# Patient ID: 4181, Performed Date: 25/7/2017 18:59

## Raw Radiology Report Extracted

Visit Number: 769dcd6cafde4c8d71c84f9949d3caecd515fa3db838d14112465ce3ebcb8882

Masked\_PatientID: 4181

Order ID: bcdc99eb059030c2afd105bb9988e96d887c219e7ec4b57d5b836972c3e0f8ec

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/7/2017 18:59

Line Num: 1

Text: HISTORY chronic smoker, hyperthyroidism, with ocular MG, now with LOW 6 kg, dysphagia, possibly related to MG to exclude SOL/thymoma in chest/abdomen TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS CHEST The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No suspicious pulmonary nodules, ground glass changes or focal areas of consolidation. No evidence of pericardial or pleural effusion. The thyroid is enlarged. ABDOMEN AND PELVIS No suspicious focal hepatic lesions are noted. The gallbladder appears unremarkable. There are small hypodensities in the liver which are too small to characterise. Few periportal lymph nodes are noted measuring up to 2.3 x 1.3 cm. The, pancreas, adrenals and both kidneys appear unremarkable. The bowel calibre appears unremarkable. No evidence of intra-abdominal pelvic lymphadenopathy. No evidence of ascites or peritoneal nodules. The urinary bladder is well distended and appears unremarkable. The prostate is mildly enlarged. The bowel calibre appears unremarkable. There are no destructive bony lesions. CONCLUSION -No evidence of malignancy in the thorax, abdomen and pelvis. -Few enlarged periportal lymph nodes are indeterminate could be reactive. Known / Minor Reported by: <DOCTOR>

Accession Number: 11660ae706851389860feff7fc2f22ce96bf7b991f8e529d8cb830019705ebc1

Updated Date Time: 28/7/2017 17:26

## Layman Explanation

Error generating summary.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
Here is a summary based on the provided guiding questions:  
  
\*\*1. Disease(s)\*\*  
  
\* \*\*Myasthenia Gravis (MG)\*\*: The patient has a history of ocular MG and is experiencing dysphagia, which may be related to MG. The scan was performed to rule out a solitary lesion (SOL) or thymoma in the chest and abdomen, which can sometimes be associated with MG.  
\* \*\*Hyperthyroidism\*\*: The patient has a history of hyperthyroidism.   
\* \*\*Enlarged Thyroid\*\*: The thyroid is enlarged, but no specific pathology is mentioned.   
  
\*\*2. Organ(s)\*\*  
  
\* \*\*Chest:\*\* Mediastinal vasculature, trachea, main bronchi, mediastinum, hilum, axilla, supraclavicular region, lungs, pleura, pericardium, thyroid.   
\* \*\*Abdomen:\*\* Liver, gallbladder, periportal lymph nodes, pancreas, adrenal glands, kidneys, bowel, peritoneal cavity, urinary bladder, prostate.  
\* \*\*Pelvis:\*\* Pelvic lymph nodes, bowel.  
  
\*\*3. Symptoms or Phenomenon\*\*  
  
\* \*\*Enlarged periportal lymph nodes\*\*: The report mentions few enlarged periportal lymph nodes measuring up to 2.3 x 1.3 cm. These are described as "indeterminate" and could be reactive.   
\* \*\*Dysphagia\*\*: The patient is experiencing dysphagia, which is a concerning symptom that may be related to MG.   
\* \*\*Low weight (6 kg)\*\*: The patient has lost 6 kg, which is not directly related to any findings on the scan but is a noteworthy symptom.