



## CT CHEST + ABDOMEN + PELVIS

PATIENT ID: [REDACTED]

DATE OF BIRTH: [REDACTED]

EXAM DATE: 20/09/2024

### FINDINGS:

Axial 1.25mm and 3.75mm images through the chest, abdomen and pelvis were obtained, pre and post-IV contrast. Diluted oral Gastrografin was also administered.

There is evidence of multiple minor bands of atelectasis at the basal segments of the lower lobes bilaterally but no major focal areas of collapse or consolidation.

No significant pulmonary nodule of note.

No significant changes of emphysema or bronchiectasis.

No suggestion of pulmonary fibrosis.

No pleural effusion.

No significant mediastinal, hilar or axillary lymphadenopathy.

There is suggestion of nodularity at the right lobe of the thyroid gland, which can be further assessed with US scan, if required.

No pericardial effusion.

The ascending thoracic aorta is at the upper limit of normal for size, measuring 36mm in AP diameter.

There are a few small low attenuation lesions in the liver parenchyma, the largest seen in segment IVB and measuring 1.2cm in maximum dimension, with at least 3 other tiny lesions seen at the right and left lobes of the liver. These are too small to be characterised on this scan but the larger lesion does not show enhancement post-contrast and is suggestive of a benign cyst.

Normal appearance of the gallbladder. No evidence of calculi or cholecystitis, as far as can be assessed on CT scan. No intrahepatic biliary duct dilatation.

Both kidneys are normal in size and position. The right kidney measures 11.0cm and the left kidney measures 10.4cm in maximum dimension. No significant focal renal lesions of note.

No hydronephrosis.

Normal appearance of the pancreas, spleen and both adrenal glands, with no focal lesions.



There is faecal loading at the rectum and sigmoid colon which may indicate constipation. Otherwise, no significant pathology of note in the bowel, as far as can be assessed with CT scan.

Normal outline of the urinary bladder.

No evidence of an inguinal hernia.

The prostate gland is grossly normal in size.

Normal size of the abdominal aorta.

There is a tiny hiatus hernia.

No free fluid.

No significant abdominal or pelvic lymphadenopathy.

There is multilevel degenerative disc disease in the lower thoracic and lumbar spine, with early end plate sclerosis. In addition, there is suggestion of early ossification of the anterior longitudinal ligament - is there clinical suspicion for ankylosing spondylitis?

No significant bone lesion at the region covered in this scan.

Clinical and biochemical correlation is also advised.

A handwritten signature in black ink, appearing to read 'Dr. Nicolaou'.

**Dr. Christophoros Nicolaou**  
MBBS, MRCS, FRCR, CCT (UK)  
Radiologist