# Row 11964

Visit Number: c172ba2e1a52d6d79ac6b7f03f22efe27dc70f58ffc1af9813c3b246fe5797f4

Masked\_PatientID: 11962

Order ID: dbcd67ecdcdfc211117041bdffa35653cf84a5fbce83ccd8c238ad3697d2715a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/4/2017 17:16

Line Num: 1

Text: HISTORY TRO low grade B cell lymphoma causing monoclonal igM and hydronephrosis. Non contrasted scan requested in view of renal impairment TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast - Volume (ml): FINDINGS No previous CT chest, abdomen or pelvis available for comparison. CT chest No enlarged mediastinal, hilar, axillary or supraclavicular lymph nodes demonstrated. Several small pulmonary nodules are noted asdescribed below: -2mm nodules in the anterior segment of the right upper lobe (03-40, 3-47) - 2 mm nodule in the lateral basal segment of the right lower lobe (03-64) - 4 mm and 2mm ground-glass nodule in the anterior segment of the left lobe (03-33, 3-31) Mild bronchiectatic changes also noted in the middle lobe. Atelectasis is noted in the left lower and upper lobes. No pericardial or pleural effusions demonstrated. Atherosclerosis is noted of the coronary arteries. CT abdomen and pelvis Within the limits of an unenhanced study, no obvious focal contour deforming hepatic lesions demonstrated. No gallstones seen. No biliary duct dilatation. A small focal calcification near the CBD (7-48) is probably a focus of vascular calcification. The pancreas, spleen and both adrenal glands appear unremarkable. No obvious contour deforming lesion seen within the left kidney. Tiny subcentimetre hypodensities in the right kidney is noted, too small to be characterised on this unenhanced study but may represent cysts. No renal calculus demonstrated. There is diffuse irregular thickening of the catheterised under-distended bladder measuring approximately 11 mm in thickness, this is associated with right sided hydronephrosis. The left renal pelvis appears slightly prominent but no definite hydronephrosis seen. A 9mm nonspecific focus of calcification is also noted in the dome of the bladder wall. The small and large bowel are of normal calibre. The prostate gland is enlarged and indenting the posterior wall of the bladder. No enlarged para-aortic, common iliac or pelvic lymph nodes demonstrated. No free gas or free fluid. No aggressive bony lesions demonstrated. CONCLUSION 1. The bladder is under distended, however, even allowing for this it appears thickened. The appearances could be due to chronic outflow obstruction secondary to the enlarge prostate combined with under distension, however an underlying bladder tumour is suspected especially given the associated right sided hydronephrosis. Cystoscopy is advised for further evaluation. 2. Several nonspecific pulmonary nodules are noted as described above. 3. No lymphadenopathy demonstrated in the chest, abdomen and pelvis. May need further action Reported by: <DOCTOR>

Accession Number: 00dd854d49fc67bd31b6dc203b90e55669ec839a22262052f45432f91ac60536

Updated Date Time: 13/4/2017 18:18