# Row 3420

Visit Number: 7846c5d7dd3e422b2d270477c691ccbea7a0bc5455fc5f29dd6e558536435099

Masked\_PatientID: 3418

Order ID: e9babc2d4fac622a0c708442070668b3030f9d0d5f719ccbcc12237ca49f3a46

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/6/2016 16:43

Line Num: 1

Text: HISTORY Ix LOW and Proteinuria.; Mhx: Gout and Lipid. Referred for LOW. Stool OB when diarhoea. Found to have low Fe, CKD, Urethral stricture, DHF. C/E: LL Swelling much better. Has Left wrist warmth wtih reduce ROM. Otherwise unremarkable. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS The study is limited due to lack of intravenous contrast. There are multiple tiny centrilobular nodular opacities, some having tree inbud appearance in the right upper lobe, middle lobe, lingula and the bilateral lower lobes with associated mild bronchiectasis. A small air filled cyst is noted in the left lower lobe. Bilateral small pleural effusions with adjacent atelectasis noted. The mediastinal vasculature appears unremarkable on this noncontrast study. No evidence of significant mediastinal, hilar, axillary or supraclavicular lymphadenopathy. There is focal ill-defined hypodensity measuring 0.9 cm in the segment V of the liver (6/32). The gallbladder is not clearly visualised. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, adrenals appear unremarkable. The small right renal cyst is noted measuring 1.9cm. The urinary bladder is moderately distended and appears unremarkable. The visualised bowel loops appear unremarkable. No evidence of ascites or peritoneal nodules. No evidence of significant intra-abdominal or pelvic lymphadenopathy. There are no destructive bony lesions. CONCLUSION 1. Multiple tiny centrilobular nodular opacities, some having tree in bud appearance with associated mild bronchiectasis as described. This could be of infective/ inflammatory aetiology. Please correlate clinically. 2. Small focal hypodensity in the segment V of the liver which cannot be further characterised on this non-contrast study. May need further action Reported by: <DOCTOR>

Accession Number: 4cc2843985f7f487110ce6d2db326870fee9ba54b946239519ba809cc60ed6dc

Updated Date Time: 21/6/2016 12:03

## Layman Explanation

This radiology report discusses HISTORY Ix LOW and Proteinuria.; Mhx: Gout and Lipid. Referred for LOW. Stool OB when diarhoea. Found to have low Fe, CKD, Urethral stricture, DHF. C/E: LL Swelling much better. Has Left wrist warmth wtih reduce ROM. Otherwise unremarkable. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS The study is limited due to lack of intravenous contrast. There are multiple tiny centrilobular nodular opacities, some having tree inbud appearance in the right upper lobe, middle lobe, lingula and the bilateral lower lobes with associated mild bronchiectasis. A small air filled cyst is noted in the left lower lobe. Bilateral small pleural effusions with adjacent atelectasis noted. The mediastinal vasculature appears unremarkable on this noncontrast study. No evidence of significant mediastinal, hilar, axillary or supraclavicular lymphadenopathy. There is focal ill-defined hypodensity measuring 0.9 cm in the segment V of the liver (6/32). The gallbladder is not clearly visualised. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, adrenals appear unremarkable. The small right renal cyst is noted measuring 1.9cm. The urinary bladder is moderately distended and appears unremarkable. The visualised bowel loops appear unremarkable. No evidence of ascites or peritoneal nodules. No evidence of significant intra-abdominal or pelvic lymphadenopathy. There are no destructive bony lesions. CONCLUSION 1. Multiple tiny centrilobular nodular opacities, some having tree in bud appearance with associated mild bronchiectasis as described. This could be of infective/ inflammatory aetiology. Please correlate clinically. 2. Small focal hypodensity in the segment V of the liver which cannot be further characterised on this non-contrast study. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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