# Patient ID: 2609, Performed Date: 04/12/2020 19:25

## Raw Radiology Report Extracted

Visit Number: d719fa8ee8ed0009cdb57b8bcfb9ecad2d7caf01cbc4b8124775ef2b658e4fda

Masked\_PatientID: 2609

Order ID: 355e325a8ed64354cdc8e6f5e132aff5e6701222633f141498aa8d036d4a7391

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/12/2020 19:25

Line Num: 1

Text: HISTORY Hypercalemia TRO malignancy TECHNIQUE Unenhanced scans acquired as per department protocol after administration of positive oral contrast FINDINGS CHEST Comparison was made with the previous study done on 9 April 2019. Ground-glass opacities and consolidation is noted in bilateral upper lobes, more on the right. Centrilobular emphysema is noted bilaterally predominantly in the upper lobes. Bronchiectasis noted in the middle lobe with areas of mucus plugging and adjacent air space opacities. Minimal changes are also noted in the right lower lobe. Moderate low density right pleural effusion and small amount of left pleural effusion. No pleural effusion, thickening, or pneumothorax. No enlarged thoracic lymph node. No supraclavicular or axillary lymphadenopathy. Post CABG. Cardiac size appears normal. No pericardial effusion. ABDOMEN AND PELVIS CT KUB done on 11 February 2016 was reviewed. Tip of the feeding tube is noted in the stomach. The liver, spleen, both adrenal glands show no abnormalities. Pancreas is atrophic. Both kidneys are atrophic with cortical thinning consistent with known chronic renal parenchymal disease. No calculus or hydronephrosis. No calcified gallstone. No biliary dilatation. The urinary bladder is normal in appearance. Prostate is enlarged. Bowel is normal in caliber without appreciable wall thickening. Multiple scattered uncomplicated colonic diverticula, predominantly in the sigmoid colon. No abdominal or pelvic lymphadenopathy. No free intraperitoneal fluid / air. Extensive vascular calcifications are noted. T7 and L4 compression fractures noted. Generalised demineralisation. Few old rib fractures are noted in the right side. Focal sclerotic opacity in the left tenth rib may represent bone island. No destructive osseous lesion. CONCLUSION The pulmonary changes are likely due to infective aetiology. No evidence of malignancy in the chest, abdomen and pelviswithin the limitations of an study. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: c818bc2c757af2f8e0f83935bdc47ab48a649d0581cf6202d3baf4461498aaa5

Updated Date Time: 04/12/2020 20:13

## Layman Explanation

The scan shows some changes in your lungs, likely due to an infection. There is no sign of cancer in your chest, abdomen, or pelvis. The scan also showed some other things, including changes in your bones and a slightly enlarged prostate.

## Summary

The text is extracted from a \*\*CT scan report\*\*.   
  
Here is a summary based on your guiding questions:  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Hypercalcemia:\*\* This is mentioned in the history section, suggesting a possible underlying cause for the patient's condition.  
\* \*\*Malignancy:\*\* The report specifically states "No evidence of malignancy in the chest, abdomen and pelvis within the limitations of an [unspecified] study." This suggests that the imaging did not reveal any signs of cancer in these areas.  
\* \*\*Centrilobular emphysema:\*\* This condition is noted bilaterally, predominantly in the upper lobes.  
\* \*\*Bronchiectasis:\*\* This condition is noted in the middle lobe with areas of mucus plugging and adjacent air space opacities.  
\* \*\*Chronic renal parenchymal disease:\*\* This is indicated by the atrophic kidneys with cortical thinning.  
\* \*\*Colonic diverticula:\*\* Multiple scattered uncomplicated colonic diverticula are noted, predominantly in the sigmoid colon.  
\* \*\*Compression fractures:\*\* Fractures are noted at T7 and L4.  
\* \*\*Generalised demineralisation:\*\* This is also mentioned in the report.  
\* \*\*Old rib fractures:\*\* Few old rib fractures are noted in the right side.  
\* \*\*Focal sclerotic opacity:\*\* This is noted in the left tenth rib and may represent a bone island.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* The report describes ground-glass opacities and consolidation in the bilateral upper lobes, more on the right. Centrilobular emphysema is noted bilaterally, predominantly in the upper lobes. Bronchiectasis is noted in the middle lobe with areas of mucus plugging and adjacent air space opacities. Minimal changes are also noted in the right lower lobe. Moderate low-density right pleural effusion and small amounts of left pleural effusion are present.  
\* \*\*Pleura:\*\* Moderate low-density right pleural effusion and small amounts of left pleural effusion are present.   
\* \*\*Lymph nodes:\*\* No enlarged thoracic lymph node, supraclavicular or axillary lymphadenopathy is identified.  
\* \*\*Heart:\*\* Cardiac size appears normal. No pericardial effusion is noted.   
\* \*\*Liver:\*\* No abnormalities are noted.  
\* \*\*Spleen:\*\* No abnormalities are noted.  
\* \*\*Adrenal glands:\*\* No abnormalities are noted.  
\* \*\*Pancreas:\*\* It is atrophic.  
\* \*\*Kidneys:\*\* Both kidneys are atrophic with cortical thinning consistent with known chronic renal parenchymal disease. No calculus or hydronephrosis is noted.  
\* \*\*Biliary system:\*\* No calcified gallstone or biliary dilatation is noted.  
\* \*\*Urinary bladder:\*\* It is normal in appearance.  
\* \*\*Prostate:\*\* It is enlarged.  
\* \*\*Bowel:\*\* Bowel is normal in caliber without appreciable wall thickening. Multiple scattered uncomplicated colonic diverticula, predominantly in the sigmoid colon, are noted.   
\* \*\*Bones:\*\* T7 and L4 compression fractures, generalised demineralisation, few old rib fractures in the right side, and a focal sclerotic opacity in the left tenth rib are noted.  
  
\*\*3. Symptoms/Phenomena:\*\*  
  
\* \*\*Pulmonary changes:\*\* The report suggests these changes are likely due to infective aetiology.  
\* \*\*Pleural effusion:\*\* Moderate low-density right pleural effusion and small amounts of left pleural effusion are present.  
\* \*\*Vascular calcifications:\*\* These are noted extensively.  
\* \*\*Compression fractures:\*\* Fractures are noted at T7 and L4.  
\* \*\*Demineralisation:\*\* Generalised demineralisation is noted.  
\* \*\*Rib fractures:\*\* Few old rib fractures are noted in the right side.  
\* \*\*Focal sclerotic opacity:\*\* This is noted in the left tenth rib and may represent a bone island.   
\* \*\*Prostate enlargement:\*\* This is noted in the report.  
\* \*\*Atrophic pancreas:\*\* This is noted in the report.  
\* \*\*Atrophic kidneys:\*\* Both kidneys are atrophic with cortical thinning consistent with known chronic renal parenchymal disease.   
\* \*\*Mucus plugging in bronchiectasis:\*\* This is mentioned in the report.  
\* \*\*Air space opacities:\*\* These are adjacent to areas of mucus plugging in the middle lobe.   
  
The report concludes that there is no evidence of malignancy in the chest, abdomen, and pelvis, but further action may be needed due to the presence of multiple findings.