# Row 2968

Visit Number: 678479bf73b700e6b835f604383d54c618938760097c2bf7b5f6ef71a1dc9ccc

Masked\_PatientID: 2968

Order ID: 9f35a0ade667c491af614ddad6396b7f3bc7b3228d8ddcc543da0622dac2daaf

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/3/2019 13:54

Line Num: 1

Text: HISTORY fever, loss of weight, bicytopenia TRO malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with CT KUB of 5\6\2013. No CT thorax comparisonis available. ABDOMEN AND PELVIS No suspicious focal hepatic lesion detected. No biliary obstruction discerned. Portal and hepatic veins enhance normally. No hydronephrosis noted. No suspicious renal mass is seen. There is an apparent nodular indentation of the perinephric fat into the posterior right upper kidney (501-63, 503-36) more likely due to scarring than an angiomyolipoma as there is no discrete outer margin at the mid and superior aspect. This appearance is unchanged since earliest CT of 27\1\2003. Bilateral renal cysts are present, a few of which at the right lower pole are too small to characterise while those on the left are mostly sizeable. The largest of these measures 12 x 10 x 15 cm, exophytic at theanterior left lower pole and few sites of linear calcifications along the wall and possibly along a hairline thin septum that is not well appreciated on CT (503-60, 501-81). No suspicious solid component is otherwise noted. Urinary bladder is under distended but otherwise with no focal mass or urinary stone. The prostate is not enlarged but shows median lobe hypertrophy and intravesical protrusion. Seminal vesicles are unremarkable. A few uncomplicated colonic diverticula are noted, mostly along the sigmoid colon. Uncomplicated periampullary D2 duodenal diverticulum is also noted. Rest of the bowel are unremarkable, with no focal mass or abnormal thickening. There is no bowel dilatation to suggest obstruction. No enlarged nodes seen. The abdominal aorta is tortuous and of normal calibre with scanty calcifications. No ascites, peritoneal thickening or omental caking noted. THORAX AND BONES Patchy consolidation is seen in the left lower lobe, with air bronchograms traversing through, likely infective. No obstructing lung mass is seen. A 4 mm nodule is noted in basal right lower lobe (401-73) relatively flat on coronal view. There are several patches of ground-glass changes in the lung apices bilaterally, mostly on the left measuring up to 25 x 25 x 20 mm (401-17) at posterior left apex. No internal solid component or airway dilatation is noted. Rest of both lungs are clear. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. Small volume mediastinal and hilar nodes are not enlarged by size criteria and shows normal morphology. No supraclavicular or axillary adenopathy. Heart size is normal. Coronary stent noted at proximal LAD. Heart size is normal. No pericardial effusion noted. Sliver of left pleural effusion is seen. Prominent lucent foci at the acetabulum bilaterally with discrete sclerotic rim, with worsening bilateral hip joint interval especially on the right, are likely degenerative. Lower lumbar spondylosis also noted. No compression fracture is seen. CONCLUSION 1. Left lower lobe consolidation is likely infective. Follow-up to resolution is suggested. 2. A 4 mm nodule in right lower lobe and the patchy ground-glass changes in the lung apices are indeterminate but possibly also infective. Suggest interval follow-up to document improvement or resolution. 3. No ominous mass seen in the abdomen and pelvis. Bilateral large renal cystsshow no suspicious features. 4. Other minor findings as described. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: eb9c0d68637872c768844ef43f3a84cb074ad2560cc470c4123cd72ce45af52a

Updated Date Time: 13/3/2019 16:05

## Layman Explanation

This radiology report discusses HISTORY fever, loss of weight, bicytopenia TRO malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with CT KUB of 5\6\2013. No CT thorax comparisonis available. ABDOMEN AND PELVIS No suspicious focal hepatic lesion detected. No biliary obstruction discerned. Portal and hepatic veins enhance normally. No hydronephrosis noted. No suspicious renal mass is seen. There is an apparent nodular indentation of the perinephric fat into the posterior right upper kidney (501-63, 503-36) more likely due to scarring than an angiomyolipoma as there is no discrete outer margin at the mid and superior aspect. This appearance is unchanged since earliest CT of 27\1\2003. Bilateral renal cysts are present, a few of which at the right lower pole are too small to characterise while those on the left are mostly sizeable. The largest of these measures 12 x 10 x 15 cm, exophytic at theanterior left lower pole and few sites of linear calcifications along the wall and possibly along a hairline thin septum that is not well appreciated on CT (503-60, 501-81). No suspicious solid component is otherwise noted. Urinary bladder is under distended but otherwise with no focal mass or urinary stone. The prostate is not enlarged but shows median lobe hypertrophy and intravesical protrusion. Seminal vesicles are unremarkable. A few uncomplicated colonic diverticula are noted, mostly along the sigmoid colon. Uncomplicated periampullary D2 duodenal diverticulum is also noted. Rest of the bowel are unremarkable, with no focal mass or abnormal thickening. There is no bowel dilatation to suggest obstruction. No enlarged nodes seen. The abdominal aorta is tortuous and of normal calibre with scanty calcifications. No ascites, peritoneal thickening or omental caking noted. THORAX AND BONES Patchy consolidation is seen in the left lower lobe, with air bronchograms traversing through, likely infective. No obstructing lung mass is seen. A 4 mm nodule is noted in basal right lower lobe (401-73) relatively flat on coronal view. There are several patches of ground-glass changes in the lung apices bilaterally, mostly on the left measuring up to 25 x 25 x 20 mm (401-17) at posterior left apex. No internal solid component or airway dilatation is noted. Rest of both lungs are clear. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. Small volume mediastinal and hilar nodes are not enlarged by size criteria and shows normal morphology. No supraclavicular or axillary adenopathy. Heart size is normal. Coronary stent noted at proximal LAD. Heart size is normal. No pericardial effusion noted. Sliver of left pleural effusion is seen. Prominent lucent foci at the acetabulum bilaterally with discrete sclerotic rim, with worsening bilateral hip joint interval especially on the right, are likely degenerative. Lower lumbar spondylosis also noted. No compression fracture is seen. CONCLUSION 1. Left lower lobe consolidation is likely infective. Follow-up to resolution is suggested. 2. A 4 mm nodule in right lower lobe and the patchy ground-glass changes in the lung apices are indeterminate but possibly also infective. Suggest interval follow-up to document improvement or resolution. 3. No ominous mass seen in the abdomen and pelvis. Bilateral large renal cystsshow no suspicious features. 4. Other minor findings as described. 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.