# Row 6265

Visit Number: 72170404fa43042842765f33644218533f47995926ef1c99ec21842fb9eb7f73

Masked\_PatientID: 6265

Order ID: 85ac4c0f00bae80431ff28d76ff64dd4ab9b86ee4ba49a403f3ac23fe9d6ff30

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 01/6/2015 13:52

Line Num: 1

Text: HISTORY haemoptysis with pleuritic chest pain tro PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No previous study was available for comparison. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. No evidence of pulmonary hypertension or right heart strain is seen. No pulmonary nodule, consolidation or ground-glass opacity is detected. Azygos fissure is noted (normal variant). No pleural or pericardial effusion is present. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is diffuse hypoattenuation of the liver parenchyma from fatty infiltration with areas of fat sparing at the porta hepatis. No focal hepatic lesion is seen. The hepatic and portal veins are patent. There is no biliary dilatation. The gallbladder is under-distended but appears unremarkable with no radiopaque gallstone. The spleen, pancreas, adrenal glands and kidneys are unremarkable except for a subcentimetre hypodensity in the upper pole ofthe right kidney (80850-43) which is too small to characterise and a 2 mm nonobstructing calyceal calculus in the left upper pole (80749-41). The stomach is collapsed. Visualised small bowel and colon are unremarkable. No significantly enlarged intra-abdominal lymph node is detected. There is no ascites or free gas seen in the upper abdomen. There is no destructive bony lesion. CONCLUSION 1. There is no pulmonary embolism. No pneumothorax, pleural or pericardial effusion. 2.Hepatic steatosis. 3. Subcentimetre hypodensity in the upper pole of right kidney is too small to characterise. Tiny left upper pole nonobstructing calyceal calculus. May need further action Zhuang Kun Da , Senior Resident , 14070H Finalised by: <DOCTOR>

Accession Number: cff1942837356e07cc6c36ea0c4c444eb74c81a1f56d7d8ef2737754a474a17e

Updated Date Time: 02/6/2015 10:23

## Layman Explanation

This radiology report discusses HISTORY haemoptysis with pleuritic chest pain tro PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No previous study was available for comparison. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. No evidence of pulmonary hypertension or right heart strain is seen. No pulmonary nodule, consolidation or ground-glass opacity is detected. Azygos fissure is noted (normal variant). No pleural or pericardial effusion is present. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is diffuse hypoattenuation of the liver parenchyma from fatty infiltration with areas of fat sparing at the porta hepatis. No focal hepatic lesion is seen. The hepatic and portal veins are patent. There is no biliary dilatation. The gallbladder is under-distended but appears unremarkable with no radiopaque gallstone. The spleen, pancreas, adrenal glands and kidneys are unremarkable except for a subcentimetre hypodensity in the upper pole ofthe right kidney (80850-43) which is too small to characterise and a 2 mm nonobstructing calyceal calculus in the left upper pole (80749-41). The stomach is collapsed. Visualised small bowel and colon are unremarkable. No significantly enlarged intra-abdominal lymph node is detected. There is no ascites or free gas seen in the upper abdomen. There is no destructive bony lesion. CONCLUSION 1. There is no pulmonary embolism. No pneumothorax, pleural or pericardial effusion. 2.Hepatic steatosis. 3. Subcentimetre hypodensity in the upper pole of right kidney is too small to characterise. Tiny left upper pole nonobstructing calyceal calculus. May need further action Zhuang Kun Da , Senior Resident , 14070H Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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