# Patient ID: 4673, Performed Date: 13/12/2019 16:05

## Raw Radiology Report Extracted

Visit Number: c74cda922be539e4e4da07d667b0f0c92ca29dae18895f6f2d99934f55191dba

Masked\_PatientID: 4673

Order ID: 407ac92a91fe87d4a76eccd5d4ffc903df572e62cb335b1738f36fc666702439

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/12/2019 16:05

Line Num: 1

Text: HISTORY Potential pre-emptive living kidney donor transplant candidate (not on dialysis yet) - assess iliac vessels, lymphadenopathy, pulmonary nodule TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: NIL FINDINGS Previous CT coronary calcium score study dated 27 Aug 2018 and ultrasound study dated 25 May 2018 were reviewed. Lack of intravenous contrast limits sensitivity of this study. No suspicious pulmonary nodule, mass or consolidation. Stable tiny nonspecific nodule in the left lower lobe (3/64). Stable calcified granuloma in the middle lobe (3/48). Mild dependent changes in the lower lobes. Trachea and central airways are patent. There is no pleural effusion. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Heart size is normal. There is coronary arterial disease. No pericardial effusion. Imaged thyroid gland is not enlarged. No contour deforming hepatic mass. Subcentimetre hypodensity in segment VIII is too small to accurately characterise (4/13). No radiodense gallstone or biliary dilatation. No contour deforming pancreatic, splenic or adrenal mass. Kidneys are small and show lobulated contours in keeping with chronic renal parenchymal disease. Several bilateral renal hypodensities are presumed to be cysts. Suggestion of a 0.3 cm nonobstructing calculus in the left renal lower pole. No hydronephrosis. Partially distended urinary bladder is unremarkable. Prostate gland is not enlarged. Bowel loops are not dilated. Uncomplicated colonic diverticula are seen. Appendix is not inflamed. No discrete abdominopelvic lymphadenopathy, free air or ascites. Background atherosclerotic disease with scattered calcified plaques alongthe imaged aorta, common iliac and internal iliac arteries. The external iliac arteries do not show calcified plaques. There is no destructive bony lesion. CONCLUSION 1. No suspicious mass or lymphadenopathy in the thorax, abdomen or pelvis. 2. Scattered calcifications plaques along the aorta, common/internal iliac arteries as described. 3. Other findings as described above. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: ab97b43156713ee8dd461f3fbf53ac5110bfabd81803c0dfd367c0c88de3961d

Updated Date Time: 18/12/2019 15:12

## Layman Explanation

This scan looked at your lungs, heart, and abdomen to check for any problems that might affect your ability to donate a kidney. The scan shows that your lungs are healthy and there are no signs of infection or fluid buildup. Your heart is normal size but there is evidence of some narrowing in the blood vessels that supply the heart.   
The scan also shows that your kidneys are smaller than expected and have some bumps on their surface, which is consistent with long-term kidney disease. There are also several small fluid-filled sacs (cysts) in the kidneys. One small kidney stone was also seen in the left kidney.  
Finally, the scan showed some hardening of the arteries in your abdomen, but it did not affect the blood vessels in your legs.

## Summary

The text is extracted from a \*\*CT scan\*\* report.  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Chronic renal parenchymal disease:\*\* This is indicated by the kidneys being small and showing lobulated contours.  
\* \*\*Coronary arterial disease:\*\* This is mentioned, but there is no further elaboration.  
\* \*\*Atherosclerotic disease:\*\* Scattered calcified plaques along the aorta, common iliac, and internal iliac arteries suggest this condition.  
\* \*\*Uncomplicated colonic diverticula:\*\* This is mentioned, but there is no further elaboration.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Lungs:\*\* No suspicious pulmonary nodule, mass, or consolidation. Stable tiny nonspecific nodule in the left lower lobe (3/64). Stable calcified granuloma in the middle lobe (3/48). Mild dependent changes in the lower lobes. Trachea and central airways are patent. There is no pleural effusion.  
\* \*\*Heart:\*\* Normal size. Coronary arterial disease. No pericardial effusion.  
\* \*\*Thyroid gland:\*\* Not enlarged.  
\* \*\*Liver:\*\* No contour deforming hepatic mass. Subcentimetre hypodensity in segment VIII is too small to accurately characterize (4/13).  
\* \*\*Gallbladder:\*\* No radiodense gallstone or biliary dilatation.   
\* \*\*Pancreas:\*\* No contour deforming pancreatic mass.  
\* \*\*Spleen:\*\* No contour deforming splenic mass.  
\* \*\*Adrenal glands:\*\* No contour deforming adrenal mass.  
\* \*\*Kidneys:\*\* Small and show lobulated contours in keeping with chronic renal parenchymal disease. Several bilateral renal hypodensities are presumed to be cysts. Suggestion of a 0.3 cm nonobstructing calculus in the left renal lower pole. No hydronephrosis.  
\* \*\*Urinary bladder:\*\* Partially distended and unremarkable.  
\* \*\*Prostate gland:\*\* Not enlarged.  
\* \*\*Bowel:\*\* Loops are not dilated.  
\* \*\*Appendix:\*\* Not inflamed.  
\* \*\*Aorta, common iliac arteries, internal iliac arteries:\*\* Background atherosclerotic disease with scattered calcified plaques.   
\* \*\*External iliac arteries:\*\* Do not show calcified plaques.   
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Small kidneys with lobulated contours:\*\* This suggests chronic kidney disease.  
\* \*\*Scattered calcified plaques along the aorta, common iliac, and internal iliac arteries:\*\* This suggests atherosclerotic disease, which can lead to cardiovascular complications.  
\* \*\*Suggestion of a 0.3 cm nonobstructing calculus in the left renal lower pole:\*\* This could potentially lead to kidney stones.