# Row 12123

Visit Number: 3e498c169a6e3ee55ee1b701c7f616973e9d0cfbdb16b4adf628367cac9a467d

Masked\_PatientID: 12117

Order ID: 5102fae3030168e50b26a78528a1ed1e0d69eb3982f33730c895f30f939b19e4

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 03/6/2020 13:53

Line Num: 1

Text: HISTORY Colon cancer f/u TECHNIQUE Non-contrast CT of the thorax, abdomen and pelvis. No intravenous contrast material was given due to renal impairment. Oral and rectal contrast material was administered. FINDINGS Comparison is madewith the CTs of 8 and 29 January 2020. No mass is seen at the anastomotic site to suggest local tumour recurrence. A small pocket of gas adjacent to the superior aspect of the colo-colostomy (series 8 image 62) may represent post-surgical changes. Several small diverticula are present in the ascending, descending and proximal sigmoid colon. Mild mural thickening in the distal descending colon and proximal sigmoid colon may represent chronic diverticular disease. No enlarged lymph node is detected in the retroperitoneum. The liver shows no focal lesion to suggest a metastasis. The biliary tree is not dilated. The gallbladder appears unremarkable. The spleen is not enlarged and shows no focal lesion. The pancreas isunremarkable. The adrenal glands show no abnormality. The right kidney shows a subcentimetre hypodense lesion in its interpolar region, unchanged from the last CT. The left kidney shows a small partially exophytic lesion in its upper pole, possibly representing a hyperdense cyst. There is no hydronephrosis. A diverticulum is seen in the second part of the duodenum adjacent to the ampulla of Vater. The rest of the bowel appears unremarkable. The urinary bladder appears unremarkable. The prostate gland is severely enlarged and shows small foci of calcification. In the thorax, the previously noted nodule in the right lower lobe is unchanged in size, measuring 7 x 5 mm (series 3 image 50). The previously noted ground-glass opacities in the right lung are also unchanged in size. No new pulmonary nodule is detected to suggest a metastasis. There is no enlarged lymph node in the mediastinum and pulmonary hila. No pleural or pericardial effusion is seen. The patientis post-CABG. No skeletal metastasis is identified. Degenerative changes are seen in the spine and sacroiliac joints. There is partial sacralisation of L5. CONCLUSION No evidence of local tumour recurrence or metastatic disease is detected.Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 49b92c10e201a0e9ecbc7dbe21ab6dc5d493664e17078e723449c146fe65cd78

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