# Row 10432

Visit Number: 2794a813793817c6ee6bcacdc9c65fbb00366c7add3a2d0915d6b0fbba61c143

Masked\_PatientID: 10428

Order ID: f5e9a8214b50f82816d366a40481722eaa793fa10f2e111e4f0313be6a7fd852

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 16/4/2016 10:26

Line Num: 1

Text: HISTORY Staging scan- nwely diagnosed ascending colon CA , previous history of breast CA s/p WEAC + chemo and uterine CA s/p THBSO TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS There is diffuse thickening of the upper ascending colon over a length of 8 cm in keeping with the submitted history of a colonic carcinoma. The adjacent fat in the right para colic gutter shows stranding and mild thickening. The serosal surface however remains relatively smooth and there is no enlarged local lymph nodes. No other suspicious masses seen within the colon. There is a small ascending colonic diverticula. The liver has a smooth outline. No focal suspicious hepatic parenchymal lesion is seen. Multiple gallstones are present. The bile ducts are not dilated. The pancreas, spleen and both adrenals are unremarkable. Both kidneys are seen to enhance in a symmetrical manner. There is however some thinning of the renal cortex. The pelvicaliceal system appears unremarkable. The urinary bladder appears unremarkable. The uterus has presumably been removed. No free fluid is seen within the abdomen. Thorax A subpleural 8 mm nodule is present at the lateral segment of the right lower lobe. No other focal suspicious lung lesion is seen. The airways are unremarkable. No enlarged hilar or mediastinal lymph nodes are demonstrated. CONCLUSION Thickening of the ascending colon is in keeping with the submitted history of colonic neoplasm. Stranding of the pericolonic fat around the affected region may be secondary to involvement or more likely, pericolonic inflammatory change. The rest of the bowel appears unremarkable. No distal metastases are identified within the abdomen or pelvis. The small, solitary peripheral pulmonary nodule at the right lower lobe is indeterminate. May need further action Finalised by: <DOCTOR>

Accession Number: 183cf0a1c7c9b18c784332d59e91a00c9de5827c985e7e96051cd48bb2fde6ac

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