# Row 6424

Visit Number: b723ebcd293d4fe94a34f434ddb6547a555c830e0703dfdd00c5201158b9f2d7

Masked\_PatientID: 6424

Order ID: 250905aeabda58f61d7b456107fad274374ddbc0e9cfce068a03545768005b3b

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 23/1/2018 23:49

Line Num: 1

Text: HISTORY Hemoptysis (large amt). Right pleural effusion ? Dextrocardia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS No CT is available for comparison.The previous chest radiograph dated 23 January 2018 was reviewed. THORAX There is chronic collapse of right lower lobe with bronchiectasis resulting in volume loss and elevation of right hemidiaphragm. The right pulmonary and lower lobar arteries are of relatively smaller calibre compared to left. Increased peribronchial thickening and tree-in-bud nodularities in the lateral segment of middle lobe may represent inflammation or infective changes. Scarring and bronchiectasis of the medial segment of middle lobe is noted. Mild bilateral pleural thickening, scarring and nodularities in the upper lobes may represent post inflammatory changes. There is also segmental bronchiectasis in the apical segment of the left upperlobe with volume loss. No pleural effusion is detected. No enlarged supraclavicular, axillary, mediastinum or hilar lymph nodes are detected. The tracheobronchial tree is patent. The levocardia heart is not enlarged. But there is mild mediastinal shift to the right. No pericardial effusion is seen. ABDOMEN The liver is normal in attenuation and size with smooth margins. No suspicious hepatic lesion is detected. The biliary tree is not dilated. The gallbladder, spleen, pancreas and adrenal glands are unremarkable. The visualised bowel is not dilated. There are linear hypodensities in the upper pole of the left kidney which may prior insult or scarring (7/54). Bilateral kidneys show symmetrical enhancement.No hydronephrosis is detected. No free gas or fluid is detected. No enlarged retroperitoneal lymph node is seen. No destructive bony lesion is detected. CONCLUSION 1. Chronic collapse of right lower lobe with bronchiectasis, resulting in volume loss of right hemithorax. No pleural effusion is detected. 2. Bronchiectatic changes are also visualised in the apical segment right upper lobe, medial segment of the middle lobe as well as apical segment left upper lobe with tree in bud nodularity which represent small airway disease. There is no dextrocardia. There is mild mediastinal shift to the right. 3. Linear hypodensities in the upper pole of the left kidney may represent prior pyelonephritis or scarring. Correlation with UFEME may be helpful. May need further action Chan Wan Ying , Senior Resident , 18559J Finalised by: <DOCTOR>

Accession Number: add0c8e3554e8cff6b28b50e1a584acdb19ff18653c3b60ea38fa1c4a667ca12

Updated Date Time: 24/1/2018 9:26

## Layman Explanation

This radiology report discusses HISTORY Hemoptysis (large amt). Right pleural effusion ? Dextrocardia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS No CT is available for comparison.The previous chest radiograph dated 23 January 2018 was reviewed. THORAX There is chronic collapse of right lower lobe with bronchiectasis resulting in volume loss and elevation of right hemidiaphragm. The right pulmonary and lower lobar arteries are of relatively smaller calibre compared to left. Increased peribronchial thickening and tree-in-bud nodularities in the lateral segment of middle lobe may represent inflammation or infective changes. Scarring and bronchiectasis of the medial segment of middle lobe is noted. Mild bilateral pleural thickening, scarring and nodularities in the upper lobes may represent post inflammatory changes. There is also segmental bronchiectasis in the apical segment of the left upperlobe with volume loss. No pleural effusion is detected. No enlarged supraclavicular, axillary, mediastinum or hilar lymph nodes are detected. The tracheobronchial tree is patent. The levocardia heart is not enlarged. But there is mild mediastinal shift to the right. No pericardial effusion is seen. ABDOMEN The liver is normal in attenuation and size with smooth margins. No suspicious hepatic lesion is detected. The biliary tree is not dilated. The gallbladder, spleen, pancreas and adrenal glands are unremarkable. The visualised bowel is not dilated. There are linear hypodensities in the upper pole of the left kidney which may prior insult or scarring (7/54). Bilateral kidneys show symmetrical enhancement.No hydronephrosis is detected. No free gas or fluid is detected. No enlarged retroperitoneal lymph node is seen. No destructive bony lesion is detected. CONCLUSION 1. Chronic collapse of right lower lobe with bronchiectasis, resulting in volume loss of right hemithorax. No pleural effusion is detected. 2. Bronchiectatic changes are also visualised in the apical segment right upper lobe, medial segment of the middle lobe as well as apical segment left upper lobe with tree in bud nodularity which represent small airway disease. There is no dextrocardia. There is mild mediastinal shift to the right. 3. Linear hypodensities in the upper pole of the left kidney may represent prior pyelonephritis or scarring. Correlation with UFEME may be helpful. May need further action Chan Wan Ying , Senior Resident , 18559J Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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