# Row 5976

Visit Number: 2e692ada9a88b5da2ebb754797a8c511e82faf5a8ac46a5501a2503abe7c688c

Masked\_PatientID: 5971

Order ID: d848666a1369b5eeafc65ca8c60becc7db52f0a3710de198bdfb84afd5f60231

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 11/9/2020 10:05

Line Num: 1

Text: HISTORY weight loss, on pacemaker,Hep B TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 Positive Rectal Contrast FINDINGS Note is made of prior CT coronary angiography dated 7 October 2014 and ultrasound abdomen dated 28 February 2020. THORAX There are multiple tiny centrilobular nodules in both lungs measuring up to 0.4 cm (for example 13 - 35). No significantly enlarged intrathoracic lymph node is detected. Tips of the pacemaker device are in the right atrium and right ventricle. The heart is enlarged. The mediastinal vessels opacify normally. No pericardial or pleural effusion is seen. ABDOMEN AND PELVIS Tiny hepatic hypodensities are too smallto characterise. There is no biliary dilatation or radiodense gallstone. The pancreas, spleen and the adrenal glands are unremarkable. There is a 2 cm cyst in the upper pole of the left kidney. Tiny right renal hypodensities are too smallto characterise. There is scarring in the right kidney. No hydronephrosis. The small and large bowel loops are of normal calibre. The urinary bladder shows no suspicious features. There are uterine fibroids, some are calcified. The ovaries are atrophied. No significantly enlarged intra-abdominal or pelvic lymph node is detected. No ascites. No destructive bony process. CONCLUSION Multiple tiny centrilobular pulmonary nodules are indeterminate, possibly infective or inflammatory in nature. Correlation with clinical features and follow up is suggested. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 16c7bbe4d61ab28a2d058a6eb2572193285b57897f503d155945084d71eebb38

Updated Date Time: 15/9/2020 16:30

## Layman Explanation

This radiology report discusses HISTORY weight loss, on pacemaker,Hep B TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 Positive Rectal Contrast FINDINGS Note is made of prior CT coronary angiography dated 7 October 2014 and ultrasound abdomen dated 28 February 2020. THORAX There are multiple tiny centrilobular nodules in both lungs measuring up to 0.4 cm (for example 13 - 35). No significantly enlarged intrathoracic lymph node is detected. Tips of the pacemaker device are in the right atrium and right ventricle. The heart is enlarged. The mediastinal vessels opacify normally. No pericardial or pleural effusion is seen. ABDOMEN AND PELVIS Tiny hepatic hypodensities are too smallto characterise. There is no biliary dilatation or radiodense gallstone. The pancreas, spleen and the adrenal glands are unremarkable. There is a 2 cm cyst in the upper pole of the left kidney. Tiny right renal hypodensities are too smallto characterise. There is scarring in the right kidney. No hydronephrosis. The small and large bowel loops are of normal calibre. The urinary bladder shows no suspicious features. There are uterine fibroids, some are calcified. The ovaries are atrophied. No significantly enlarged intra-abdominal or pelvic lymph node is detected. No ascites. No destructive bony process. CONCLUSION Multiple tiny centrilobular pulmonary nodules are indeterminate, possibly infective or inflammatory in nature. Correlation with clinical features and follow up is suggested. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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