# Row 3349

Visit Number: 6d4df906d040c6e1966c3a41828a0556176ff120a452011ce02a3c2e5e1de14f

Masked\_PatientID: 3348

Order ID: 8b100c24f94d2fdd286d75c3cea8b5694c60c3bac300c982e8a66e5bc4b02a2a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/7/2017 18:07

Line Num: 1

Text: HISTORY Raised TW, nil source found TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Compared with previous CT abdomen study dated 19/03/2014 In chest, the mediastinal vasculature enhances normally. No significantly enlarged mediastinal or hilar lymph nodes. A few calcified mediastinal nodes are present. Atheromatous changes in thoracic aorta. The central pulmonary arteries are dilated, likely indicating pulmonary artery hypertension. Extensive emphysematous changes in both lungs with large bullae in apical regions. Some scarring and calcifications are also present in upper lobes bilaterally, likely sequelae of previous granulomatous infection. There is thickening of some of the emphysematous bullae in lower lobes which however appears nonspecific. No overtly suspicious mass or consolidation. Major airways are patent. No pleural or pericardial effusions. Status post cholecystectomy. Previously seen collection in postsurgical bed is no longer visualised. A hypodense area in segment five (501-38), likely represent sequelae from previous healing. Rest of the liver otherwise appears unremarkable. Pneumobilia noted with gas within intrahepatic biliary tree and CBD. No convincing distal large calculus is identified. Hepatic and portal veins enhanced normally. The pancreas , spleen, right adrenal gland and kidneys appear unremarkable save for afew hypodensities in the kidneys which are likely cysts. Slightly bulky left adrenal gland, stable appearance. A few uncomplicated colonic diverticula are present. The bowel loops are not dilated. Prostate is mildly enlarged. Urinary bladder appears unremarkable. No enlarged lymph nodes or ascites. Atheromatous changes in abdominal aorta and its visceral branches. No destructive bony lesions. CONCLUSION 1. No obvious abscess or suspicious abnormality in chest, abdomen or pelvis. 2. Prominent emphysematous changes in both lungs with pulmonary artery hypertension and dilated central pulmonary arteries.. Some scarring and calcifications in upper lobes with a few calcified lymph nodes are likely sequelae of previous granulomatous infection. 3. A subcentimetre hypodense area in segment five of liver, likely represent sequelae from previous collection in this region. 4. Other minor findings as described above. Known / Minor Finalised by: <DOCTOR>

Accession Number: fafdd3edabdef6c8da17be2f42c8fcf42aa023eb6e2a62d6215539046d8f9b2b

Updated Date Time: 16/7/2017 15:43

## Layman Explanation

This radiology report discusses HISTORY Raised TW, nil source found TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Compared with previous CT abdomen study dated 19/03/2014 In chest, the mediastinal vasculature enhances normally. No significantly enlarged mediastinal or hilar lymph nodes. A few calcified mediastinal nodes are present. Atheromatous changes in thoracic aorta. The central pulmonary arteries are dilated, likely indicating pulmonary artery hypertension. Extensive emphysematous changes in both lungs with large bullae in apical regions. Some scarring and calcifications are also present in upper lobes bilaterally, likely sequelae of previous granulomatous infection. There is thickening of some of the emphysematous bullae in lower lobes which however appears nonspecific. No overtly suspicious mass or consolidation. Major airways are patent. No pleural or pericardial effusions. Status post cholecystectomy. Previously seen collection in postsurgical bed is no longer visualised. A hypodense area in segment five (501-38), likely represent sequelae from previous healing. Rest of the liver otherwise appears unremarkable. Pneumobilia noted with gas within intrahepatic biliary tree and CBD. No convincing distal large calculus is identified. Hepatic and portal veins enhanced normally. The pancreas , spleen, right adrenal gland and kidneys appear unremarkable save for afew hypodensities in the kidneys which are likely cysts. Slightly bulky left adrenal gland, stable appearance. A few uncomplicated colonic diverticula are present. The bowel loops are not dilated. Prostate is mildly enlarged. Urinary bladder appears unremarkable. No enlarged lymph nodes or ascites. Atheromatous changes in abdominal aorta and its visceral branches. No destructive bony lesions. CONCLUSION 1. No obvious abscess or suspicious abnormality in chest, abdomen or pelvis. 2. Prominent emphysematous changes in both lungs with pulmonary artery hypertension and dilated central pulmonary arteries.. Some scarring and calcifications in upper lobes with a few calcified lymph nodes are likely sequelae of previous granulomatous infection. 3. A subcentimetre hypodense area in segment five of liver, likely represent sequelae from previous collection in this region. 4. Other minor findings as described above. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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