# Row 5910

Visit Number: f4dea76c5421d40b0682721e5a9f279b3303ea431c17898062e3968130f8d1b4

Masked\_PatientID: 5908

Order ID: a20524992df2347551d41e36a8ea79ef69f3a7b516cdcf43aa80fab506dde5e0

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 20/1/2015 19:22

Line Num: 1

Text: HISTORY 5 mm spiculated opacity projected over the right 7th posterior rib. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 50 FINDINGS Correlation was made with a previous chest radiograph of 17 January 2015 and note is made of the recent CT abdomen and pelvis of the same date. A pulmonary nodule measuring 0.8 x 0.5 cm is detected in the anterior segment of the right upper lobe abutting the horizontal fissure(series six, image 48). Another tiny nodule measuring 0.2 cm is seen adjacent to it (series six/ image 48) with another nodule in the posterior segment (series six image 45). A few discrete nodules are seen in the middle lobe, the larger of these measures 0.5 cm (series six, image 54). There are tree in bud changes at the left upper lobe principally within the apical posterior region (series six image 40). Parenchymal distortion and atelectasis is present at the anterior segment of the left upper lobe. Atelectasis is seen in the middle lobe, lingula segment as well as bilateral lower lobes. Bilateral small pleural effusions are present, left more than right. The small cavitating lesion at the left lower lobe seen on this scan of 27 December 2014 has decreased in size on the scan of 17 January 2014. This lesion is not visualised on the current examination but there is atelectasis in the lower lobes due to bilateral effusions. No significantly enlarged hilar, mediastinal or supraclavicular lymph node detected. Trace pericardial effusion is present. Atheromatous calcifications are seen along the coronary arteries. A hypodense nodule measuring 0.7 cm is seen in the left thyroid lobe. The oesophagus is slightly distended. A rounded density measuring 0.9 cm is seen in the lower oesophagus which may represent ingested foreign object/tablet. Ascites and free intraperitoneal air were seen in the most recent CT scan of 17th Jan 2015, in keeping with on-going peritoneal dialysis. CONCLUSION Discrete pulmonary nodules in the right upper and middle lobes appear to have developed on the chest radiographs since 26 December 2014. A CT scan performed on 27 December 2014 shows the presence of a cavitating nodule in the left lower lobe which appears to have resolved (although the atelectasis that is present on the current scan would make this less reliable). The temporal events favour a inflammatory aetiology and given thedistribution of the lesions small embolic lesions (?septic emboli) are deemed likely. The lung lesions may be resolving given the radiological progression of the left lower lobe cavity. Indeterminate rounded metallic density in the lower oesophagus may represent an ingested foreign body or tablet. Dr. Audrey was apprised of this finding by Dr. Cynthia on 21st Jan 2015 at 08:05 hours. Bilateral pleural effusion, trace pericardial effusion and ascites are in keeping with end-stage renal failure on peritoneal dialysis. May need further action Peter Cynthia Assimta , Vetter (Radiologist/Radiographer) , 14480J Finalised by: <DOCTOR>

Accession Number: 02f4214f6fbc35d2cc29fbccb98f58b40bf7fee408a67f0305d1f8d9a1e38564

Updated Date Time: 21/1/2015 9:54

## Layman Explanation

This radiology report discusses HISTORY 5 mm spiculated opacity projected over the right 7th posterior rib. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 50 FINDINGS Correlation was made with a previous chest radiograph of 17 January 2015 and note is made of the recent CT abdomen and pelvis of the same date. A pulmonary nodule measuring 0.8 x 0.5 cm is detected in the anterior segment of the right upper lobe abutting the horizontal fissure(series six, image 48). Another tiny nodule measuring 0.2 cm is seen adjacent to it (series six/ image 48) with another nodule in the posterior segment (series six image 45). A few discrete nodules are seen in the middle lobe, the larger of these measures 0.5 cm (series six, image 54). There are tree in bud changes at the left upper lobe principally within the apical posterior region (series six image 40). Parenchymal distortion and atelectasis is present at the anterior segment of the left upper lobe. Atelectasis is seen in the middle lobe, lingula segment as well as bilateral lower lobes. Bilateral small pleural effusions are present, left more than right. The small cavitating lesion at the left lower lobe seen on this scan of 27 December 2014 has decreased in size on the scan of 17 January 2014. This lesion is not visualised on the current examination but there is atelectasis in the lower lobes due to bilateral effusions. No significantly enlarged hilar, mediastinal or supraclavicular lymph node detected. Trace pericardial effusion is present. Atheromatous calcifications are seen along the coronary arteries. A hypodense nodule measuring 0.7 cm is seen in the left thyroid lobe. The oesophagus is slightly distended. A rounded density measuring 0.9 cm is seen in the lower oesophagus which may represent ingested foreign object/tablet. Ascites and free intraperitoneal air were seen in the most recent CT scan of 17th Jan 2015, in keeping with on-going peritoneal dialysis. CONCLUSION Discrete pulmonary nodules in the right upper and middle lobes appear to have developed on the chest radiographs since 26 December 2014. A CT scan performed on 27 December 2014 shows the presence of a cavitating nodule in the left lower lobe which appears to have resolved (although the atelectasis that is present on the current scan would make this less reliable). The temporal events favour a inflammatory aetiology and given thedistribution of the lesions small embolic lesions (?septic emboli) are deemed likely. The lung lesions may be resolving given the radiological progression of the left lower lobe cavity. Indeterminate rounded metallic density in the lower oesophagus may represent an ingested foreign body or tablet. Dr. Audrey was apprised of this finding by Dr. Cynthia on 21st Jan 2015 at 08:05 hours. Bilateral pleural effusion, trace pericardial effusion and ascites are in keeping with end-stage renal failure on peritoneal dialysis. May need further action Peter Cynthia Assimta , Vetter (Radiologist/Radiographer) , 14480J Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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