# Row 10631

Visit Number: fbfc3d53790f1792edcea857d65f96db1302f0441f7f043f925a0d14c7c2eb65

Masked\_PatientID: 10631

Order ID: b4dcc3062353efc0c90451b74dcce80a0b6307cde46c534543861b37cc964fa7

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/12/2018 12:19

Line Num: 1

Text: HISTORY LOW/LOA x 5months - for GI evaluation TRO malignancy NCNC anaemia with relative Fe deficiency TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil Positive Oral Contrast FINDINGS No comparison CT is available. Lack of intravenous contrast limits evaluation of this study. ABDOMEN AND PELVIS Within the limits of this study, no gross gastric or colonic mass is seen. The bowel loops show normal calibre. The appendix is normal.Small fat containing paraumbilical hernia is noted. No significantly enlarged abdominal or pelvic node or ascites is seen. The unenhanced liver, gallbladder, common duct, pancreas, spleen and adrenals are unremarkable. Tiny hyperdensity in the right renal midpole may represent a tiny hyperdense cyst (series 206/32). No hydronephrosis is seen. The urinary bladder is poorly distended. Status post hysterectomy. No destructive bone lesion is seen. Incidental intramuscular fatty structure in the right subscapularis, likely a lipoma (series 202/31). CHEST No definite suspicious pulmonary nodule/mass is seen. Subpleural structure with adjacent linear band in the right lower lobe, possibly representing an areaof round atelectasis/scarring (series 203/73). No discrete mass . a calcified granuloma in right lower lobe (203-65). Another 4 mm noncalcified nodule in right lower lobe (203-57) , appears nonspecific. No pleural effusion is seen. No significantly enlarged thoracic node is seen. The central airways are patent. The heart is not enlarged. Minimal pericardial fluid is seen. Coronary artery calcification is noted. The aorta is of normal calibre. The thyroid is nodular and bulky with few coarse calcifications and possible mild retrosternal extension. This may represent multinodular goitre, better evaluated on ultrasound. The oesophagus is grossly unremarkable. CONCLUSION No conclusive evidence of malignancy is seen in the chest, abdomen or pelvis. Subpleural area with adjacent linear band in the right lower lobe, possibly representing an area of round atelectasis/scarring. No discrete mass. A nonspecific appearing 4 mm noncalcified right lower lobe nodule. Suggest follow up CT thorax in 6-12 months. Known / Minor Reported by: <DOCTOR>

Accession Number: aa13188d2f647e74f03453579c7fae98e35202375b41a8d27f1ffaeef522cda2

Updated Date Time: 13/12/2018 18:09