# Row 2635

Visit Number: d719fa8ee8ed0009cdb57b8bcfb9ecad2d7caf01cbc4b8124775ef2b658e4fda

Masked\_PatientID: 2609

Order ID: 355e325a8ed64354cdc8e6f5e132aff5e6701222633f141498aa8d036d4a7391

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/12/2020 19:25

Line Num: 1

Text: HISTORY Hypercalemia TRO malignancy TECHNIQUE Unenhanced scans acquired as per department protocol after administration of positive oral contrast FINDINGS CHEST Comparison was made with the previous study done on 9 April 2019. Ground-glass opacities and consolidation is noted in bilateral upper lobes, more on the right. Centrilobular emphysema is noted bilaterally predominantly in the upper lobes. Bronchiectasis noted in the middle lobe with areas of mucus plugging and adjacent air space opacities. Minimal changes are also noted in the right lower lobe. Moderate low density right pleural effusion and small amount of left pleural effusion. No pleural effusion, thickening, or pneumothorax. No enlarged thoracic lymph node. No supraclavicular or axillary lymphadenopathy. Post CABG. Cardiac size appears normal. No pericardial effusion. ABDOMEN AND PELVIS CT KUB done on 11 February 2016 was reviewed. Tip of the feeding tube is noted in the stomach. The liver, spleen, both adrenal glands show no abnormalities. Pancreas is atrophic. Both kidneys are atrophic with cortical thinning consistent with known chronic renal parenchymal disease. No calculus or hydronephrosis. No calcified gallstone. No biliary dilatation. The urinary bladder is normal in appearance. Prostate is enlarged. Bowel is normal in caliber without appreciable wall thickening. Multiple scattered uncomplicated colonic diverticula, predominantly in the sigmoid colon. No abdominal or pelvic lymphadenopathy. No free intraperitoneal fluid / air. Extensive vascular calcifications are noted. T7 and L4 compression fractures noted. Generalised demineralisation. Few old rib fractures are noted in the right side. Focal sclerotic opacity in the left tenth rib may represent bone island. No destructive osseous lesion. CONCLUSION The pulmonary changes are likely due to infective aetiology. No evidence of malignancy in the chest, abdomen and pelviswithin the limitations of an study. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: c818bc2c757af2f8e0f83935bdc47ab48a649d0581cf6202d3baf4461498aaa5

Updated Date Time: 04/12/2020 20:13

## Layman Explanation

This radiology report discusses HISTORY Hypercalemia TRO malignancy TECHNIQUE Unenhanced scans acquired as per department protocol after administration of positive oral contrast FINDINGS CHEST Comparison was made with the previous study done on 9 April 2019. Ground-glass opacities and consolidation is noted in bilateral upper lobes, more on the right. Centrilobular emphysema is noted bilaterally predominantly in the upper lobes. Bronchiectasis noted in the middle lobe with areas of mucus plugging and adjacent air space opacities. Minimal changes are also noted in the right lower lobe. Moderate low density right pleural effusion and small amount of left pleural effusion. No pleural effusion, thickening, or pneumothorax. No enlarged thoracic lymph node. No supraclavicular or axillary lymphadenopathy. Post CABG. Cardiac size appears normal. No pericardial effusion. ABDOMEN AND PELVIS CT KUB done on 11 February 2016 was reviewed. Tip of the feeding tube is noted in the stomach. The liver, spleen, both adrenal glands show no abnormalities. Pancreas is atrophic. Both kidneys are atrophic with cortical thinning consistent with known chronic renal parenchymal disease. No calculus or hydronephrosis. No calcified gallstone. No biliary dilatation. The urinary bladder is normal in appearance. Prostate is enlarged. Bowel is normal in caliber without appreciable wall thickening. Multiple scattered uncomplicated colonic diverticula, predominantly in the sigmoid colon. No abdominal or pelvic lymphadenopathy. No free intraperitoneal fluid / air. Extensive vascular calcifications are noted. T7 and L4 compression fractures noted. Generalised demineralisation. Few old rib fractures are noted in the right side. Focal sclerotic opacity in the left tenth rib may represent bone island. No destructive osseous lesion. CONCLUSION The pulmonary changes are likely due to infective aetiology. No evidence of malignancy in the chest, abdomen and pelviswithin the limitations of an study. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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