# Patient ID: 1787, Performed Date: 15/2/2017 13:52

## Raw Radiology Report Extracted

Visit Number: b53ba9972d6bc5ab45c873a44ac10d1b22e43022ae0750149213338bcd93f520

Masked\_PatientID: 1787

Order ID: 7031ae8d7f9224d8ddfbe8a3e1481c5a9a2d817288bf1cf244c5e7c697a7f6b7

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/2/2017 13:52

Line Num: 1

Text: HISTORY 39/Female, b/g thymoma s/p thymectomy p/w new lower abdominal mass a/w tenderness noted anaemia with severe AKI ? obstructive uropathy from pelvic mass for CTTAP to evaluate pelvic mass, possible obstructive uropathy and recurrence of tumour TECHNIQUE Unenhanced CT chest, abdomen and pelvis was performed with positive oral and rectal contrast in view of renal impairment. FINDINGS Comparison made with the prior CT chest of 30/8/2016 and CT abdomen and pelvisof 26/1/2016. CHEST Status post median sternotomy and total thymectomy. Anterior mediastinal surgical clips, mediasternotomy wires and right lung surgical sutures are noted in situ. Stable mild soft tissue thickening at the anterior mediastinum are likely to represent postsurgical change. There is stable partial collapse of the middle lobe and segmental collapse of the right lower lobe as before. Stable appearances of the scarring and traction bronchiectasis in the right lower and lingula lobe. The scarring and traction bronchiectasis has progressed in the medial aspect of the left lower lobe and there is now a new 10mm tubular density (204-62) which may represent a new nodule or more likely an impacted small airway. Faint patchy ground-glass opacities are noted involving the right upper lobe (204-25, 28), lingula (204-54) the left lower lobe superior and lateral segments (204-38, 42), these maybe inflammatory in nature. Multiple new indeterminate subcentimetre nodules of varying sizes are noted in the lateral aspect of the middle lobe(204-40, 38, 37). No mediastinal, hilar, supraclavicular or axillary adenopathy. No pericardial or pleural effusions. ABDOMEN AND PELVIS Stable appearance of the unobstructed right lower pole and left midpole calculus. There is a new 2mm calculus in the midpole of the right kidney and a new 4 mm and 3mm calculus in the upper and lower pole of the left kidney respectively. The other calcifications are either vascular or calcifications in the cysts. There is no hydronephrosis or hydroureter. Low attenuation lesions in the right kidney are likely represents renal cysts. Within limits of an unenhanced study, there is no contour deformingmass in the liver, gallbladder, spleen, pancreas, and both adrenal glands. Incidental note is made of a splenunculus. No biliary duct dilatation. The urinary bladder is catheterised and not adequately distended therefore cannot be adequately assessed. The uterus is slightly bulky and most likely due to fibroids and the contour is largely unchanged compared to the previous study. No adnexal mass demonstrated. The bowel loops are normal in calibre. Prominent left para-aortic and retrocaval nodes are noted measuring up to 0.9 cm in short axis diameter (201-103). No pelvic adenopathy demonstrated. No free fluid or free gas demonstrated. No peritoneal nodularity. No destructive bony lesion. Stable mild chronic compressionfracture of the T12 is seen. CONCLUSION 1. No large pelvic mass demonstrated. The uterus is bulky and this is unchanged compared to the previous study and likely to be secondary to fibroids. 2. Bilateral non-obstructive renal calculi withno hydronephrosis or hydroureter. 3. The scarring and traction bronchiectasis has progressed in the medial aspect of the left lower lobe and there is now a new 10mm tubular density which may represent a new nodule or more likely an impacted small airway. 4. There are faint patchy ground-glass opacities involving the right upper, lingula and left lower lobe, these may be inflammatory/infective in nature. Clinical correlation is advised. 5. Non-specific subcentimeter nodules are demonstrated in the lateral aspect of the middle lobe, follow-up is recommended. 6. No radiological evidence of tumour recurrence in the chest. May need further action Finalised by: <DOCTOR>

Accession Number: 9aaea05e1b42590a9011687cfebde58572c288d875b16cbf7a280aa929a80930

Updated Date Time: 15/2/2017 18:02

## Layman Explanation

Error generating summary.

## Summary

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