# Row 11250

Visit Number: 389a3c2397705f1895d9c17b7474e142696a119ec2d1344c4543d4da040bf925

Masked\_PatientID: 11230

Order ID: ebc5fbf4d577b736aa37d4727e154833e5744a59553c0a56e178345463dddd2d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/6/2018 9:56

Line Num: 1

Text: HISTORY lung adenocarcinoma for restaging - admitted for dyspepsia and intermittent hoarseness of voice; background CKD stage 3 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil Positive Oral Contrast FINDINGS Comparison is made with CT thorax of 09/03/2018 and CT abdomen of 27/11/2017. THORAX Prior left upper lobectomy is noted. There is resultant volume loss in the left lung. Previously seen nodular consolidation in the left lower lobe (previous 4/46, current 3/23) have improved. However, the perihilar densities/ thickening at the same lobe is largely unchanged from the prior CTs. Previously seen right upper lobe subpleural nodule (3/41) is stable. Previous right lower lobe nodule is not convincingly seen. The right lung is otherwise clear. There is background centrilobular emphysema. Small left pleural effusion is relatively stable. Left supraclavicular lymphadenopathy appears larger (example previousimage 5/21, current image 2/9), previously approximate 2.6 cm in length and currently 3.0 cm in length. No enlarged mediastinal lymph node is seen. Thin sliver of pericardial fluid is noted. ABDOMEN PELVIS Small densities in the gallbladder represent stones or sludge. No gallbladder wall thickening or biliary ductal dilatation. The right kidney is atrophic and contains a small non-obstructing midpole stones. No hydronephrosis or contour deforming renal mass. Urinary bladder is not well distended for assessment. The liver, spleen, adrenal glands and the pancreas are grossly unremarkable apart from a few scattered pancreatic calcifications. Prostate gland is not enlarged. There is a prominent but still small volume gastrohepatic lymph node (2/86 pole (which appears relatively stable There is no ascites or significantly enlarged lymph nodes. There is no destructive bony lesion. CONCLUSION Left supraclavicular node(s) is marginally larger. Previously seen focal consolidation in the left lower lobe has resolved but the left lower lobe perihilar thickening/densities are unchanged. May need further action Finalised by: <DOCTOR>

Accession Number: 7236538dc7b656388e74aa0436c4c60371447b62bcd2d11ba955c08e4dac9bed

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