# Row 8065

Visit Number: 2a4c09cf71d46a4df0eb6cf4ec9431dac63ba02fdebf2a81a8def023fcf4cb0e

Masked\_PatientID: 8057

Order ID: 06191294c5ee2c437c7a231bf71cc0be0f9a515acc2887a93c2690a3bc0a37be

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/2/2015 11:25

Line Num: 1

Text: HISTORY Pneumonia with persistent T2RF. Fungaemia. PR bleeding for ix. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 80 FINDINGS Previous chest radiographs were reviewed. There is a 9 x 9 mm nodule in the right lung apex (series seven image 17). There are nodular areas of ground-glass change and consolidation in both lungs, some in a tree in bud distribution. There is also bronchial wall thickening in both lungs with small cavities in the right upper lobe. There is debris identified in the airways at the posterobasal segment of both lower lobes. There is consolidation in both lower lobes. Small bilateral pleural effusions are present. There isno enlarged axillary, mediastinal or hilar lymph node. No focal suspicious hepatic mass or abscess. The spleen is unremarkable and is not enlarged. No focal splenic lesion. The pancreas is normal. No adrenal mass. No hydronephrosis or focal renal mass. No enlarged abdominal or pelvic lymph node. Bowel loops are normal calibre. There is colonic diverticular disease. Urinary bladder is collapsed and Foley catheter is in situ. No ascites. No bony destruction. Bifid right third rib is noted incidentally. CONCLUSION Patchy areas of nodular ground-glass opacities and consolidation in both lungs. There is bronchial wall thickening in both lungs with areas of cavitation in the right upper lobe as well as consolidation in both lower lobes. In the clinical setting of fungal sepsis, these findings may be concordant with fungal pneumonia. The nodule in the right lung apex may be attributable to part of the infection at this juncture. No CT evidence of infective focus in the abdomen and pelvis. May need further action Finalised by: <DOCTOR>

Accession Number: fa2f702894c302f1099816e17a7214e5a3bb601208164b6f6bcf810f24c2a4ab

Updated Date Time: 18/2/2015 12:01

## Layman Explanation

This radiology report discusses HISTORY Pneumonia with persistent T2RF. Fungaemia. PR bleeding for ix. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 80 FINDINGS Previous chest radiographs were reviewed. There is a 9 x 9 mm nodule in the right lung apex (series seven image 17). There are nodular areas of ground-glass change and consolidation in both lungs, some in a tree in bud distribution. There is also bronchial wall thickening in both lungs with small cavities in the right upper lobe. There is debris identified in the airways at the posterobasal segment of both lower lobes. There is consolidation in both lower lobes. Small bilateral pleural effusions are present. There isno enlarged axillary, mediastinal or hilar lymph node. No focal suspicious hepatic mass or abscess. The spleen is unremarkable and is not enlarged. No focal splenic lesion. The pancreas is normal. No adrenal mass. No hydronephrosis or focal renal mass. No enlarged abdominal or pelvic lymph node. Bowel loops are normal calibre. There is colonic diverticular disease. Urinary bladder is collapsed and Foley catheter is in situ. No ascites. No bony destruction. Bifid right third rib is noted incidentally. CONCLUSION Patchy areas of nodular ground-glass opacities and consolidation in both lungs. There is bronchial wall thickening in both lungs with areas of cavitation in the right upper lobe as well as consolidation in both lower lobes. In the clinical setting of fungal sepsis, these findings may be concordant with fungal pneumonia. The nodule in the right lung apex may be attributable to part of the infection at this juncture. No CT evidence of infective focus in the 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.