# Row 7117

Visit Number: f5e9060e5aa9f2a91ea57806b82fe21e6d394c024af6269febdf84855dbade84

Masked\_PatientID: 7116

Order ID: 9e31e92858a47d2b272cf12db5ef609b5c4a51f938a4543edfb09418b3dc753b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 31/5/2019 9:23

Line Num: 1

Text: HISTORY Significant LOW TRO malignancy Also ? ILD with traction bronchiectasis diagnosed in private TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is subpleural reticular changes as evidenced by the intra- and interlobular septal line thickening which appears worse in the lung bases. There is also scarring in the lung bases with traction bronchiectasis. No significant honeycombing is detected. The apparent ground-glass opacities in the lingula, middle lobe and lower lobes are non-specific and may be due to the fibrotic change. No consolidation or suspicious pulmonary mass is detected. There is no pleural or pericardial effusion. Prominent lymph nodes in the prevascular, bilateral paratracheal and subcarinal region with subcentimetre lymph nodes in the hila, are nonspecific, probably reactive. The pulmonary trunk is markedly dilated, measuring up to 4 cm in axial diameter. The right cardiac chambers are also prominent. There is moderate pericardial effusion. The liver shows no obvious mass. Tiny densities within the gallbladder may represent stones or polyps. Nonspecific mild gallbladder mural thickening and periportal periportal oedema is noted. The biliary ducts are not dilated. The pancreas, spleen, adrenal glands and kidneys are unremarkable. The bowel loops appear grossly unremarkable save for several scattered uncomplicated colonic diverticula. The urinary bladder is collapsed, limiting assessment. No suspicious adnexal or pelvic mass is seen. No significantly enlarged intra-abdominal lymph node or ascites is detected. Subcentimetre external iliac lymph nodes are nonspecific. There is mild presacral stranding/fluid and diffuse subcutaneous oedema. CONCLUSION 1. Subpleural reticular changes with apicobasal gradience, in keeping with pulmonary fibrosis. There is also scarring in the lower lobe with traction bronchiectasis. No significant honeycombing is detected to suggest definite UIP. No suspicious pulmonary mass is detected. 2. Dilated right cardiac chambers and pulmonary trunk. Moderate pericardial effusion. 3. Mild gallbladder and subcutaneous oedema. 4. Uncomplicated colonic diverticula. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: ad3c428b00946f54e181f63a88f0910b48540a668712bc65808113f2911f8aac

Updated Date Time: 31/5/2019 10:42

## Layman Explanation

This radiology report discusses HISTORY Significant LOW TRO malignancy Also ? ILD with traction bronchiectasis diagnosed in private TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is subpleural reticular changes as evidenced by the intra- and interlobular septal line thickening which appears worse in the lung bases. There is also scarring in the lung bases with traction bronchiectasis. No significant honeycombing is detected. The apparent ground-glass opacities in the lingula, middle lobe and lower lobes are non-specific and may be due to the fibrotic change. No consolidation or suspicious pulmonary mass is detected. There is no pleural or pericardial effusion. Prominent lymph nodes in the prevascular, bilateral paratracheal and subcarinal region with subcentimetre lymph nodes in the hila, are nonspecific, probably reactive. The pulmonary trunk is markedly dilated, measuring up to 4 cm in axial diameter. The right cardiac chambers are also prominent. There is moderate pericardial effusion. The liver shows no obvious mass. Tiny densities within the gallbladder may represent stones or polyps. Nonspecific mild gallbladder mural thickening and periportal periportal oedema is noted. The biliary ducts are not dilated. The pancreas, spleen, adrenal glands and kidneys are unremarkable. The bowel loops appear grossly unremarkable save for several scattered uncomplicated colonic diverticula. The urinary bladder is collapsed, limiting assessment. No suspicious adnexal or pelvic mass is seen. No significantly enlarged intra-abdominal lymph node or ascites is detected. Subcentimetre external iliac lymph nodes are nonspecific. There is mild presacral stranding/fluid and diffuse subcutaneous oedema. CONCLUSION 1. Subpleural reticular changes with apicobasal gradience, in keeping with pulmonary fibrosis. There is also scarring in the lower lobe with traction bronchiectasis. No significant honeycombing is detected to suggest definite UIP. No suspicious pulmonary mass is detected. 2. Dilated right cardiac chambers and pulmonary trunk. Moderate pericardial effusion. 3. Mild gallbladder and subcutaneous oedema. 4. Uncomplicated colonic diverticula. 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.