# Row 8754

Visit Number: c97a659d3c1ea2d3ffde2623e074de3685fb2584608472a046f2dad5281650e9

Masked\_PatientID: 8735

Order ID: 48dfc53917f4b859d2178805e9829cd51fa56953be512d368d6aeeb4a19cfc73

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 26/5/2018 8:55

Line Num: 1

Text: HISTORY possible Invasive fungal infection - Hepatic lesions with pulmonary nodules (hematogenous spread), worrying for invasive candidiasis / trichoscoporonosis although cultures negative - Pulmonary nodules seen on recent CT chest on 12/5/2018, IPA still a possibility, - for rescan to look for change TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 58 FINDINGS Compared with previous CT chest study dated 12/05/2018 and CT abdomen study dated 20/04/2018. The previously seen bilateral lung nodules are noted again. Some of these are larger now and appear slightly necrotic and some show interval cavitation for example the lesion in the left upper lobe compare 5-27 current versus 402-33 previous. The other lesion in right upper lobe with interval cavitation and enlargement (5-28 current versus 402-32 previous). Largest of these in upper lobe measures up to 2.6 x 2 cm. No interval new nodules are seen. Mild background interstitial thickening is present which may represent a degree of oedema. The airways are patent. No consolidation. Interval bilateral small pleural effusions developed. A pericardial effusion is present which has increased in the interval. No pericardial thickening or nodularity. Small volume right hilar lymph nodes. The mediastinal vasculature enhances normally. Hypodensity in segment VIII of the liver remains stable. No other focal hepatic lesions. Uncomplicated cholelithiasis. The spleen, pancreas, adrenal glands, kidneys and imaged bowel loops appear grossly normal. No enlarged lymph nodes or ascites. No suspicious bony lesions. CONCLUSION Compared with previous CT chest study of 12/05/2018,. The lung nodules are slightly larger and show interval necrosis and some show interval cavitation. These are likely to be infective. No interval new nodules or consolidation. Interval development of bilateral small pleural effusions and increase in pericardial effusion. Right lobe hepatic lesion appears fairly stable. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 2b942c5ad831eba78a729df210c246a0401ae36526400c587a34f46f0508e242

Updated Date Time: 26/5/2018 10:11

## Layman Explanation

This radiology report discusses HISTORY possible Invasive fungal infection - Hepatic lesions with pulmonary nodules (hematogenous spread), worrying for invasive candidiasis / trichoscoporonosis although cultures negative - Pulmonary nodules seen on recent CT chest on 12/5/2018, IPA still a possibility, - for rescan to look for change TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 58 FINDINGS Compared with previous CT chest study dated 12/05/2018 and CT abdomen study dated 20/04/2018. The previously seen bilateral lung nodules are noted again. Some of these are larger now and appear slightly necrotic and some show interval cavitation for example the lesion in the left upper lobe compare 5-27 current versus 402-33 previous. The other lesion in right upper lobe with interval cavitation and enlargement (5-28 current versus 402-32 previous). Largest of these in upper lobe measures up to 2.6 x 2 cm. No interval new nodules are seen. Mild background interstitial thickening is present which may represent a degree of oedema. The airways are patent. No consolidation. Interval bilateral small pleural effusions developed. A pericardial effusion is present which has increased in the interval. No pericardial thickening or nodularity. Small volume right hilar lymph nodes. The mediastinal vasculature enhances normally. Hypodensity in segment VIII of the liver remains stable. No other focal hepatic lesions. Uncomplicated cholelithiasis. The spleen, pancreas, adrenal glands, kidneys and imaged bowel loops appear grossly normal. No enlarged lymph nodes or ascites. No suspicious bony lesions. CONCLUSION Compared with previous CT chest study of 12/05/2018,. The lung nodules are slightly larger and show interval necrosis and some show interval cavitation. These are likely to be infective. No interval new nodules or consolidation. Interval development of bilateral small pleural effusions and increase in pericardial effusion. Right lobe hepatic lesion appears fairly stable. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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