# Row 8316

Visit Number: d73e65a7ff72e7ea4daea068238f1e1998184921f445873a739cc9b1c60a3a49

Masked\_PatientID: 8305

Order ID: a24ef55f516fabff81c0dd8ccd3a90abad8b87223514aeb4f483de384b1383b3

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/6/2019 11:04

Line Num: 1

Text: HISTORY persistent LOA with no clear cause for evaluation TRO malignancy b/g ESRF s/p Deceased Donor Renal Transplant (DDRTx) (1995) with known IPMN TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil Positive OralContrast Lack of intravenous contrast reduces the studies sensitivity. FINDINGS Comparison is made with the CT of 08/08/2018. Bilateral pleural effusions are noted, larger on the left. There is adjacent atelectasis of the lungs. No suspicious pulmonary mass or consolidation is seen. No enlarged mediastinal, hilar, supraclavicular or axillary lymph node. The heart is enlarged. There is no pericardial effusion. No gross hepatic mass. Mural thickening of the gallbladder probably related to chronic cholecystitis. The biliary tree is not dilated. The spleen, right adrenal gland are unremarkable. Stable 1.0 cm left adrenal nodule (average HU 6), likely an adenoma. The pancreas appears atrophic with the previously noted cystic foci not well visualised due to lack of intravenous contrast. There is no gross pancreatic mass identified. Both kidneys are smaller in size compatible with chronic renal disease. Bilateral renal cysts are noted, with a stable focusof calcification at the left upper pole, probably parenchymal. The right iliac fossa transplanted kidney is small in size with a 1.8 cm cyst within. The urinary bladder is collapsed. Uterine calcifications are noted, possibly due to fibroids. No suspicious adnexal mass seen. No enlarged abdominal or pelvic lymph node detected. No dilated loops of bowel are seen. Small volume pelvic ascites is noted. No destructive bony lesion seen. Soft tissue thickening is seen adjacent to thesacrum possibly postinflammatory. Suggest clinical correlation. CONCLUSION 1. No suspicious mass identified in the thorax, abdomen or pelvis. There is suboptimal visualisation of the pancreas due to lack of intravenous contrast, however no gross mass is seen. 2. Bilateral pleural effusions with adjacent atelectasis, larger on the left. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: f918c8883a6a5b6c3dbc78020a829c0106b67822284a29cfbe3aed47e2661903

Updated Date Time: 19/6/2019 12:00

## Layman Explanation

This radiology report discusses HISTORY persistent LOA with no clear cause for evaluation TRO malignancy b/g ESRF s/p Deceased Donor Renal Transplant (DDRTx) (1995) with known IPMN TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil Positive OralContrast Lack of intravenous contrast reduces the studies sensitivity. FINDINGS Comparison is made with the CT of 08/08/2018. Bilateral pleural effusions are noted, larger on the left. There is adjacent atelectasis of the lungs. No suspicious pulmonary mass or consolidation is seen. No enlarged mediastinal, hilar, supraclavicular or axillary lymph node. The heart is enlarged. There is no pericardial effusion. No gross hepatic mass. Mural thickening of the gallbladder probably related to chronic cholecystitis. The biliary tree is not dilated. The spleen, right adrenal gland are unremarkable. Stable 1.0 cm left adrenal nodule (average HU 6), likely an adenoma. The pancreas appears atrophic with the previously noted cystic foci not well visualised due to lack of intravenous contrast. There is no gross pancreatic mass identified. Both kidneys are smaller in size compatible with chronic renal disease. Bilateral renal cysts are noted, with a stable focusof calcification at the left upper pole, probably parenchymal. The right iliac fossa transplanted kidney is small in size with a 1.8 cm cyst within. The urinary bladder is collapsed. Uterine calcifications are noted, possibly due to fibroids. No suspicious adnexal mass seen. No enlarged abdominal or pelvic lymph node detected. No dilated loops of bowel are seen. Small volume pelvic ascites is noted. No destructive bony lesion seen. Soft tissue thickening is seen adjacent to thesacrum possibly postinflammatory. Suggest clinical correlation. CONCLUSION 1. No suspicious mass identified in the thorax, abdomen or pelvis. There is suboptimal visualisation of the pancreas due to lack of intravenous contrast, however no gross mass is seen. 2. Bilateral pleural effusions with adjacent atelectasis, larger on the left. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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