# Row 7005

Visit Number: 3380d5d5e3e26ded4ef9a6ac8a9aa184dd1682cd12df99df2aaffd247233865c

Masked\_PatientID: 6998

Order ID: 9f76b23d467dbf2f2d59f7b0e89b0e168fb5d872178acc81c3ddeb894e2e4206

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/12/2019 16:00

Line Num: 1

Text: HISTORY NEPHROTIC SYNDROME AND RAPIDLY PROGRESSIVE GN DUE TO NEWLY DIAGNOSED MEMBRANOPROLIFERATIVE GN - EXCLUDE OCCULT MALIGNANCY TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison made with CGH CT urogram of 23/2/2015. No enlarged supraclavicular, axillary or mediastinal nodes seen. The visualised thyroid is unremarkable. Aortic and coronary calcifications are noted. Heart size is normal. A sliver of pericardial effusion is noted. Small bilateral pleural effusions with minimal compressive atelectasis are also present. No lung masses or sinister nodule is noted. There is no consolidation or discrete ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. Major airways are patent. Both kidneys are of normal size. A 17 mm focus of fluid attenuation is noted at the lateral aspect of the left mid upper kidney, likely cyst. A smaller similar focus measuring 13 mm at anterolateral right upper kidney (3-41), also cyst. These are both evident on recent US of 29/10/2019 with anechoic appearance. No hydronephrosis. No biliary dilatation is noted. The gallbladder shows mild gallbladder wall oedema which is nonspecific.The liver surface is smooth. No overt left or caudate lobe hypertrophy. No contour deforming mass noted along the unenhanced liver, pancreas, spleen and both adrenal glands. Urinary bladder appears slightly trabeculated. Seminal vesicles are unremarkable. The prostate is enlarged with estimated volume of 54cm3. Cecal and sigmoid colonic diverticulosis is present. Sizeable D3 duodenal diverticulum (10-48) also seen. The bowel is otherwise of normal calibre, with no focal mass or thickening. Small amount of ascites is present in the pelvis and perihepatic space. There is also diffuse mesenteric and subcutaneous fat stranding, likely due to third space loss. The abdominal aorta is tortuous of normal calibre, showing scanty calcifications. No enlarged lymph nodes noted. L5/S1 spondylosis noted. No destructive bony lesion is seen. CONCLUSION 1. Bilateral renal cysts are present. No hydronephrosis. Prostate is enlarged. 2. No suspicious mass seen in the thorax, abdomen and pelvis. 3. Small amount of ascites, pleural and pericardial effusions with extensive subcutaneous stranding likely due to third space loss, possibly related to the nephrotic syndrome. 4. Other minor findings as described.Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 9674b47e2006aeec8df8918f545ea05e87246ce8d6fc92d3d3cde1b90ab63062

Updated Date Time: 30/12/2019 18:00

## Layman Explanation

This radiology report discusses HISTORY NEPHROTIC SYNDROME AND RAPIDLY PROGRESSIVE GN DUE TO NEWLY DIAGNOSED MEMBRANOPROLIFERATIVE GN - EXCLUDE OCCULT MALIGNANCY TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison made with CGH CT urogram of 23/2/2015. No enlarged supraclavicular, axillary or mediastinal nodes seen. The visualised thyroid is unremarkable. Aortic and coronary calcifications are noted. Heart size is normal. A sliver of pericardial effusion is noted. Small bilateral pleural effusions with minimal compressive atelectasis are also present. No lung masses or sinister nodule is noted. There is no consolidation or discrete ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. Major airways are patent. Both kidneys are of normal size. A 17 mm focus of fluid attenuation is noted at the lateral aspect of the left mid upper kidney, likely cyst. A smaller similar focus measuring 13 mm at anterolateral right upper kidney (3-41), also cyst. These are both evident on recent US of 29/10/2019 with anechoic appearance. No hydronephrosis. No biliary dilatation is noted. The gallbladder shows mild gallbladder wall oedema which is nonspecific.The liver surface is smooth. No overt left or caudate lobe hypertrophy. No contour deforming mass noted along the unenhanced liver, pancreas, spleen and both adrenal glands. Urinary bladder appears slightly trabeculated. Seminal vesicles are unremarkable. The prostate is enlarged with estimated volume of 54cm3. Cecal and sigmoid colonic diverticulosis is present. Sizeable D3 duodenal diverticulum (10-48) also seen. The bowel is otherwise of normal calibre, with no focal mass or thickening. Small amount of ascites is present in the pelvis and perihepatic space. There is also diffuse mesenteric and subcutaneous fat stranding, likely due to third space loss. The abdominal aorta is tortuous of normal calibre, showing scanty calcifications. No enlarged lymph nodes noted. L5/S1 spondylosis noted. No destructive bony lesion is seen. CONCLUSION 1. Bilateral renal cysts are present. No hydronephrosis. Prostate is enlarged. 2. No suspicious mass seen in the thorax, abdomen and pelvis. 3. Small amount of ascites, pleural and pericardial effusions with extensive subcutaneous stranding likely due to third space loss, possibly related to the nephrotic syndrome. 4. Other minor findings as described.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.