# Patient ID: 3649, Performed Date: 28/8/2019 16:09

## Raw Radiology Report Extracted

Visit Number: 5627f5246aff01406e46c30fa7c603cd682741241e2558a52060f69fe1f46594

Masked\_PatientID: 3649

Order ID: fa56fed8d5137b8c5d6022894b56d74cc132c80828ca9104b83dfa6e5c8e3552

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/8/2019 16:09

Line Num: 1

Text: HISTORY malignancy screen.significant LOW/LOA current BMI 13with significant cachexia and anemia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Previous chest radiographs dated 24 August 2019 and 5 May 2019 were reviewed. Diffuse subcutaneous oedema, ascites and paucity intra-abdominal fat limits sensitivity of this study. Impaction of the basal segmental airways of the left lower lobe with low density material, with resultant partial collapse/consolidation of the left lower lobe. Multiple centrilobular nodularities are seen in the aerated portions of the left lower lobe. There is also suggestion of consolidation in the lingula (6/75). Mild centrilobular nodularities in the right lung base are also noted. There is debris within the trachea and main bronchi. Small subpleural blebs are seen in the right lung apex. Small low density bilateral pleural effusions, larger on the left. No overt pleural thickening. There are small volume bilateral hilar nodes. No discrete supraclavicular, mediastinal or axillary lymphadenopathy. Imaged thyroid gland is not enlarged. Heart size is normal. Mediastinal structures opacify satisfactorily. No pericardial effusion. No suspicious focal hepatic lesion. Couple of subcentimetre hepatic hypodensities are too small to accurately characterise. Gallbladder, biliary tree, pancreas, spleen and adrenals are unremarkable. There is severe right hydronephrosis and right ureteric dilatation up to the vesicoureteric junction, with no convincing CT evidence of distal obstructing calculus or mass. The right kidney is atrophic and shows cortical thinning, hypoenhancement and delayed excretion - indicating a degree of chronicity. Left kidney is unremarkable. No left hydronephrosis. Urinary bladder is grossly distended. Prostate gland is not enlarged. The large bowel and rectum are faecal laden. No CT evidence of bowelobstruction, pneumoperitoneum or discrete abdominopelvic lymphadenopathy. There is no suspicious bony destruction. Dystrophic calcifications are seen around the left hip joint. CONCLUSION 1. Impaction of the basal segmental airways in the left lower lobe with low density material possibly mucus, with resultant partial collapse/consolidation and post-obstructive changes in the left lower lobe. It is difficult to exclude underlying endobronchial lesion or left lower lobe mass. Consider bronchoscopic evaluation. 2. Other pulmonary findings are probably inflammatory/infective. 3. Severe right hydronephrosis and dilatation of the right ureter along its entire length. No convincing distal obstruction is identified in this study. Consider endoscopic correlation. 4. Other findings as described above. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: ad53f1d9d3fec3d350a6f153073cd3a66a548c0e84038d56f480ede33ab7c824

Updated Date Time: 28/8/2019 16:59

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.