# Patient ID: 1061, Performed Date: 13/5/2015 10:35

## Raw Radiology Report Extracted

Visit Number: f5bb183c44798db1a5aa690c0d3f208b5b04746dd04c754ee29285746e391cbf

Masked\_PatientID: 1061

Order ID: 3dfbd654ddac15ec999ffc0f9489271836ecc646cfee2fe21839fec94228fa38

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/5/2015 10:35

Line Num: 1

Text: HISTORY Anaemia of chronic disease TRO other causes TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 Positive Rectal Contrast was administered. FINDINGS No comparison CT is available at the time of reporting. THORAX Mild centrilobular emphysema is in the upper lobes of the lungs bilaterally. Mild focal bronchiectasis in the medial basal segment of the right lower lobe is present. Dependent atelectasis is noted. No suspicious pulmonary nodule, pleural effusion or consolidation is seen. The trachea and major bronchi are patent. There is extensive coronary arterial calcification. Sternotomy wires and previous CABG are noted. No pericardial effusion is seen. There is a nonspecific 4 mm focus of coarse calcification in the right thyroid lobe. No significantly enlarged intrathoracic lymph node is present. ABDOMEN & PELVIS There is equivocal focal prominence of the duodenum at level of D3 (images 6/64 and 12/53). No upstream duodenal dilatation is seen. A round hyperdense focus in the splenic flexure measuring approximately 220 HU is likely ingested material (image 6/16) rather than a polyp. Several stones are present in the gallbladder. No pericholecystic fat stranding, nor intra or extrahepatic ductal dilatation is seen. There is no focal hepatic mass. The hepatic and portal veins are patent. The spleen, pancreas, adrenal glands,kidneys and urinary bladder are unremarkable. No enlarged abdominopelvic lymph node is detected. There is no ascites. Extensive atherosclerotic calcifications/plaques in the abdominal aorta, bilateral iliac, coeliac trunk and superior mesenteric arteries. There is suspicion of either complete or near complete occlusion in the right proximal superficial femoral artery (SFA). Stents are noted in bilateral SFA. T7 vertebral compression fracture is noted. CONCLUSION 1. There is equivocal focal prominence in D3 of the duodenum and further evaluation with endoscopy is suggested to exclude a mural lesion in this region. 2. Uncomplicated cholelithiasis. 3. Prominent calcified atherosclerotic plaques. Minor complete or near complete occlusion of the left SFA. Bilateral SFA stents. Previous CABG. 4. Pulmonary emphysema. 5. T7 vertebral fracture. May need further action Reported by: <DOCTOR>

Accession Number: 31fb67e62563acea82beb6c87343384282bf71e02ca8db32fd8818bf82a787d4

Updated Date Time: 14/5/2015 9:47

## Layman Explanation

Error generating summary.

## Summary

The text is extracted from a \*\*Computed Tomography (CT) scan\*\*.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Emphysema:\*\* Mild centrilobular emphysema is present in the upper lobes of the lungs bilaterally.  
\* \*\*Bronchiectasis:\*\* Mild focal bronchiectasis is present in the medial basal segment of the right lower lobe.  
\* \*\*Atherosclerosis:\*\* Extensive atherosclerotic calcifications/plaques are present in the abdominal aorta, bilateral iliac, coeliac trunk and superior mesenteric arteries.  
\* \*\*Cholelithiasis:\*\* Several stones are present in the gallbladder.  
\* \*\*Vertebral compression fracture:\*\* T7 vertebral compression fracture is noted.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* Emphysema and bronchiectasis are noted. Dependent atelectasis is also present. The trachea and major bronchi are patent.  
\* \*\*Heart:\*\* Extensive coronary arterial calcification is present. Sternotomy wires and previous CABG are noted. No pericardial effusion is seen.  
\* \*\*Thyroid:\*\* A nonspecific 4 mm focus of coarse calcification is seen in the right thyroid lobe.  
\* \*\*Duodenum:\*\* Equivocal focal prominence in D3 of the duodenum is seen. No upstream duodenal dilatation is present.  
\* \*\*Spleen:\*\* A round hyperdense focus in the splenic flexure is likely ingested material.  
\* \*\*Gallbladder:\*\* Several stones are present. No pericholecystic fat stranding, nor intra or extrahepatic ductal dilatation is seen.   
\* \*\*Liver:\*\* No focal hepatic mass is seen. The hepatic and portal veins are patent.  
\* \*\*Pancreas:\*\* Unremarkable.   
\* \*\*Adrenal glands:\*\* Unremarkable.  
\* \*\*Kidneys:\*\* Unremarkable.  
\* \*\*Urinary bladder:\*\* Unremarkable.  
\* \*\*Abdominal aorta:\*\* Extensive atherosclerotic calcifications/plaques.  
\* \*\*Iliac arteries:\*\* Extensive atherosclerotic calcifications/plaques.  
\* \*\*Coeliac trunk:\*\* Extensive atherosclerotic calcifications/plaques.  
\* \*\*Superior mesenteric artery:\*\* Extensive atherosclerotic calcifications/plaques.  
\* \*\*Superficial femoral artery (SFA):\*\* Suspicion of either complete or near complete occlusion in the right proximal SFA. Stents are noted in bilateral SFA.  
\* \*\*Vertebrae:\*\* T7 vertebral compression fracture.  
  
\*\*3. Symptoms or phenomena causing concern:\*\*  
  
\* \*\*Equivocal focal prominence of the duodenum at level of D3\*\*: This requires further evaluation with endoscopy to exclude a mural lesion in this region.  
\* \*\*Suspicion of either complete or near complete occlusion in the right proximal superficial femoral artery (SFA):\*\* This finding may warrant further investigation and management.