# Row 6176

Visit Number: 2b1be6167d99ba5dfcdcd0a928df964ccafc796f8d8aaee2f8a966066081773c

Masked\_PatientID: 6157

Order ID: a53557d6b1c0e8cd3e8e3993f8404f20d355878cb6a012f43bd4ad23140ede2e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 11/5/2018 12:49

Line Num: 1

Text: HISTORY Right lung opacity, to rule out malignancy ESRD on HD TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the last CT scan of 5/2/15. There is interval resolution of the the patchy consolidation in the right lung apex and both lower zones seen in the previous CT scan. Minor atelectasis in the inferior lingular segment and dependent changes /scarring in bilateral basal lower lobes. No pleural effusion is present. There is generalised osteopenia from renal osteodystrophy. There thoracic kyphosis and dextroscoliosis with possibly associated ribcage deformity. Small Schmorl¿s nodesare noted in T9 and T10. There is cardiomegaly, no pericardial effusion is seen. The mediastinum is shifted to the left likely due to the rib cage / spine deformity. The thoracic aorta and the pulmonary trunk and left and right main pulmonary arteries are mildly ectatic. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The vessels of the left upper limb are dilated in keeping with the presence arterio-venous fistula for haemodialysis. The prominent subcoracoid bursa is noted again and is stable in size (4-9). The limited sections of the upper abdomen in the arterial phase are unremarkable. CONCLUSION There is no lung mass noted on the scan. The prominent pulmonary vasculature, together with the kyphoscoliosis, ribcage deformity and variable patient positional rotation are likely the causes for the asymmetrical opacity seen on some prior chest radiographs and not others. Known / Minor Reported by: <DOCTOR>

Accession Number: 3008e8eb17e78b3a4755d71fcfa1a05fb50d28e27150b43847e8f385fd914b6f

Updated Date Time: 21/5/2018 16:40

## Layman Explanation

This radiology report discusses HISTORY Right lung opacity, to rule out malignancy ESRD on HD TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the last CT scan of 5/2/15. There is interval resolution of the the patchy consolidation in the right lung apex and both lower zones seen in the previous CT scan. Minor atelectasis in the inferior lingular segment and dependent changes /scarring in bilateral basal lower lobes. No pleural effusion is present. There is generalised osteopenia from renal osteodystrophy. There thoracic kyphosis and dextroscoliosis with possibly associated ribcage deformity. Small Schmorl¿s nodesare noted in T9 and T10. There is cardiomegaly, no pericardial effusion is seen. The mediastinum is shifted to the left likely due to the rib cage / spine deformity. The thoracic aorta and the pulmonary trunk and left and right main pulmonary arteries are mildly ectatic. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The vessels of the left upper limb are dilated in keeping with the presence arterio-venous fistula for haemodialysis. The prominent subcoracoid bursa is noted again and is stable in size (4-9). The limited sections of the upper abdomen in the arterial phase are unremarkable. CONCLUSION There is no lung mass noted on the scan. The prominent pulmonary vasculature, together with the kyphoscoliosis, ribcage deformity and variable patient positional rotation are likely the causes for the asymmetrical opacity seen on some prior chest radiographs and not others. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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