# Patient ID: 3978, Performed Date: 07/12/2018 19:58

## Raw Radiology Report Extracted

Visit Number: 795c08d77496cc1b0ae3b4d5dacbf647ccfcd57a769c52a8aa299da652d2e783

Masked\_PatientID: 3978

Order ID: 5475332109e61a36ffd69a3d944f4f07245b5df1eba288176005f788b63a7ab1

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/12/2018 19:58

Line Num: 1

Text: HISTORY hepatomegaly for invx TRO CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS There is a 1.1 cm subpleural nodule in the right lower lobe (image 5/67), increased from previous 0.5 cm (4/14) in CT 6 August 2014. Further evaluation is suggested. No other pulmonary nodule is detected. Background emphysema is noted in the upper lobes. There are some dependent changes in the lung bases with atelectasis in the right lower lobe. There are multiple small volume lymph nodes in the prevascular, paratracheal, hilar and subcarinal region. They are nonspecific. The heart is noted to be enlarged and there is dilatation of the pulmonary artery, measuring up to 4.4 cm in axial diameter image 4/40). No significant pleural or pericardial effusion is noted. The liver shows hypertrophy of its caudate and left lobes with an irregular outline, suggestive of cirrhosis. A few scattered tiny hypodensities are too small to characterise. No suspicious enhancing lesion is detected. The hepatic vessels are patent. The spleen is enlarged, measuring 14.2 cm. The gallbladder appears to have some tiny densities within, possibly stones. The biliary ducts are not dilated. The 1.4 cm cystic lesion in the pancreatic head is unchanged and remains non-specific. The calcified focus in the region of the uncinate process is also unchanged. The pancreatic duct is not dilated. The adrenal glands are unremarkable. Both kidneys are atrophic, in keeping with end-stage renal disease. Multiple hypodensities are noted bilaterally, likely cysts. Some are hyperdense and may represent haemorrhagic/complicated cysts. The bowel loops are grossly unremarkable, save for scattered uncomplicated colonic diverticula. No significantly enlarged intra-abdominal lymph node or ascites is detected. The prostate gland is not enlarged. The urinary bladder is collapsed, limiting assessment. Incidental focal hypodensity measuring 2.5 cm is noted adjacent to the right infraspinatus muscle (image 4/8). Diffuse subcutaneous oedema is noted. Extensive vascular calcifications are noted with focal aneurysmal dilatation of the right internal iliac artery measuring up to 1.6 cm in axial diameter. CONCLUSION 1. Findings are suggestive of liver cirrhosis with splenomegaly. Clinical correlation for underlying cardiac-related cirrhosis suggested. Few subcentimetre liver hypodensities are too small to characterise. No definite suspicious hepatic lesion is detected. 2. Subpleural nodule in the right lower lobe has increased in size since CT 6/8/14 (now 1.1 cm). Further evaluation suggested. 3. Stable cystic lesion in the pancreas, non-specific. No pancreatic ductal dilatation. 4. Focal hypodensity/collection near the right infraspinatus muscle. Clinical correlation suggested. May need further action Finalised by: <DOCTOR>

Accession Number: 22bfbe0db992b043de98d52fea874f11508c268f8d1c7c351438714c0c13e9f8

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## Layman Explanation

Error generating summary.

## Summary

Error generating summary.