# Patient ID: 1787, Performed Date: 15/2/2017 13:52

## Raw Radiology Report Extracted

Visit Number: b53ba9972d6bc5ab45c873a44ac10d1b22e43022ae0750149213338bcd93f520

Masked\_PatientID: 1787

Order ID: 7031ae8d7f9224d8ddfbe8a3e1481c5a9a2d817288bf1cf244c5e7c697a7f6b7

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/2/2017 13:52

Line Num: 1

Text: HISTORY 39/Female, b/g thymoma s/p thymectomy p/w new lower abdominal mass a/w tenderness noted anaemia with severe AKI ? obstructive uropathy from pelvic mass for CTTAP to evaluate pelvic mass, possible obstructive uropathy and recurrence of tumour TECHNIQUE Unenhanced CT chest, abdomen and pelvis was performed with positive oral and rectal contrast in view of renal impairment. FINDINGS Comparison made with the prior CT chest of 30/8/2016 and CT abdomen and pelvisof 26/1/2016. CHEST Status post median sternotomy and total thymectomy. Anterior mediastinal surgical clips, mediasternotomy wires and right lung surgical sutures are noted in situ. Stable mild soft tissue thickening at the anterior mediastinum are likely to represent postsurgical change. There is stable partial collapse of the middle lobe and segmental collapse of the right lower lobe as before. Stable appearances of the scarring and traction bronchiectasis in the right lower and lingula lobe. The scarring and traction bronchiectasis has progressed in the medial aspect of the left lower lobe and there is now a new 10mm tubular density (204-62) which may represent a new nodule or more likely an impacted small airway. Faint patchy ground-glass opacities are noted involving the right upper lobe (204-25, 28), lingula (204-54) the left lower lobe superior and lateral segments (204-38, 42), these maybe inflammatory in nature. Multiple new indeterminate subcentimetre nodules of varying sizes are noted in the lateral aspect of the middle lobe(204-40, 38, 37). No mediastinal, hilar, supraclavicular or axillary adenopathy. No pericardial or pleural effusions. ABDOMEN AND PELVIS Stable appearance of the unobstructed right lower pole and left midpole calculus. There is a new 2mm calculus in the midpole of the right kidney and a new 4 mm and 3mm calculus in the upper and lower pole of the left kidney respectively. The other calcifications are either vascular or calcifications in the cysts. There is no hydronephrosis or hydroureter. Low attenuation lesions in the right kidney are likely represents renal cysts. Within limits of an unenhanced study, there is no contour deformingmass in the liver, gallbladder, spleen, pancreas, and both adrenal glands. Incidental note is made of a splenunculus. No biliary duct dilatation. The urinary bladder is catheterised and not adequately distended therefore cannot be adequately assessed. The uterus is slightly bulky and most likely due to fibroids and the contour is largely unchanged compared to the previous study. No adnexal mass demonstrated. The bowel loops are normal in calibre. Prominent left para-aortic and retrocaval nodes are noted measuring up to 0.9 cm in short axis diameter (201-103). No pelvic adenopathy demonstrated. No free fluid or free gas demonstrated. No peritoneal nodularity. No destructive bony lesion. Stable mild chronic compressionfracture of the T12 is seen. CONCLUSION 1. No large pelvic mass demonstrated. The uterus is bulky and this is unchanged compared to the previous study and likely to be secondary to fibroids. 2. Bilateral non-obstructive renal calculi withno hydronephrosis or hydroureter. 3. The scarring and traction bronchiectasis has progressed in the medial aspect of the left lower lobe and there is now a new 10mm tubular density which may represent a new nodule or more likely an impacted small airway. 4. There are faint patchy ground-glass opacities involving the right upper, lingula and left lower lobe, these may be inflammatory/infective in nature. Clinical correlation is advised. 5. Non-specific subcentimeter nodules are demonstrated in the lateral aspect of the middle lobe, follow-up is recommended. 6. No radiological evidence of tumour recurrence in the chest. May need further action Finalised by: <DOCTOR>

Accession Number: 9aaea05e1b42590a9011687cfebde58572c288d875b16cbf7a280aa929a80930

Updated Date Time: 15/2/2017 18:02

## Layman Explanation

This report describes the findings of a CT scan of your chest, abdomen, and pelvis.   
  
\*\*Chest:\*\*  
  
\* Your chest shows signs of previous surgery, including a heart surgery and removal of the thymus gland.  
\* There are some small areas of thickening in your chest which are likely from the surgery.   
\* There are some areas of scarring and abnormal airways in your lungs, which have gotten slightly worse since your last scan.   
\* There is a small new area in your left lung, which could be a small growth or something else.  
\* There are some small areas of inflammation in your lungs which may need further investigation.   
\* There are some small growths in the middle lobe of your lung which will need further monitoring.   
\* No signs of cancer recurrence in your chest.  
  
\*\*Abdomen and Pelvis:\*\*  
  
\* You have some kidney stones in both kidneys, which have not changed much since your last scan.  
\* There are no signs of blockage in your urinary tract.   
\* You have some small growths in your uterus which are likely non-cancerous and have not changed since your last scan.  
\* There are some enlarged lymph nodes in your abdomen.  
\* No signs of a large mass in your pelvis.  
  
This report will need further review by your doctor.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Thymoma:\*\* The patient has a history of thymoma, which is a tumor of the thymus gland. She had a thymectomy (surgical removal of the thymus gland) in the past.  
\* \*\*Anaemia:\*\* The patient has anaemia, which is a condition where the blood doesn't have enough healthy red blood cells.  
\* \*\*AKI (Acute Kidney Injury):\*\* The patient has AKI, which is a sudden loss of kidney function.  
\* \*\*Obstructive uropathy:\*\* This is a condition where the flow of urine is blocked. The report mentions this as a possible cause of the patient's AKI.  
\* \*\*Fibroids:\*\* The report mentions a bulky uterus, likely due to fibroids. Fibroids are noncancerous growths in the uterus.  
\* \*\*Nodules:\*\* The report mentions multiple nodules in the lungs. The nature of these nodules is indeterminate and requires follow-up.  
\* \*\*Scarring and traction bronchiectasis:\*\* This is a condition where the airways in the lungs are widened and scarred. It has progressed in the medial aspect of the left lower lobe.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Chest:\*\*   
 \* Status post median sternotomy and total thymectomy (previous surgery)  
 \* Stable mild soft tissue thickening at the anterior mediastinum  
 \* Stable partial collapse of the middle lobe  
 \* Stable segmental collapse of the right lower lobe  
 \* Stable appearance of scarring and traction bronchiectasis in the right lower and lingula lobe  
 \* Progressive scarring and traction bronchiectasis in the medial aspect of the left lower lobe  
 \* New 10 mm tubular density in the left lower lobe  
 \* Faint patchy ground-glass opacities in the right upper lobe, lingula and left lower lobe  
 \* Multiple new indeterminate subcentimetre nodules in the lateral aspect of the middle lobe  
 \* No mediastinal, hilar, supraclavicular, or axillary adenopathy   
 \* No pericardial or pleural effusions  
\* \*\*Abdomen and pelvis:\*\*  
 \* \*\*Kidneys:\*\*   
 \* Stable appearance of unobstructed right lower pole and left midpole calculus  
 \* New 2 mm calculus in the midpole of the right kidney  
 \* New 4 mm and 3 mm calculus in the upper and lower pole of the left kidney respectively  
 \* No hydronephrosis or hydroureter  
 \* Low attenuation lesions in the right kidney (likely renal cysts)  
 \* \*\*Liver, gallbladder, spleen, pancreas, adrenal glands:\*\* No contour-deforming mass within the limits of an unenhanced study.  
 \* \*\*Spleen:\*\* Incidental note of a splenunculus (accessory spleen).  
 \* \*\*Biliary ducts:\*\* No dilatation.  
 \* \*\*Urinary bladder:\*\* Catheterised and not adequately distended for assessment.  
 \* \*\*Uterus:\*\* Slightly bulky, most likely due to fibroids.  
 \* \*\*Adnexa:\*\* No mass demonstrated.  
 \* \*\*Bowel loops:\*\* Normal calibre.  
 \* \*\*Lymph nodes:\*\*   
 \* Prominent left para-aortic and retrocaval nodes measuring up to 0.9 cm in short axis diameter.  
 \* No pelvic adenopathy.  
 \* \*\*Peritoneum:\*\* No free fluid, free gas, or nodularity.  
 \* \*\*Bones:\*\* No destructive bony lesion. Stable mild chronic compression fracture of the T12.  
  
\*\*3. Symptoms or phenomenon causing attention:\*\*  
  
\* \*\*New lower abdominal mass associated with tenderness:\*\* This is a significant finding that needs further investigation.  
\* \*\*Anaemia with severe AKI:\*\* This combination suggests a serious underlying medical condition.  
\* \*\*Possible obstructive uropathy from pelvic mass:\*\* The report raises concern about potential urinary obstruction due to the pelvic mass, which could be contributing to the patient's AKI.  
\* \*\*New nodules in the lungs:\*\* These nodules require further investigation to determine their nature.  
\* \*\*Progression of scarring and traction bronchiectasis:\*\* This suggests ongoing inflammation or damage in the lungs.  
\* \*\*Faint patchy ground-glass opacities:\*\* These opacities may be inflammatory or infective in nature and require clinical correlation.  
\* \*\*Indeterminate subcentimetre nodules in the middle lobe:\*\* These nodules need follow-up.  
\* \*\*Bulkiness of the uterus:\*\* This could be due to fibroids and may require further evaluation.  
\* \*\*Prominent para-aortic and retrocaval nodes:\*\* While not concerning on their own, these may indicate a possible cause of the patient's symptoms and require further assessment.