# Row 5981

Visit Number: 5d03b0d18aad2e1b3376264c847f11aaa1332b62af07190103aeb4699d5cc74e

Masked\_PatientID: 5981

Order ID: e63e72e9d34381abda3258fa065f6e38d493d68fa27da6ca95b2b0093f243923

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/4/2016 14:20

Line Num: 1

Text: HISTORY presented with severe abdominal pain , TW are elevated 19. To find source of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS There is chronic scarring with severe volume loss of the left lung. Cystic bronchiectasis is visualised in the left pulmonary parenchyma. There is compensatory hypertrophy of the right lung and there is mediastinal shift to the left. There is scarring with bronchiectasis in the right lung, worse in the right upper lobe where there is volume loss. No discrete suspicious mass is seen in the right lung. There is no pleural or pericardial effusion. No enlarged axillary, mediastinal or hilar lymph node. Hiatus hernia is noted. There is a hypodense lesion at the gastric fundus measuring approximately 2.9 x 2.6 cm (image 10-33, 6-17). No significant perigastric adenopathy. There is a vague hypodense focus in segment IV of the liver (image 6-37) measuring approximately 1.2 cm. There is no biliary dilatation or gallstone. Tiny hypodensity in the spleen is nonspecific. No focal lesion in the pancreas. There is no adrenal mass. There is no hydronephrosis. Tiny hypodensity in the kidneys are probably cysts. There is no enlarged lymph node in the abdomen or pelvis. Bowel loops are normal calibre. Uterus, adnexa and urinary bladder are grossly unremarkable. The bones are osteopenic and there is compression fracture in L1. CONCLUSION Chronic volume loss and scarring of the left lung with cystic bronchiectasis. There is compensatory hypertrophy of the right lung with mediastinal shift to the left. There are patchy areas of scarring with bronchiectasis in the right lung with volume loss of the right upper lobe. No discrete pulmonary mass. Hypodense mass is noted at the gastric fundus, may represent a GIST. There is no significant perigastric adenopathy. A hypodense lesion is noted in segment IV of the liver, indeterminate. Considerations include a focal area of fatty infiltration versus a real lesion. May need further action Finalised by: <DOCTOR>

Accession Number: f96eba786ab1c85614435d7962aacf6581cb34256787bf1d176d517638e48c53

Updated Date Time: 06/4/2016 14:57

## Layman Explanation

This radiology report discusses HISTORY presented with severe abdominal pain , TW are elevated 19. To find source of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS There is chronic scarring with severe volume loss of the left lung. Cystic bronchiectasis is visualised in the left pulmonary parenchyma. There is compensatory hypertrophy of the right lung and there is mediastinal shift to the left. There is scarring with bronchiectasis in the right lung, worse in the right upper lobe where there is volume loss. No discrete suspicious mass is seen in the right lung. There is no pleural or pericardial effusion. No enlarged axillary, mediastinal or hilar lymph node. Hiatus hernia is noted. There is a hypodense lesion at the gastric fundus measuring approximately 2.9 x 2.6 cm (image 10-33, 6-17). No significant perigastric adenopathy. There is a vague hypodense focus in segment IV of the liver (image 6-37) measuring approximately 1.2 cm. There is no biliary dilatation or gallstone. Tiny hypodensity in the spleen is nonspecific. No focal lesion in the pancreas. There is no adrenal mass. There is no hydronephrosis. Tiny hypodensity in the kidneys are probably cysts. There is no enlarged lymph node in the abdomen or pelvis. Bowel loops are normal calibre. Uterus, adnexa and urinary bladder are grossly unremarkable. The bones are osteopenic and there is compression fracture in L1. CONCLUSION Chronic volume loss and scarring of the left lung with cystic bronchiectasis. There is compensatory hypertrophy of the right lung with mediastinal shift to the left. There are patchy areas of scarring with bronchiectasis in the right lung with volume loss of the right upper lobe. No discrete pulmonary mass. Hypodense mass is noted at the gastric fundus, may represent a GIST. There is no significant perigastric adenopathy. A hypodense lesion is noted in segment IV of the liver, indeterminate. Considerations include a focal area of fatty infiltration versus a real lesion. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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