# Row 3961

Visit Number: e45c8467cfc05e52ad509dced601e37d87826a180ef87a351cada62c7fa44c29

Masked\_PatientID: 3961

Order ID: 114a813bd4b9dec2dcd8b3b32cc5f6cced814f1fbc7a67c9ccfe6f602845928a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 24/6/2015 15:16

Line Num: 1

Text: HISTORY tro LUNG COLLAPSE VS SUBDIAPHRAGMATIC CAUSE; DECREASE EFFORT TOLERANCE X 6/12, ELEVATED RIGHT HEMIDIAPHRAGM TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No previous CT is available for review. Chest radiograph of 23/06/2015 was reviewed. No pulmonary mass, collapse, consolidation or pleural effusion. A 5mm nodule in the posterior segment of the right upper lobe is non-specific (image 6/35). Minor atelectasis is seen in the right middle and lower lobes. Heart size is normal. No pericardial effusion. No enlarged hilar or mediastinal lymph node. The right hemidiaphragm is mildly elevated as suggested on the radiograph. No abnormal diaphragmatic thickening or abutting liver mass. Hepatic flexure of the colon appears unremarkable. A 1.5 cm cyst is seen in segment VI. Smaller scattered hepatic hypodensities are too small to characterize, probably cysts as well. No suspicious hepatic lesion. Post cholecystectomy. Biliary tree is not dilated. The spleen, pancreas and adrenal glands are unremarkable. Small hypodensities in both kidneys are too small to characterize, probably cysts. No hydronephrosis. The urinary bladder is unremarkable. Prostate is not enlarged. An uncomplicated diverticulum is seen in the hepatic flexure. Bowel loops are otherwise unremarkable. Appendix is normal. No enlarged abdominal-pelvic lymph node, ascites or free intraperitoneal air. No destructive bony process. CONCLUSION 1. Mildly elevated right hemidiaphragm without definite cause. 2. No evidence of gross pulmonary lobar collapse or mass lesion. 3. Small non-specific right upper lobe pulmonary nodule. Known / Minor Reported by: <DOCTOR>

Accession Number: 293d01f6a3f8beb61cd56c212366116ff275d1665f6240e87dfa5d3745d84e92

Updated Date Time: 24/6/2015 18:40

## Layman Explanation

This radiology report discusses HISTORY tro LUNG COLLAPSE VS SUBDIAPHRAGMATIC CAUSE; DECREASE EFFORT TOLERANCE X 6/12, ELEVATED RIGHT HEMIDIAPHRAGM TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No previous CT is available for review. Chest radiograph of 23/06/2015 was reviewed. No pulmonary mass, collapse, consolidation or pleural effusion. A 5mm nodule in the posterior segment of the right upper lobe is non-specific (image 6/35). Minor atelectasis is seen in the right middle and lower lobes. Heart size is normal. No pericardial effusion. No enlarged hilar or mediastinal lymph node. The right hemidiaphragm is mildly elevated as suggested on the radiograph. No abnormal diaphragmatic thickening or abutting liver mass. Hepatic flexure of the colon appears unremarkable. A 1.5 cm cyst is seen in segment VI. Smaller scattered hepatic hypodensities are too small to characterize, probably cysts as well. No suspicious hepatic lesion. Post cholecystectomy. Biliary tree is not dilated. The spleen, pancreas and adrenal glands are unremarkable. Small hypodensities in both kidneys are too small to characterize, probably cysts. No hydronephrosis. The urinary bladder is unremarkable. Prostate is not enlarged. An uncomplicated diverticulum is seen in the hepatic flexure. Bowel loops are otherwise unremarkable. Appendix is normal. No enlarged abdominal-pelvic lymph node, ascites or free intraperitoneal air. No destructive bony process. CONCLUSION 1. Mildly elevated right hemidiaphragm without definite cause. 2. No evidence of gross pulmonary lobar collapse or mass lesion. 3. Small non-specific right upper lobe pulmonary nodule. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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