# Row 6847

Visit Number: dc3e28e75daf217615e0d4fe016753c64cf4e9d9b0562344971432564a7b945e

Masked\_PatientID: 6844

Order ID: ab9110ebd5014b93ed984716224628ef42bb7ef7d01bad82e9653b6f7ff6d732

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 24/11/2017 11:29

Line Num: 1

Text: HISTORY Fever and desaturations in an immunocompromised host TRO TB on b/g of CKD with proteinuria and diabteic nephropathy TECHNIQUE Unenhanced CT images of the thorax are acquired. FINDINGS Comparison is made with the previous CT dated 6 February 2013. The images of the thorax are degraded by breathing motion artefact. Diffuse patchy ground-glass changes are noted in bilateral hemithoraces with mild septal thickening, most prominent over bilateral upper lobes. No suspicious pulmonary mass, cavitating lesion or tree in bud nodularity is seen. The major airways are patent. Bilateral moderate pleural effusions are seen, right more than left, with adjacent compressive atelectasis. The heart is normal in size. The pulmonary trunk is mildly enlarged, suggesting pulmonary arterial hypertension. Small volume mediastinal nodes are not enlarged based size criteria. No significantly enlarged mediastinal, hilar or axillary lymph node is identified. Calcified atherosclerotic plaques are noted in the coronary arteries as well as the aorta. There is a gallstone. At least two tiny right upper pole renal stones are seen. Small amount of ascites in the upper abdomen. There isdiffuse anasarca. No destructive bony lesion is seen. CONCLUSION 1. Bilateral diffuse patchy ground-glass changes and septal thickening as well as bilateral moderate pleural effusions are noted. There is also diffuse anarsarca with small amount of ascites. Findings are in keeping with fluid overload status, although superimposed infective changes cannot be completely excluded. 2. Enlarged pulmonary trunk suggests pulmonary arterial hypertension. 3. Cholelithiasis. 4. Right renal stones. May need further action Reported by: <DOCTOR>

Accession Number: f5a89a41a207360516d1f98ee69f9c26daf7a6f3430e9d1e243ff16e8a554ed3

Updated Date Time: 24/11/2017 13:08

## Layman Explanation

This radiology report discusses HISTORY Fever and desaturations in an immunocompromised host TRO TB on b/g of CKD with proteinuria and diabteic nephropathy TECHNIQUE Unenhanced CT images of the thorax are acquired. FINDINGS Comparison is made with the previous CT dated 6 February 2013. The images of the thorax are degraded by breathing motion artefact. Diffuse patchy ground-glass changes are noted in bilateral hemithoraces with mild septal thickening, most prominent over bilateral upper lobes. No suspicious pulmonary mass, cavitating lesion or tree in bud nodularity is seen. The major airways are patent. Bilateral moderate pleural effusions are seen, right more than left, with adjacent compressive atelectasis. The heart is normal in size. The pulmonary trunk is mildly enlarged, suggesting pulmonary arterial hypertension. Small volume mediastinal nodes are not enlarged based size criteria. No significantly enlarged mediastinal, hilar or axillary lymph node is identified. Calcified atherosclerotic plaques are noted in the coronary arteries as well as the aorta. There is a gallstone. At least two tiny right upper pole renal stones are seen. Small amount of ascites in the upper abdomen. There isdiffuse anasarca. No destructive bony lesion is seen. CONCLUSION 1. Bilateral diffuse patchy ground-glass changes and septal thickening as well as bilateral moderate pleural effusions are noted. There is also diffuse anarsarca with small amount of ascites. Findings are in keeping with fluid overload status, although superimposed infective changes cannot be completely excluded. 2. Enlarged pulmonary trunk suggests pulmonary arterial hypertension. 3. Cholelithiasis. 4. Right renal stones. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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