# Patient ID: 3206, Performed Date: 16/10/2019 14:29

## Raw Radiology Report Extracted

Visit Number: 5567132310c9b7f9e669a42125e04fa6068ebdb0321d5bfde5fde4a1d7d14eed

Masked\_PatientID: 3206

Order ID: cf58041d8fa2249659fd1753a117f2543d11a3bcac8486ba71cd97785e829f78

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/10/2019 14:29

Line Num: 1

Text: HISTORY Elevated hemidaphragm on the L SOB for investigations ? L LZ pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No relevant prior CT study is available for comparison. There is bronchiectasis in the left upper lobe with some scarring and subsegmental atelectasis in the middle lobe and inferior lingular segments. No suspicious pulmonary nodule or consolidation is seen. The left dome of the diaphragm is elevated. Nonspecific hypodensities in the left lobe of thyroid gland. No significantly enlarged intrathoracic lymph node is seen. The mediastinal vessels opacify normally. The heart is not enlarged. There is no pericardial or pleuraleffusion. The imaged sections of the upper abdomen demonstrate a possible subcentimetre cystic focus in the pancreatic body (402 - 75; 405 - 34). The main pancreatic duct is not dilated. No destructive bony process. CONCLUSION Mild bronchiectasis in the left upper lobe. No suspicious pulmonary nodule or consolidation. No definite cause is identified for the elevation of the left dome of diaphragm. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 49a0f9a5ad34fd94999bdab303758ef22f527e7216fe2bd1037c606fb73b4a29

Updated Date Time: 16/10/2019 15:17

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.