# Patient ID: 2989, Performed Date: 10/9/2019 14:35

## Raw Radiology Report Extracted

Visit Number: 05c1f2fdf1b7ede4c3670602f315017ecbdc7ce2d9c33659d035bb96cf3a51b8

Masked\_PatientID: 2989

Order ID: 80dd6202347197f6020b2e785646b3892cc0d80303d0361c23403f379e9bf85c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/9/2019 14:35

Line Num: 1

Text: HISTORY L sided pleural effusion for investigation , new onset and causing desaturation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil Positive Oral Contrast FINDINGS Note made of previous ultrasound kidneys study. Recent C X R also noted. There is no pleural effusion or pleural nodularity, particularly on the left. Scattered atelectasis is present in the lung bases, more so on the left. This along with mild cardiomegaly would account for apparent opacification in left lower zone on C X R. Fibrocalcific changes are present in the right upper lobe, likely related to previous infection. There is a area of ground glass opacification with some scarring in left upper lobe (2-18) measuringabout 1.1 cm. This appearance is nonspecific, although this could be postinflammatory, interval follow-up may be required for monitoring. Airways are patent. Unenhanced mediastinal vasculature appear grossly normal. No significantly enlarged lymph nodes. No pericardial effusion. There is a 2.7 x 1.9 cm hypodense lesion in subcapsular segment 7/6 (2-62) of the liver, indeterminate. Several other smaller low density lesions are present in both hepatic lobes which are not optimally characterised in this nonenhanced study but are likely cysts. Uncomplicated gallstones. Unenhanced included spleen, pancreas, adrenal glands and kidneys appear grossly normal. Urinary bladder is nearly collapsed with a Foley catheter in situ. Calcifications related to uterus, possibly fibroids. No adnexal mass. The bowel loops are not dilated. There is an 1.8 x 1.3 cm low density intraluminal lesion in proximal duodenum (2-111). It is probably fatty in nature. it may represent either alipoma or part of food bolus. No gross bowel masses identified. No significantly enlarged lymph nodes or ascites. A small umbilical hernia containing fat is present. No suspicious bony lesions. CONCLUSION 1. There is no pleural effusion or nodularity. Atelectasis in lung bases, more so on left along with mild cardiomegaly would account for apparent opacification in left lower zone on recent C X R. 2. A 1.1 cm ground-glass opacity in the left upper lobe with some scarring. Appearances are nonspecific, although this could be postinflammatory, interval follow-up may be required for monitoring. 3. A 2.7 x 1.9 cm hypodense lesion in subcapsular segment 7/6 of the liver, not further characterised in this nonenhanced study. If contrast cannot be administered due to renal status, further assessment with noncontrast MRI or ultrasound should be considered for characterisation. Other low density lesions in liver likely cysts. 4. A low density lesion in duodenum is likelyfatty. This may either represent a lipoma or food bolus. 5. Other minor findings as above. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 076bae265c6d47dda94893f6564aebfb618092d886dbbd30d2373e80ba09c7b4

Updated Date Time: 10/9/2019 17:06

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.