# Row 10158

Visit Number: 8bc60925a75f94c3f53f454b9b1bdf3632bd8f38826035568e070699cae553e4

Masked\_PatientID: 10149

Order ID: e800d9da8c205aeb5a0cc2134a39c022826c4af64d9c0b04fdbdde372538b019

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 24/1/2017 10:41

Line Num: 1

Text: HISTORY lesion noted on colono, likely malignant, for staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS CT abdomen and pelvis dated 16 November 2016 was reviewed. Subcentimetre lymph nodes noted in bilateral supraclavicular region, nonspecific. Small right paratracheal lymph node is also visualised (4-33), also nonspecific. There is no enlarged hilarlymph node. There are bilateral pleural effusions. No pericardial effusion. The heart is enlarged. There is compressive atelectasis in the lower lobes of both lungs. There is a 2.7 x 2.2 cm hypodense area in the lateral segment of the leftlobe in segments II and III. This corresponds to the site of a large liver abscess in the recent CT. Hepatic venous congestion is noted. There is no gallstone or biliary dilatation. The spleen and pancreas are unremarkable. There is no adrenal mass. There is no hydronephrosis or focal renal mass. The kidneys are small in size, in keeping with end-stage renal disease. There are small volume nonspecific para-aortic lymph nodes which are not overtly enlarged. Mural thickening is noted in the sigmoid colon with stranding of the fat in the sigmoid mesocolon, likely the site of the primary colonic tumour. There are small lymph nodes in the sigmoid mesocolon, measuring up to 0.8 cm (8-103). No proximal biliary dilatation. Diverticular disease of the colon is noted. Degenerative bony changes are present. No overt bony destruction. There is fatty atrophy of the muscles of the right hip. CONCLUSION Bilateral pleural effusions and cardiomegaly. Compressive atelectasis is noted in the lungs. No discrete pulmonary mass. There is hepatic venous congestion due to right heart failure. There is a hypodense area in the left hepatic lobe which corresponds to the site of a recent liver abscess. This may be post inflammatory sequelae. Attention on follow-up study is required. Mural thickening in the sigmoid colon corresponds to the known primary colonic tumour. There is stranding of the fat in the sigmoid mesocolon as well as small volume pericolic lymph nodes, suspicious for local nodal disease. The small volume para-aortic lymph nodes are nonspecific and not enlarged. May need further action Finalised by: <DOCTOR>

Accession Number: fca40db48e3a57a5228ac9edfcb6258ebf791c9562de5f1ae444a3f8fdd2681b

Updated Date Time: 24/1/2017 11:32