# Row 1151

Visit Number: f7f521b98298ec913ff8b2c7f41596a403e6e8266a07d65c4bd71d9cef4c544c

Masked\_PatientID: 1151

Order ID: 16632e9e27e5a5ab38c1a96ffc6932dcbf39fd02ffba9ef4152314443e44c9ca

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/12/2017 12:29

Line Num: 1

Text: HISTORY painless jaundice with constitutional symptoms, moderate right pleural effusion; to look for malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGSPrevious chest radiograph dated 4 December 2017 was reviewed. CHEST Moderate right pleural effusion associated with compressive atelectasis in the right lung. Small left pleural effusion with compressive atelectasis in the left lower lobe. There is also consolidation in the basal right lower lobe. No suspicious pulmonary nodule or mass is seen in the aerated portions of the lungs. The trachea and central airways are patent. No overt pleural thickening or nodularity. No significant supraclavicular, hilar or axillary adenopathy. Small volume mediastinal nodes are nonspecific and may be reactive. There is cardiomegaly and a small pericardial effusion measuring up to 1.3 cm in depth at the postero-inferior aspect. Included thyroid gland is unremarkable. ABDOMEN AND PELVIS The liver maintains a relatively smooth contour. There is diffuse heterogeneous, mottled enhancement of the liver, likely due to congestion, with no discrete suspicious hepatic lesion. No radiodense gallstone; biliary tree is not dilated. Pancreas, spleen and adrenals are unremarkable. The right kidney is malrotated. Subcentimetre hypodensity in the right renal lower pole is too small to accurately characterise (se 8/69). There is focal scarring in the right renal midpole. In the left renal lower pole, there is a focus of hypodensity which displays a wedge-shaped appearance, associated with mild perinephric fat stranding (se 10/30) – this may represent pyelonephritis with a focal fluid collection (1.8 x 1.6 cm) or complicated cyst. No perinephric collection or hydronephrosis. Partially distended urinary bladder is unremarkable. Prostate gland is not enlarged. Imaged bowel loops are grossly unremarkable. No significant abdominopelvic adenopathy or free air. There is a moderate amount of fluid density ascites. Mild diffuse subcutaneous stranding is observed. BONES There is no destructive bony lesion. CONCLUSION 1. No convincing CT evidence of sinister mass in the thorax, abdomen or pelvis. 2. Cardiomegaly with a small pericardial effusion, bilateral pleural effusions (R>L) and ascites – features concerning of cardiac dysfunction. Heterogeneous enhancement of the liver raises possibility of passive hepatic congestion. Clinical correlation is suggested. 3. Right lower lobe basal consolidation. 4. Possible inflammatory changes (i.e. pyelonephritis) in the left renal lower pole with a small focal fluid collection versus a complicated cyst. This will need correlation with urinary findings and follow-up with renal ultrasound. 5. Other findings as described above. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: d6f4fb4572c8600e8242b7a43ab0c1fbf5636fa3a11fae247f78291f30907a28

Updated Date Time: 06/12/2017 18:34

## Layman Explanation

This radiology report discusses HISTORY painless jaundice with constitutional symptoms, moderate right pleural effusion; to look for malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGSPrevious chest radiograph dated 4 December 2017 was reviewed. CHEST Moderate right pleural effusion associated with compressive atelectasis in the right lung. Small left pleural effusion with compressive atelectasis in the left lower lobe. There is also consolidation in the basal right lower lobe. No suspicious pulmonary nodule or mass is seen in the aerated portions of the lungs. The trachea and central airways are patent. No overt pleural thickening or nodularity. No significant supraclavicular, hilar or axillary adenopathy. Small volume mediastinal nodes are nonspecific and may be reactive. There is cardiomegaly and a small pericardial effusion measuring up to 1.3 cm in depth at the postero-inferior aspect. Included thyroid gland is unremarkable. ABDOMEN AND PELVIS The liver maintains a relatively smooth contour. There is diffuse heterogeneous, mottled enhancement of the liver, likely due to congestion, with no discrete suspicious hepatic lesion. No radiodense gallstone; biliary tree is not dilated. Pancreas, spleen and adrenals are unremarkable. The right kidney is malrotated. Subcentimetre hypodensity in the right renal lower pole is too small to accurately characterise (se 8/69). There is focal scarring in the right renal midpole. In the left renal lower pole, there is a focus of hypodensity which displays a wedge-shaped appearance, associated with mild perinephric fat stranding (se 10/30) – this may represent pyelonephritis with a focal fluid collection (1.8 x 1.6 cm) or complicated cyst. No perinephric collection or hydronephrosis. Partially distended urinary bladder is unremarkable. Prostate gland is not enlarged. Imaged bowel loops are grossly unremarkable. No significant abdominopelvic adenopathy or free air. There is a moderate amount of fluid density ascites. Mild diffuse subcutaneous stranding is observed. BONES There is no destructive bony lesion. CONCLUSION 1. No convincing CT evidence of sinister mass in the thorax, abdomen or pelvis. 2. Cardiomegaly with a small pericardial effusion, bilateral pleural effusions (R>L) and ascites – features concerning of cardiac dysfunction. Heterogeneous enhancement of the liver raises possibility of passive hepatic congestion. Clinical correlation is suggested. 3. Right lower lobe basal consolidation. 4. Possible inflammatory changes (i.e. pyelonephritis) in the left renal lower pole with a small focal fluid collection versus a complicated cyst. This will need correlation with urinary findings and follow-up with renal ultrasound. 5. Other findings as described above. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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