# Patient ID: 5343, Performed Date: 23/7/2017 9:55

## Raw Radiology Report Extracted

Visit Number: 697f622e8de994fb421527525b03cf62f8b0dbe9266acef155b0958581514e62

Masked\_PatientID: 5343

Order ID: a03ba88a998fcfde300f8fcd63cdc24c0ed33f273765d73ea268096659c0ddac

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 23/7/2017 9:55

Line Num: 1

Text: HISTORY weight loss of 30 kilograms unintentionally/ to rule out underlyign malignanc TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired. Intravenous contrast: nil FINDINGS Comparison was made with the CT scans of 2 October 2014 and 11 November 2016. There is no suspicious pulmonary nodule, consolidation or ground glass opacity in the lungs. Within limits of this unenhanced scan, there is no enlarged supraclavicular, mediastinal, hilar or axillary node. The central airways are patent. The heart is not enlarged. There is no pleural or pericardial effusion. No contour deforming mass is seen in the unenhanced liver, spleen, pancreas, adrenal glands or kidneys. There is no hydronephrosis. Mild symmetrical perinephric stranding is nonspecific. The patient is status post cholecystectomy. Bowel loops are not dilated. There is an uncomplicated cecal diverticula. The appendix appears normal. There is no ascites. There is no enlarged abdominal or pelvic lymph node. Prostate gland is mildly enlarged with central coarse calcifications. Urinary bladder is well distended. There is no destructive bony lesion. . CONCLUSION Within limits of this unenhanced scan, there is no suspicious mass lesion in the thorax, abdomen or pelvis. Known / Minor Finalised by: <DOCTOR>

Accession Number: 1c98e3037ca8692a141585e0ac1f54334e983a55f75826e87206aa70d8d8efde

Updated Date Time: 24/7/2017 8:55

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.