# Row 7928

Visit Number: 7c7b472f3f823e3728a6cbbd892b958e5e6dfa42030f3ab65482d2699c3d3a82

Masked\_PatientID: 7917

Order ID: 3d585ec272b8fabd288766df2d923cc96be01684b0f71f7ab17c80705e7cf96f

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 04/9/2017 15:20

Line Num: 1

Text: HISTORY Rt CAP TRO underlying malignancy; hemoptysis with CT liver & adrenals TECHNIQUE Contrast-enhanced CT of the thorax and abdomen. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 FINDINGS Comparison is made with the CT of 17 December 2013. The chest x-ray of 9 April 2017 was reviewed. The patch of air-space consolidation in the right mid zone seen on the last chest x-ray appears have resolved, leaving some scarring and mild bronchiectasis. No underlying pulmonary mass is identified. No enlarged lymph node is identified in the mediastinum and pulmonary hila. There is no pleural or pericardial effusion. There is a large sliding hiatal hernia. The liver shows a well-defined 1.3 x 0.9 cm hypodense lesion in the subcapsular aspect of segment 8, probably representing a cyst. The liver also shows a 1.3 x 0.9 cm hypodense lesion in the subcapsular aspect of segment 3, probably also representing a cyst. The liver shows diffusely decreased density, consistent with steatosis. The biliary tree is not dilated. The gallbladder appears normal. The spleen is unremarkable. The pancreas is atrophic. The adrenal glands are normal. The kidneys show several small well-defined non-enhancing hypodense lesions, consistent with cysts. The largest cyst measures 2.1 x 1.5 cm and is located in the interpolar region of the left kidney. There is no hydronephrosis. No enlarged lymph node is seen in the retroperitoneum. There is no ascites. Several subcentimetre diverticula are identified in the ascending colon. Several small diverticula are also seen in the jejunum. The rest of the bowel appears unremarkable. There is generalised osteopenia. There are compression fractures of T6, T9, and L2. CONCLUSION No primary lung malignancy is detected. The patch of air-space consolidation in the right mid zone seen on the last chest x-ray appears to have resolved, leaving some scarring and mild bronchiectasis. Known / Minor Finalised by: <DOCTOR>

Accession Number: f5da93b6ea25ed39c081e60a28e415a359d7230cc21f87c00b8721481bb092ed

Updated Date Time: 05/9/2017 16:06

## Layman Explanation

This radiology report discusses HISTORY Rt CAP TRO underlying malignancy; hemoptysis with CT liver & adrenals TECHNIQUE Contrast-enhanced CT of the thorax and abdomen. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 FINDINGS Comparison is made with the CT of 17 December 2013. The chest x-ray of 9 April 2017 was reviewed. The patch of air-space consolidation in the right mid zone seen on the last chest x-ray appears have resolved, leaving some scarring and mild bronchiectasis. No underlying pulmonary mass is identified. No enlarged lymph node is identified in the mediastinum and pulmonary hila. There is no pleural or pericardial effusion. There is a large sliding hiatal hernia. The liver shows a well-defined 1.3 x 0.9 cm hypodense lesion in the subcapsular aspect of segment 8, probably representing a cyst. The liver also shows a 1.3 x 0.9 cm hypodense lesion in the subcapsular aspect of segment 3, probably also representing a cyst. The liver shows diffusely decreased density, consistent with steatosis. The biliary tree is not dilated. The gallbladder appears normal. The spleen is unremarkable. The pancreas is atrophic. The adrenal glands are normal. The kidneys show several small well-defined non-enhancing hypodense lesions, consistent with cysts. The largest cyst measures 2.1 x 1.5 cm and is located in the interpolar region of the left kidney. There is no hydronephrosis. No enlarged lymph node is seen in the retroperitoneum. There is no ascites. Several subcentimetre diverticula are identified in the ascending colon. Several small diverticula are also seen in the jejunum. The rest of the bowel appears unremarkable. There is generalised osteopenia. There are compression fractures of T6, T9, and L2. CONCLUSION No primary lung malignancy is detected. The patch of air-space consolidation in the right mid zone seen on the last chest x-ray appears to have resolved, leaving some scarring and mild bronchiectasis. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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