# Row 6743

Visit Number: f5cd8101068a600bc724a4b9cff12316ad4e16cf0095e0e79d1562acfc6748bb

Masked\_PatientID: 6732

Order ID: 9363bc35867b6746f4a5d3092c9307425acaa0e872c8f14d253012eedaedbe18

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/5/2020 9:37

Line Num: 1

Text: HISTORY peripheral eosinophilia a/w wheeze and persistent diarrhoea TECHNIQUE A contrast enhanced CT thorax abdomen and pelvis study was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The prior CT urography dated 31 October 2019, CT chest dated 7 Mar 2019 and MRCP study dated 18 January 2020 were reviewed. THORAX: No suspicious pulmonary mass or consolidation. A few tiny scattered pulmonary nodules are strictly nonspecific. For example, right upper lobe anteriorly (6/70), middle lobe (6/67), right lower lobe (6/71, 6/74), left perifissural lower lobe (6/38). Mild biapical subpleural scarring. Trachea and central airways are patent. There are small bilateral pleural effusions with compressive atelectasis in the lung bases. Borderline enlarged mediastinal nodes, for example measuring (1.3 cm) (series 5, image 47) in the precarinal region. There are also mildly enlarged subcarinal lymph nodes and small volume bilateral hilar nodes. No discrete supraclavicular or axillary lymphadenopathy. The imaged thyroid gland is not enlarged. Heart size is normal. Mediastinal structures opacify satisfactorily. No significant pericardial effusion. ABDOMEN AND PELVIS, BONES: Diffuse intrahepatic duct dilatation with beaded appearance due to multifocal strictures and ductal wall thickening in keeping with known sclerosing cholangitis. The extent is grossly stable apart from slight improvementof left-sided biliary dilatation. The CBD is stably prominent. Tiny air pockets in the biliary system, decreased in extent. Stable mildly lobulated hypodensities in hepatic segment VIII (8/17, 8/23) were previously characterised on MRI as possible haemangiomas. No new suspicious focal hepatic lesion. Portal veins opacify satisfactorily. No radiodense gallstone or biliary dilatation. Pancreas, spleen and adrenals are unremarkable. There is a mild patchy wedge-shaped hypo enhancing areas in both kidneys, with no overt perinephric fat stranding. This raises concern for inflammatory changes. No hydronephrosis. Stable 1.3 cm nodule anterior to the left kidney (8/50). Diffuse mural thickening of the urinary bladder is nonspecific in the context of under distension, although there is mild perivesical fat stranding which can reflect inflammation. Prostate gland is not enlarged. No bowel dilatation or pneumoperitoneum. Mild ascites and subcutaneous oedema. Severalstable prominent/mildly enlarged upper abdominal/periportal and retroperitoneal nodes are nonspecific and possibly reactive. No overt bony destruction. CONCLUSION 1. No suspicious pulmonary abnormality. Small bilateral pleural effusions.2. Borderline enlarged mediastinal nodes and small volume hilar nodes are of indeterminate significance. Several of these are more prominent since 7 March 2019. 3. Known sclerosing cholangitis. Improvement of left intrahepatic biliary dilatation.4. Patchy wedge-shaped hypoenhancement of both kidneys and mild perivesical fat stranding. Please correlate with urinalysis and for relevant symptoms of pyelonephritis/cystitis. 5. Other findings as described above. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: cab8befc9a43263570164bca4f25d693a529011118dc3e504d24ca50453b55c0

Updated Date Time: 29/5/2020 15:05

## Layman Explanation

This radiology report discusses HISTORY peripheral eosinophilia a/w wheeze and persistent diarrhoea TECHNIQUE A contrast enhanced CT thorax abdomen and pelvis study was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The prior CT urography dated 31 October 2019, CT chest dated 7 Mar 2019 and MRCP study dated 18 January 2020 were reviewed. THORAX: No suspicious pulmonary mass or consolidation. A few tiny scattered pulmonary nodules are strictly nonspecific. For example, right upper lobe anteriorly (6/70), middle lobe (6/67), right lower lobe (6/71, 6/74), left perifissural lower lobe (6/38). Mild biapical subpleural scarring. Trachea and central airways are patent. There are small bilateral pleural effusions with compressive atelectasis in the lung bases. Borderline enlarged mediastinal nodes, for example measuring (1.3 cm) (series 5, image 47) in the precarinal region. There are also mildly enlarged subcarinal lymph nodes and small volume bilateral hilar nodes. No discrete supraclavicular or axillary lymphadenopathy. The imaged thyroid gland is not enlarged. Heart size is normal. Mediastinal structures opacify satisfactorily. No significant pericardial effusion. ABDOMEN AND PELVIS, BONES: Diffuse intrahepatic duct dilatation with beaded appearance due to multifocal strictures and ductal wall thickening in keeping with known sclerosing cholangitis. The extent is grossly stable apart from slight improvementof left-sided biliary dilatation. The CBD is stably prominent. Tiny air pockets in the biliary system, decreased in extent. Stable mildly lobulated hypodensities in hepatic segment VIII (8/17, 8/23) were previously characterised on MRI as possible haemangiomas. No new suspicious focal hepatic lesion. Portal veins opacify satisfactorily. No radiodense gallstone or biliary dilatation. Pancreas, spleen and adrenals are unremarkable. There is a mild patchy wedge-shaped hypo enhancing areas in both kidneys, with no overt perinephric fat stranding. This raises concern for inflammatory changes. No hydronephrosis. Stable 1.3 cm nodule anterior to the left kidney (8/50). Diffuse mural thickening of the urinary bladder is nonspecific in the context of under distension, although there is mild perivesical fat stranding which can reflect inflammation. Prostate gland is not enlarged. No bowel dilatation or pneumoperitoneum. Mild ascites and subcutaneous oedema. Severalstable prominent/mildly enlarged upper abdominal/periportal and retroperitoneal nodes are nonspecific and possibly reactive. No overt bony destruction. CONCLUSION 1. No suspicious pulmonary abnormality. Small bilateral pleural effusions.2. Borderline enlarged mediastinal nodes and small volume hilar nodes are of indeterminate significance. Several of these are more prominent since 7 March 2019. 3. Known sclerosing cholangitis. Improvement of left intrahepatic biliary dilatation.4. Patchy wedge-shaped hypoenhancement of both kidneys and mild perivesical fat stranding. Please correlate with urinalysis and for relevant symptoms of pyelonephritis/cystitis. 5. Other findings as described above. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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