# Row 5814

Visit Number: ceb663341fa0d7ff50053c7567ec4902a27d8efadeee37b7d208ea9386f6648e

Masked\_PatientID: 5807

Order ID: 981a951afc275f4f292b58d81e1a82aba21b24d5de678d6985bfdfaae5931291

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/1/2016 15:20

Line Num: 1

Text: HISTORY acture desaturation; 65/male. bed bound due to cervical myelopathy. admitted under colorectal for TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70.FINDINGS The chest radiographs of 5 Jan 2016 were reviewed. The CT colonography of 20 Aug 2015 was also reviewed. No grossly enlarged mediastinal or hilar lymph node is detected. The major mediastinal vessels opacify normally. The heart is normal in size. Coronary artery calcification is seen. No pericardial effusion is evident. Patchy consolidation with scattered milder ground-glass opacities are seen in both lower lobes, more prominent on the right. Mild bronchial wallthickening is seen in the lower lobes. Retained secretions are seen in the trachea, left main bronchus and left lower lobe airways. A nonspecific 2 mm nodule is seen in the left upper lobe (04-68). Small bilateral pleural effusions are seen. No overt pleural thickening or nodularity is seen. There is a stable subcentimetre hypodensity in segment VII of the liver (05-20). No new suspicious focal hepatic lesion is detected. The gallbladder is contracted and contains several calculi. No gross biliary ductal dilatation is seen. The spleen, pancreas and adrenal glands appear unremarkable. Wedge-shaped hypo enhancing foci are seen in the upper half of the left kidney, suspicious for a ischaemia or inflammation. A stable subcentimetre left renal hypodensiy is likely a cyst. No hydronephrosis is detected. Incidental note is made of a duplication of the left urinary collecting system. A Foley catheter is present in the contracted urinary bladder. The prostate gland and seminal vesicles appear grossly unremarkable. Bowel calibre and distribution are within normal limits. Diverticula are seen in the ascending colon. Mild ascites is present. A stable prominent (about 6 – 7 mm) is seen in the left side of the pelvis (5-111). No grossly enlarged intra-abdominal lymph node is seen. There is paucity of subcutaneous fat and diffuse fat stranding noted. The bones are osteopenic. Degenerative changes are present in the spine. There is an old left 4th rib fracture. No destructive bone lesion is seen. CONCLUSION 1. Patchy consolidation with ground-glass opacities in both lower lobes, worse on the right. The appearance is suspicious for infection. As retained secretions are seen in the airways, the possibility of aspiration should be considered. 2. Hypo-enhancing foci in the upper half of the left kidney. Given the urinalysis findings, this appearance is suspicious for pyelonephritis. Duplicated left urinary collectingsystem. 3. Small bilateral pleural effusions, mild ascites and generalised fat stranding may be related to hypoproteinaemia. 4. Non-specific 2 mm left upper lobe pulmonary nodule. 5. Stable subcentimetre hepatic hypodensity. Other stable / minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 61784e95af0f5ae27aa07a4f4723f9393bc013377add523d69ff0aefeaaf000e

Updated Date Time: 05/1/2016 16:27

## Layman Explanation

This radiology report discusses HISTORY acture desaturation; 65/male. bed bound due to cervical myelopathy. admitted under colorectal for TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70.FINDINGS The chest radiographs of 5 Jan 2016 were reviewed. The CT colonography of 20 Aug 2015 was also reviewed. No grossly enlarged mediastinal or hilar lymph node is detected. The major mediastinal vessels opacify normally. The heart is normal in size. Coronary artery calcification is seen. No pericardial effusion is evident. Patchy consolidation with scattered milder ground-glass opacities are seen in both lower lobes, more prominent on the right. Mild bronchial wallthickening is seen in the lower lobes. Retained secretions are seen in the trachea, left main bronchus and left lower lobe airways. A nonspecific 2 mm nodule is seen in the left upper lobe (04-68). Small bilateral pleural effusions are seen. No overt pleural thickening or nodularity is seen. There is a stable subcentimetre hypodensity in segment VII of the liver (05-20). No new suspicious focal hepatic lesion is detected. The gallbladder is contracted and contains several calculi. No gross biliary ductal dilatation is seen. The spleen, pancreas and adrenal glands appear unremarkable. Wedge-shaped hypo enhancing foci are seen in the upper half of the left kidney, suspicious for a ischaemia or inflammation. A stable subcentimetre left renal hypodensiy is likely a cyst. No hydronephrosis is detected. Incidental note is made of a duplication of the left urinary collecting system. A Foley catheter is present in the contracted urinary bladder. The prostate gland and seminal vesicles appear grossly unremarkable. Bowel calibre and distribution are within normal limits. Diverticula are seen in the ascending colon. Mild ascites is present. A stable prominent (about 6 – 7 mm) is seen in the left side of the pelvis (5-111). No grossly enlarged intra-abdominal lymph node is seen. There is paucity of subcutaneous fat and diffuse fat stranding noted. The bones are osteopenic. Degenerative changes are present in the spine. There is an old left 4th rib fracture. No destructive bone lesion is seen. CONCLUSION 1. Patchy consolidation with ground-glass opacities in both lower lobes, worse on the right. The appearance is suspicious for infection. As retained secretions are seen in the airways, the possibility of aspiration should be considered. 2. Hypo-enhancing foci in the upper half of the left kidney. Given the urinalysis findings, this appearance is suspicious for pyelonephritis. Duplicated left urinary collectingsystem. 3. Small bilateral pleural effusions, mild ascites and generalised fat stranding may be related to hypoproteinaemia. 4. Non-specific 2 mm left upper lobe pulmonary nodule. 5. Stable subcentimetre hepatic hypodensity. Other stable / minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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