bb573e247002535beb6f42fc1dc69a2dcd6fce71b01cb6c54aea6521c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/11/2017 15:40

Line Num: 1

Text: HISTORY skull vault lucencies ?MM/mets TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No prior CT scans were available for comparison. The CT Brain of 20/11/2017 was reviewed. Thorax: The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Mural calcification of the thoracic aorta and coronary vessels is noted. Dependant atelectasis is noted in bilateral posterior lungs. A 2mm nodule in the right middle lobe lateral segment is noted, likely non-specific in nature (se6-51). No suspicious pulmonary nodule or pleural effusion is present. Abdomen: A 3mm calcific density is seen in the subcapsular segment IVa which may represent a calcified granuloma. No focal enhancing hepatic lesion is detected. The biliary tree is not dilated. Otherwise the, gallbladder, spleen, pancreas and adrenal glands appear unremarkable. The left kidney demonstrates a duplex collecting system. A 10 x 5 mm ovoid calcific density is seen posterior to the urinary bladder and may represent a calcified lymph node (se 11-16). There are no adnexal masses. No intraabdominal mass is detected. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid or air is detected. No bony lytic lesions are detected. Degenerative change of the imaged spine is noted CONCLUSION 1. No CT evidence of lytic bony lesions or suspicious masses to suggest underlying malignancy. 2. Other minor findings as described above. Known / Minor Reported by: <DOCTOR>

Accession Number: f799cf44c7cf75fcef74f62d225a8df2eba80db67f243bca63b87ec526fe9046

Updated Date Time: 22/11/2017 17:29

## Layman Explanation

This radiology report discusses HISTORY skull vault lucencies ?MM/mets TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No prior CT scans were available for comparison. The CT Brain of 20/11/2017 was reviewed. Thorax: The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Mural calcification of the thoracic aorta and coronary vessels is noted. Dependant atelectasis is noted in bilateral posterior lungs. A 2mm nodule in the right middle lobe lateral segment is noted, likely non-specific in nature (se6-51). No suspicious pulmonary nodule or pleural effusion is present. Abdomen: A 3mm calcific density is seen in the subcapsular segment IVa which may represent a calcified granuloma. No focal enhancing hepatic lesion is detected. The biliary tree is not dilated. Otherwise the, gallbladder, spleen, pancreas and adrenal glands appear unremarkable. The left kidney demonstrates a duplex collecting system. A 10 x 5 mm ovoid calcific density is seen posterior to the urinary bladder and may represent a calcified lymph node (se 11-16). There are no adnexal masses. No intraabdominal mass is detected. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid or air is detected. No bony lytic lesions are detected. Degenerative change of the imaged spine is noted CONCLUSION 1. No CT evidence of lytic bony lesions or suspicious masses to suggest underlying malignancy. 2. Other minor findings as described above. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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