# Row 6257

Visit Number: 3a5382f11e7aa7540ecd1bc13bbbf193f2315092fb52b28004e2243f5a64d240

Masked\_PatientID: 6254

Order ID: 56727ea46b61d8de0419385139694ea8c04958ecc132c87ed0d5a394dac39a55

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 11/4/2019 11:25

Line Num: 1

Text: HISTORY CT Abdomen Pelvis: TRO malignancy. Severly clubbed. Ex smoker. LOW 3 kg in 3 months. ILD and pleural effusion CT Chest: follow up imaging for ILD noted prev also to have enlarged Ln and L pleural effusion TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 Positive Rectal Contrast FINDINGS Comparison is done with the previous study dated 6 February 2015. Multiple mildly enlarged mediastinal and bilateral hilarnodes, some calcified. they are grossly stable in size but a few are more calcified. There is no enlarged supraclavicular or axillary lymph node. The heart is normal size. Coronary stents are noted. There is no pericardial effusion. Previously seen left pleural effusion has resolved. There is now a small right pleural effusion. There is mild small pleural thickening and enhancement. Mild background paraseptal emphysematous changes are seen. There are bilateral subpleural ground glass changes associated with mild reticulation and traction bronchiectasis, slightly worse on the left. These are compatible with pulmonary fibrosis, probable NSIP pattern. These show interval progression. Stable mild subpleural scarring in thelung apices. There is no suspicious pulmonary nodule. The liver, spleen, gallbladder, pancreas, adrenal glands and left kidney are unremarkable. tiny calyceal calculus in the right kidney lower pole. A tiny hypodensity in the right kidney lower pole is probably a cyst. Partially distended urinary bladder is grossly unremarkable. The prostate gland is not enlarged. The bowel loops are normal in calibre. There is no enlarged abdominal or pelvic lymph node. There is no ascites. There is no destructive bony lesions. Transitional lumbosacral vertebra. Small T5 vertebral haemangioma CONCLUSION Stable mildly enlarged mediastinal and bilateral hilar nodes, some calcified. Small right pleural effusion - smooth pleural thickening and enhancement, could be reactive or related to chronic effusion. No suspicious mass lesion in the thorax, abdomen or pelvis. No new adenopathy. There is interval progression of subpleural ground-glass changes associated with mild reticulation and traction bronchiectasis, slightly worse on the left. These are compatible with pulmonary fibrosis, probable NSIP pattern. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: a5980c914f32bf2ffc958d08493f5fb5230295f5cad5ef85abddacd8fc607a55

Updated Date Time: 17/4/2019 18:47

## Layman Explanation

This radiology report discusses HISTORY CT Abdomen Pelvis: TRO malignancy. Severly clubbed. Ex smoker. LOW 3 kg in 3 months. ILD and pleural effusion CT Chest: follow up imaging for ILD noted prev also to have enlarged Ln and L pleural effusion TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 Positive Rectal Contrast FINDINGS Comparison is done with the previous study dated 6 February 2015. Multiple mildly enlarged mediastinal and bilateral hilarnodes, some calcified. they are grossly stable in size but a few are more calcified. There is no enlarged supraclavicular or axillary lymph node. The heart is normal size. Coronary stents are noted. There is no pericardial effusion. Previously seen left pleural effusion has resolved. There is now a small right pleural effusion. There is mild small pleural thickening and enhancement. Mild background paraseptal emphysematous changes are seen. There are bilateral subpleural ground glass changes associated with mild reticulation and traction bronchiectasis, slightly worse on the left. These are compatible with pulmonary fibrosis, probable NSIP pattern. These show interval progression. Stable mild subpleural scarring in thelung apices. There is no suspicious pulmonary nodule. The liver, spleen, gallbladder, pancreas, adrenal glands and left kidney are unremarkable. tiny calyceal calculus in the right kidney lower pole. A tiny hypodensity in the right kidney lower pole is probably a cyst. Partially distended urinary bladder is grossly unremarkable. The prostate gland is not enlarged. The bowel loops are normal in calibre. There is no enlarged abdominal or pelvic lymph node. There is no ascites. There is no destructive bony lesions. Transitional lumbosacral vertebra. Small T5 vertebral haemangioma CONCLUSION Stable mildly enlarged mediastinal and bilateral hilar nodes, some calcified. Small right pleural effusion - smooth pleural thickening and enhancement, could be reactive or related to chronic effusion. No suspicious mass lesion in the thorax, abdomen or pelvis. No new adenopathy. There is interval progression of subpleural ground-glass changes associated with mild reticulation and traction bronchiectasis, slightly worse on the left. These are compatible with pulmonary fibrosis, probable NSIP pattern. 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.