# Patient ID: 581, Performed Date: 22/4/2017 12:19

## Raw Radiology Report Extracted

Visit Number: 62a9b0fb1caf4078708486a899e57b6483ffc0ce5b2b1fcf037b395cd40bb56d

Masked\_PatientID: 581

Order ID: d88461fb153b1bd4f2ccfba568b29b7f9c2e7b80dce7ee0ddf3d9dbae4a21d6e

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/4/2017 12:19

Line Num: 1

Text: HISTORY Significant LOW and NCNC anaemia TRO malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS There is no prior CT on PACS for comparison. THORAX: There is no enlarged axillary, hilar or mediastinal lymph node. No pleural or pericardial effusion is seen. The left vertebral artery arises directly from the aortic arch (normal variant). Subpleural scarring is seen in the lower lobes of both lungs. No suspicious nodule or mass is detected in the lungs. The central airways are largely patent. ABDOMEN AND PELVIS: A 5mm hypodensity in segment IVA of liver is nonspecific. No suspicious hepatic lesion is detected. The hepatic and portal veins are patent. There is no biliary dilatation. No radiodense gallstones are seen. The spleen, pancreas, adrenals and kidneys show no significant abnormality. There is no hydronephrosis or hydroureter. The distended urinary bladder appears unremarkable. No large adnexal mass is seen. Bowel loops demonstrate normal calibre and distribution. A fairly large diverticulum is seen at the junction of second and third segments of duodenum. No enlarged para-aortic or pelvic lymph node is detected. There is no overt destructive bony lesion. CONCLUSION No evidence of a malignancy. Subpleural scarring is seen in the lower lobes of both lungs. May need further action Finalised by: <DOCTOR>

Accession Number: d89587763958d6ddd971569e154aa13f5e27b76a1701cb3f9fa2be68221ddcde

Updated Date Time: 22/4/2017 13:15

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.