# Row 11376

Visit Number: 81e53195be8b21086a1eba33ef2d5c1713054333eaff4681f69c9b14e32c36ed

Masked\_PatientID: 11375

Order ID: dd955793e8c7d492c2aa7087ca70aa1e6dfdf7312bd13af6104d0b2708126792

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/4/2016 13:26

Line Num: 1

Text: HISTORY lung opacity and abdominal pain for evaluation -b/g esrf on HD TECHNIQUE Contrast enhanced CT chest, abdomen and pelvis Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS There are several small subcentimetre mediastinal and hilar nodes. No significantly enlarged lymph node is detected. The heart size is enlarged. Previous coronary artery bypass graft surgery is noted. There is no pericardial effusion. The main pulmonary trunk is enlarged at 3.5 cm, suggestive of pulmonary hypertension. There is a linear band-like opacity in the posterior segment of right upper lobe associated with small calcified foci, volume loss and architectural distortion, likely to represent scarring from previous granulomatous disease. The left upper lobe has a mass-like consolidation (series five image 34). The calcified foci medial to this may be a granuloma (series five image 33). There is also loculated pleural effusion adjacent to the left upper lobe and at the apex (series four image 16). A small left basal pleural effusion is noted, with partial atelectasis of the left lower lobe. The airways are patent. The liver shows normal size and margin. A few subcentimetre hypodense foci are present, which are too small to characterise. They may be cysts. The gallbladder shows mild focal mural thickening at the fundus, likely adenomyosis. There is no biliary dilatation. The pancreas shows a well-defined cyst with mural calcification at the uncinate process measuring 1.5 cm (series six image 59) which is unchanged from the previous CT dated 07/10/2012. The main pancreatic duct is not dilated. The spleen is normal in size without focal lesion. The right adrenal gland has several nodules but which are of indeterminate on this study. However, they are unchanged from the previous CT. The right kidney is atrophic with several cysts. The cyst in the posterior interpolar region (series six image 66) shows soft tissue component and contrast enhancement (series six images images 68 and series 10 image 29). This is therefore suspicious for a neoplasm. The cyst at the lower pole of the right kidney shows a mean attenuation of 40 HU this was similar to the previous CT and may represent a hyperdense cyst. The right renal vein and IVC are patent. There is no lymphadenopathy. Previous left nephrectomy is noted. The left adrenal gland is not visualised. The stomach and bowel loops are unremarkable. The urinary bladder is empty. The prostate gland is mildly enlarged. There is no free fluid. Mild spondylotic change is noted. No destructive bony lesion is seen. CONCLUSION 1. The left upper lobe consolidation has calcified foci medially. This may be infective consolidation but neoplastic lesion is not excluded. There is associated loculated effusion in the left upper hemithorax as well as a small left basal effusion. 2. The cyst in the right renal interpolar region shows soft tissue component and contrast enhancement, likely a neoplasm and suspicious for renal cell carcinoma. 3. No lymphadenopathy or evidence of metastatic disease is seen in the chest, abdomen or pelvis. 4. The right adrenal nodules are nonspecific on this study but they are stable from the previous CT, favouring benign aetiology. 5. The pancreatic cyst in the uncinate process is stable and may be a benign cystic neoplasm or pseudocyst. Further action or early intervention required Finalised by: <DOCTOR>

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