# Patient ID: 5030, Performed Date: 30/3/2017 15:31

## Raw Radiology Report Extracted

Visit Number: d3dca999f0fcf60a920308819c383d1a06897630390c5b24ab988657804b2657

Masked\_PatientID: 5030

Order ID: a7419cdfe80b387d4b50dfe78bb1acc4a98915b02a6f63f69536f6899001b2e5

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/3/2017 15:31

Line Num: 1

Text: HISTORY to evaluate cavitating pulmonary lesion TECHNIQUE Contrast-enhanced axial images of the abdomen pelvis were acquired with coronal reconstruction, using 50 ml of intravenous Omnipaque 350. FINDINGS Prior CT chest-abdomen-pelvis of 26 Feb 2017 and chest radiograph of 27 Mar 2017 were reviewed. There is no suspicious endobronchial or pulmonary lesion, air space opacity or ground-glass attenuation. In particular, no cavitary lesion is seen. Proximal atelectasis at the middle lobe is present with patency of the airways. There are moderate bilateral pleural effusions with associated passive atelectasis of the lower lobes. The cardiac chambers are unremarkable. There is no pericardial effusion. Thereis no enlarged lymph node in the supraclavicular, axillary, mediastinal or hilar nodal stations. Ill-defined hypodensities in both hepatic lobes have increased in size and number, in keeping with hepatic metastasis from known rectal primary tumour. Small amount of perihepatic free fluid is seen. The imaged upper abdomen is otherwise unremarkable. No aggressive bone lesion is seen. CONCLUSION There is no pulmonary contusion or cavitary lesion. Moderate bilateral pleural effusions with passive atelectasis of lower lobes are seen. The hepatic metastases have increased in size and number since CT of 26 Feb 2017. May need further action Finalised by: <DOCTOR>

Accession Number: c3f5f4647dc2bd6d6db6537ffb56e7a58ad9d140ceba33959e91013ba8921b75

Updated Date Time: 30/3/2017 17:56

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.