# Row 3403

Visit Number: e077cdb57c585794ad796cff3cb63b4626cff83229fc79325f027788c10d7c69

Masked\_PatientID: 3402

Order ID: bf93384cc4ea8a8e928116ffc03144265bad33fb2174d3177158283ca92b0ab6

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 23/4/2015 18:06

Line Num: 1

Text: HISTORY SOB, ?density on the left mediastinal area, TRO mass; heavy smoker likely de to have COPD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS No previous CTs available for comparison at time of reporting. Paraseptal and centrilobular emphysematous changes are seen in both lungs. Minor inflammatory or postinflammatory changes in the right upper lobe apical segment. A calcified granuloma is seen in the left lung lower lobe. There are prominent lymph nodes in the right tracheo-oesophageal station, aortopulmonary window, precarinal and subcarinal as well as bilateral hilar stations. These are indeterminate. No pleural or pericardial effusion. Perigastric and splenic varices are noted which drainage to the gastro-omental / middle colic veins. The portal and mesenteric veins are patent. The appearance of the liver is inconclusive for cirrhosis. The spleen is not grossly enlarged. No focal liver or splenic lesion is seen. The pancreas, adrenals, gallbladder and both kidneys are unremarkable apart from a small cyst in the right renal lower pole. No ascites or enlarged para-aortic nodes. The included bowel shows no gross abnormality. The bone settings show no destructive lesion. CONCLUSION Pulmonary emphysematous changes are noted with inflammatory - postinflammatory changes in the right lung upper lobe. No mediastinal masses are noted. However there are borderline bilateral hilar and mediastinal lymph nodes which are nonspecific. The upper abdominal varices are of uncertain cause or significance. Known / Minor Finalised by: <DOCTOR>

Accession Number: c87d39ead127f088babe75e75011a3f374e6161208264e5883ac0cdfa8b08807

Updated Date Time: 24/4/2015 9:19

## Layman Explanation

This radiology report discusses HISTORY SOB, ?density on the left mediastinal area, TRO mass; heavy smoker likely de to have COPD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS No previous CTs available for comparison at time of reporting. Paraseptal and centrilobular emphysematous changes are seen in both lungs. Minor inflammatory or postinflammatory changes in the right upper lobe apical segment. A calcified granuloma is seen in the left lung lower lobe. There are prominent lymph nodes in the right tracheo-oesophageal station, aortopulmonary window, precarinal and subcarinal as well as bilateral hilar stations. These are indeterminate. No pleural or pericardial effusion. Perigastric and splenic varices are noted which drainage to the gastro-omental / middle colic veins. The portal and mesenteric veins are patent. The appearance of the liver is inconclusive for cirrhosis. The spleen is not grossly enlarged. No focal liver or splenic lesion is seen. The pancreas, adrenals, gallbladder and both kidneys are unremarkable apart from a small cyst in the right renal lower pole. No ascites or enlarged para-aortic nodes. The included bowel shows no gross abnormality. The bone settings show no destructive lesion. CONCLUSION Pulmonary emphysematous changes are noted with inflammatory - postinflammatory changes in the right lung upper lobe. No mediastinal masses are noted. However there are borderline bilateral hilar and mediastinal lymph nodes which are nonspecific. The upper abdominal varices are of uncertain cause or significance. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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