# Row 7128

Visit Number: 2e5cd174d4bcda1e6e1ccc57472340bc670a1f1e0ae7b2ea9fe7be0a5da92253

Masked\_PatientID: 7128

Order ID: 18c6508395217f32a92a463112134a86bc1039725b06238f379503b4f7dcb581

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/3/2016 9:10

Line Num: 1

Text: HISTORY right frontal lobe lesion. 4/7 of left sided weakness. for tumour work up. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Thorax There is an irregular opacity measuring approximately 3 cm x 2.5 cm, at the apical segment of the right upper lobe with an eccentric region of cavitation (series 402 image 15). This opacity is applied on to the adjacent paramediastinal pleural surface. The adjacent pulmonary parenchyma shows ground-glass opacification. the airways leading up to the region of abnormality shows thickening. The rest of the lungs show no focal soft tissue lesion. Both lungs cysts are present at the basal segments of the right lower lobe. No enlarged mediastinal lymph nodes are present. The heart size is normal. Abdomen and pelvis. The liver has a smooth outline and no focal suspicious hepatic parenchymal abnormality is seen. The gallbladder contains nondependent material and appears compartmentalised. This may represent either sludge or stones. No pericholecystic inflammatory change and there is no dilatation of the common duct. The pancreas, spleen and both adrenals are unremarkable. The kidneys enhance in a symmetrical manner with well-defined cortical hypodensities that are likely cysts. The bowel shows no suspicious thickening or dilatation. Scattered outpouching at the right hemicolon is in keeping with uncomplicated diverticula. No free fluid is seen within the abdomen. CONCLUSION The irregular soft tissue density at the apical segment of the right upper lobe has the appearance that would favour an inflammatory lesion in given the configuration and theground-glass changes. An abscess particularly mycobacterial infection given the apical upper lobe location is favoured rather than a carcinoma. Histological and bacteriological confirmation would be prudent. No detected distal deposits within the rest of the chest, abdomen and pelvis. May need further action Finalised by: <DOCTOR>

Accession Number: 446bc62bbd225cccdc70f0b36d39f95071f430eed91425d2a9482d63b7718ad8

Updated Date Time: 06/3/2016 10:35

## Layman Explanation

This radiology report discusses HISTORY right frontal lobe lesion. 4/7 of left sided weakness. for tumour work up. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Thorax There is an irregular opacity measuring approximately 3 cm x 2.5 cm, at the apical segment of the right upper lobe with an eccentric region of cavitation (series 402 image 15). This opacity is applied on to the adjacent paramediastinal pleural surface. The adjacent pulmonary parenchyma shows ground-glass opacification. the airways leading up to the region of abnormality shows thickening. The rest of the lungs show no focal soft tissue lesion. Both lungs cysts are present at the basal segments of the right lower lobe. No enlarged mediastinal lymph nodes are present. The heart size is normal. Abdomen and pelvis. The liver has a smooth outline and no focal suspicious hepatic parenchymal abnormality is seen. The gallbladder contains nondependent material and appears compartmentalised. This may represent either sludge or stones. No pericholecystic inflammatory change and there is no dilatation of the common duct. The pancreas, spleen and both adrenals are unremarkable. The kidneys enhance in a symmetrical manner with well-defined cortical hypodensities that are likely cysts. The bowel shows no suspicious thickening or dilatation. Scattered outpouching at the right hemicolon is in keeping with uncomplicated diverticula. No free fluid is seen within the abdomen. CONCLUSION The irregular soft tissue density at the apical segment of the right upper lobe has the appearance that would favour an inflammatory lesion in given the configuration and theground-glass changes. An abscess particularly mycobacterial infection given the apical upper lobe location is favoured rather than a carcinoma. Histological and bacteriological confirmation would be prudent. No detected distal deposits within the rest of the chest, abdomen and pelvis. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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