# Patient ID: 1996, Performed Date: 10/5/2018 18:19

## Raw Radiology Report Extracted

Visit Number: e725ee651700f833f945e66a213abdd75394d116a0b8cfd9588fa34c68cd91bf

Masked\_PatientID: 1996

Order ID: a1484e827ee191f83c08d5ae6627a6ce94b28e3b8c0a909f106c4ec9743a5b0d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/5/2018 18:19

Line Num: 1

Text: HISTORY Pneumonia but location on XR not typical Also has proximal myopathy with raised CK TRO malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Chest radiograph of 21 March 2018 reviewed. CT abdomen-pelvic and MRI liver Right upper and middle lobe consolidation with adjacent patchy ground-glass opacities seen. No suspicious nodule/mass is seen. Associated small right pleural effusion is noted. The right lower lobe and left lung are clear. Borderline enlarged right hilar nodes, measuring up to 1.0 cm, are probably reactive. Heart is not enlarged. There is no pericardial effusion. Major mediastinal vessels opacify normally. Atherosclerotic coronary calcifications are seen. Incidental note of coarse calcifications in the right thyroid lobe. Post cholecystectomy with stable prominence of the common bile duct. Background fatty liver. Known segment II hepatic haemangioma. There is no destructive bony lesion. CONCLUSION Right upper and middle lobe consolidation with adjacent ground-glass opacities and small right pleural effusion, likely infective in nature. Follow-up with chest radiograph to ensure resolution suggested. Borderline enlarged right hilar nodes are probably reactive. May need further action Reported by: <DOCTOR>

Accession Number: 95ea6e5302ab709845e913dedd4ca0000083465beda649ecfaa5bf8ba00c0355

Updated Date Time: 11/5/2018 12:43

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.